Saint Luke's

Saint Luke's Hospital
Community Health Needs Assessment

2020

◆ Saint Luke's Hospital of Kansas City

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EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted by Saint Luke's Hospital of Kansas City (SLH) to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Saint Luke's Hospital of Kansas City is one of the largest faith-based acute care hospitals in the region – offering many specialized programs and services. The hospital's network of more than 600 physicians represents more than 60 medical specialties. SLH is a primary teaching hospital for the University of Missouri – Kansas City School of Medicine. Additional information about Saint Luke's Hospital of Kansas City is available at: https://www.saintlukeskc.org/locations/saint-lukes-hospital-kansas-city.

SLH also includes Crittenton Children's Center. For more than 100 years, Crittenton has cared for the emotional and mental health of Kansas City's children and their families. The hospital's multidisciplinary treatment teams use evidence-based therapies to help children learn to regulate their emotions, build communication skills, and develop lifelong strategies for resilience and strength. Additional information about Crittenton is available at: https://www.saintlukeskc.org/locations/crittenton-childrens-center.

SLH is part of the Saint Luke's Health System, which is a faith-based, not-for-profit health system committed to the highest levels of excellence in providing health care and health-related services in a caring environment. The system is dedicated to enhancing the physical, mental, and spiritual health of the diverse communities it serves. Saint Luke's Health System includes 18 hospitals and campuses across the Kansas City region, home care and hospice, behavioral health care, dozens of physician practices, a life care senior living community, and additional facilities and services. Additional information is available at: https://www.saintlukeskc.org/about-saint-lukes.

These CHNAs are conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessments also are conducted to comply with federal and state laws and regulations.

Community Assessed

For purposes of this CHNA, SLH's community is defined as a five-county area that includes Jackson County, Missouri; Johnson County, Kansas; Clay County, Missouri; Platte County, Missouri; and Wyandotte County, Kansas. In calendar year 2019, the five counties accounted for approximately 72 percent of the hospital's inpatient volumes and 90 percent of emergency department visits.

The total population of the community in 2019 was 1,840,844.

The following map portrays the community served by SLH and the location of its main campus.
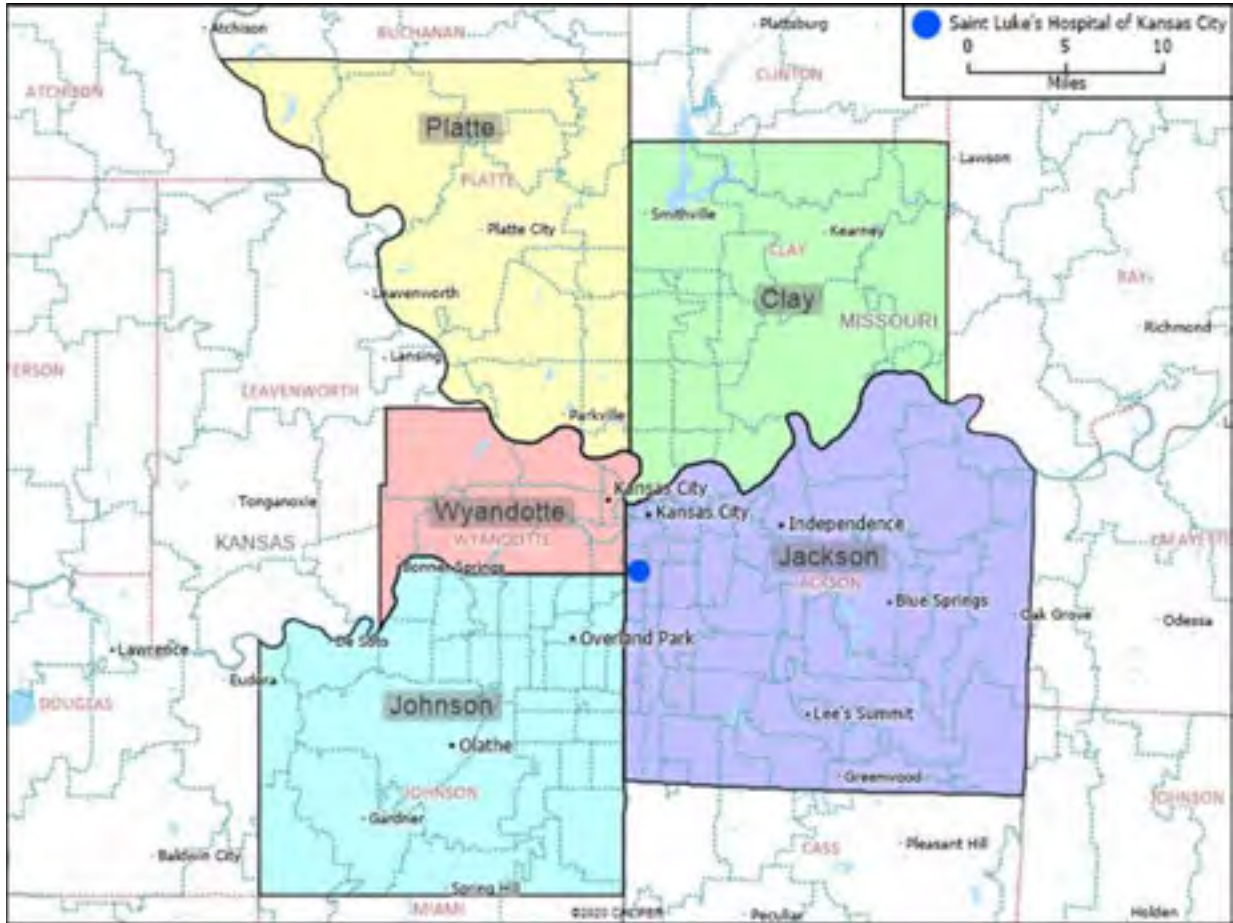
Source: Caliper Maptitude, 2020.

Significant Community Health Needs

As determined by analyses of quantitative and qualitative data, an overarching focus on advancing racial and ethnic health equity, recognizing that racism has yielded measurable health disparities, has the best potential to improve community health. Within this context, significant health needs in the community served by Saint Luke's Hospital of Kansas City are:

- Access to care
- COVID-19 pandemic and effects
- Maternal and child health
- Mental health
- Needs of growing senior population
- Poverty and social determinants of health
- Unhealthy behaviors

Significant Community Health Needs: Discussion

Access to Care

Accessing health care services is challenging for some members of the community, particularly for those who are low-income, members of racial and ethnic minorities, uninsured, and underinsured.

The per-capita supply of primary care physicians in Jackson, Clay, and Wyandotte counties is comparatively low. The supply of mental health professionals is below national averages in all five counties. The federal government considers all of Wyandotte County to be a Health Professional Shortage Area (HPSA) for low-income residents seeking access to primary and dental care providers. Low-income residents of Jackson and Platte counties also are HPSAs for mental health care professionals.

Community stakeholders confirmed that mental health providers are in short supply, as are primary care physicians and specialists who accept uninsured and Medicaid patients. They cited numerous other barriers to accessing health services, including poverty (and the need for resources for other basic needs such as food and rent), prevalence of uninsured people, transportation problems, poor health literacy, long wait times, and a lack of knowledge regarding available service providers. A lack of trust in the health care system affects whether and how non-White populations are accessing health services as well.

Several census tracts in and near downtown Kansas City have been designated as medically underserved. The Dignity Health Community Need Index™, has identified a number of "high need" ZIP codes in eastern Wyandotte County and northwestern Jackson County where access barriers are likely to be most significant. These areas generally are where the percent of the population Black and/or Hispanic (or Latino) also is the highest.

All of the Community Health Assessments and Community Health Improvement Plans recently prepared by the area's local health departments identified improving access to affordable care (including primary care, dental care, and mental health care) as a priority. They indicate that access is particularly challenging for residents who are uninsured, low-income, and members of racial and ethnic minorities.

Wyandotte and Jackson counties have had a higher percentage of the population without health insurance than Kansas, Missouri, and the United States. Until recently, neither Kansas nor Missouri had implemented Medicaid expansion as enabled by the Patient Protection and Affordable Care Act (PPACA, 2020). On August 4, 2020, voters approved Medicaid expansion in Missouri. According to an analysis published by the Kaiser Family Foundation, 217,000 of Missouri's uninsured adults will now be eligible for Medicaid when the expansion becomes effective (scheduled for July 1, 2021).

Kansas now is one of the 12 remaining states that have chosen not to expand Medicaid. An estimated 87,000 uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.

Recent spikes in unemployment due to the COVID-19 pandemic likely are leading to more uninsured community members.

COVID-19 Pandemic and Effects

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic represents a public health emergency for the Kansas City region, the nation, and the world. In addition to contributing to severe illness and death, the pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues.

Part of the CDC's work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. Based on that work, many at-risk people live in the community served by the hospital. Populations most at risk include older adults, people with certain underlying conditions, pregnant women, and members of racial and ethnic minority groups. According to the CDC, "long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age." Men also are more likely to die from COVID-19 than women.

Community stakeholders stated that the CDC's findings apply to the SLH community. Interviewees and community meeting participants indicated that residents are delaying elective procedures and routine health care services and thus are not managing chronic conditions and receiving needed screening services. Residents are concerned about potential exposure to the virus if they visit health care providers. Members of racial and ethnic minorities are being "hardest hit" because they more frequently are essential workers, due to crowded living conditions, and due to the greater prevalence of underlying health problems.

The pandemic also is having serious economic impacts. Between January and May 2020, the number of people unemployed in the Kansas City area increased from 37,241 to 123,352. The rise in unemployment is likely to affect numerous health-related factors, such as access to employer-based health insurance, housing and food insecurity, and access to health services. Community stakeholders indicated that food banks and other social services agencies are experiencing unprecedented demand. Concerns also were expressed regarding the financial health of hospitals and other health care providers – several of which are spending resources to implement and enhance technologies such as telehealth capabilities.

Maternal and Child Health

In Jackson County, the percent of pregnant mothers receiving care in the first trimester is below average and is well below the national Healthy People 2020 objective of 84.8 percent. For Black mothers across the five-county community, this percentage is particularly low. In Platte County and in 2018, 52.7 percent of pregnant Black mothers received care in the first trimester, compared to 79.3 percent of pregnant White mothers.

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The percentage of mothers using tobacco during pregnancy is higher than average in Jackson, Clay, and Wyandotte counties. Kansas and Missouri-wide averages also are high in comparison to the nation.

In Jackson and Wyandotte counties, teen birth rates (per 1,000 for mothers aged 15-19) have been over 50 percent higher than the national average.

In the SLH community, Kansas, Missouri, and the nation, Black infant mortality rates have been significantly higher than rates for White infants.

Both Missouri and Kansas have conducted statewide Maternal and Child Health (MCH) needs assessments. These assessments help direct federal Title V grant resources towards addressing the most significant needs and identify opportunities to improve infant and maternal birth outcomes. The assessments highlight needs to improve access to care and services, improve nutrition, and address various MCH-related risk factors.

Mental Health

Poor mental health status (including depression and anxiety) was identified by many community members as a significant concern. Contributing factors include an under-supply of providers and facilities (both inpatient and outpatient services), stress, a lack of social connectedness, trauma, Adverse Childhood Experiences, and stigma (particularly within rural areas and in minority communities).

Community members identified youth mental health and increasing suicide rates as significant concerns. Younger people are exposed to social media and online bullying, compare themselves negatively to others, have significant stress about academic or athletic achievement, and experience challenging home-life issues.

Jackson and Clay counties rank in the bottom quartile of peer counties for the prevalence of mentally unhealthy days. All of the Community Health Assessments recently prepared by Kansas City-area, local health departments identified the need to improve mental health (and reduce suicide rates) as priorities. The CHNA prepared by the Northland Health Alliance in 2018 (which focuses on Clay and Platte counties) found that mental health conditions account for the tops reasons why residents aged 15 to 24 years visit hospital emergency rooms and are hospitalized.

Community members also expressed concerns about the impact of the COVID-19 pandemic on the prevalence of mental health and substance abuse problems.

Needs of Growing Senior Population

The community's population 65 years of age and older is anticipated to grow by 19.1 percent, or approximately 51,600 persons from 2019 to 2024, making the senior population the fastest growing demographic group. This will contribute to growing demand for health services, since

on an overall per-capita basis, older individuals typically need and use more services than younger persons.

A community survey administered as part of a 2018 CHNA conducted by the Northland Health Alliance, comprised of eleven organizations and focused on identifying and addressing public health concerns in Clay and Platte counties, identified "aging problems" among the most important community health issues.

Community members identified needs of a growing senior population as a significant community health issue. Specific concerns include greater risks of severe illness and death from COVID-19, the need for resources to support aging in place and for those experiencing memory loss and falls and worsening mental health status due to isolation and financial stress.

Poverty and Social Determinants of Health

People living in low-income households generally are less healthy than those living in more prosperous areas. Significant variation in poverty rates exists across the SLH community:

- Wyandotte County's poverty rate (20.1 percent) was fourth highest out of 105 Kansas counties (2014-2018 five-year average).
- Jackson County's rate (15.2 percent) ranked 70th highest out of Missouri's 115 counties.
- Johnson County's rate (5.6 percent) ranked very low: 102 out of 105 Kansas counties.
- Clay and Platte counties (7.9 percent and 6.9 percent) also ranked very low: 112 and 114 out of 115 Missouri counties respectively.

While poverty rates in Johnson, Clay, and Platte counties are comparatively low, stakeholders indicated that "pockets of need" and income disparities exist in these counties and often are overlooked.

In each of the five counties, poverty rates for Black and for Hispanic residents have been substantially higher than rates for White residents.

Many low-income census tracts can be found in the five counties. These are most prevalent in western parts of Jackson County, eastern and central Wyandotte County, southwestern Clay County, and in Olathe in Johnson County. Most of these census tracts are where more than one-half of households are "rent burdened," are categorized as "high need" by the Dignity Health Community Need Index™ (CNI), and are in the top quartile nationally for "social vulnerability" according to the Centers for Disease Control Social Vulnerability Index.

Crime rates in Jackson and Wyandotte counties are significantly above national averages and above rates in their peer counties. Mortality rates for homicide also are significantly above average in these counties.

Food deserts and food swamps[1] are present in each of the counties and are particularly prevalent in western Jackson County and eastern Wyandotte County.

The Kansas City Community Health Improvement Plan (CHIP, published in 2018) and Eastern Jackson County CHIP (also published in 2018) identified addressing social determinants of health, including education, crime, and economic opportunity as priority issues. The Kansas City Health Department Community Health Assessment highlights large education, economic, and housing-related gaps between Whites, Blacks, and Hispanic (or Latino) residents – in part due to historic racial and economic separation. The CHNA conducted in 2018 by the Northland Health Alliance cites unemployment rates for Black residents, food insecurity for children, medical debt, and housing insecurity as significant concerns in Clay and Platte counties.

Interviewees and community meeting participants identified poverty and social determinants of health, including food insecurity, housing affordability, crime, access to transportation, access to housing, and access to educational opportunities as significant concerns. Stakeholders indicated that culturally sensitive education and programs focused on healthy eating and nutrition are needed.

Unhealthy Behaviors

A variety of unhealthy behaviors are pervasive and are contributing to poor health outcomes. The community assessed by SLH has unfavorable rates of:

- Obesity and physical inactivity,
- Chronic diseases associated with obesity,
- Alcohol use and alcohol-induced mortality (including alcohol-impaired driving deaths),
- Tobacco use (including smoking), and
- Sexually transmitted infections (e.g., chlamydia).

For Jackson County, all nine (9) of the health behaviors indicators included in *County Health Rankings* benchmark unfavorably in comparison to peer counties. Seven (7) health behaviors benchmark unfavorably in Wyandotte County. Compared to peer counties, at least four of the five counties ranked in the bottom half for rates of adult smoking, obesity, excessive drinking, driving deaths with alcohol involvement, and chlamydia.

Community members indicated that obesity is a significant concern, contributing to many chronic conditions and poor health outcomes. Youth obesity also was identified as problematic, contributing to poor health outcomes and lifestyles into adulthood. These issues were attributed to poor nutrition and access to healthy foods, physical inactivity (worsened by a lack of safe exercise areas), stress, expense associated with healthy food options, and a lack of time to prepare nutritious meals.

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[1] Food swamps have been described as areas with a high-density of establishments selling high-calorie fast food and junk food, relative to healthier food options. See: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5708005/

Community health assessments prepared by local health departments also identified many of these health behaviors as priority needs. For example, the CHNA conducted by the Northland Health Alliance in 2018 identified lack of exercise, poor eating habits, and texting while driving as the most problematic behaviors.

DATA AND ANALYSIS

Community Definition

This section identifies the community that was assessed by SLH. The community was defined by considering the geographic origins of the hospital's discharges and emergency room visits in calendar year 2019.

On that basis, SLH's community was defined as a five-county area that includes Jackson County, Missouri; Johnson County, Kansas; Clay County, Missouri; Platte County, Missouri; and Wyandotte County, Kansas. The community accounted for 72 percent of the hospital's 2019 inpatient volumes and 90 percent of its emergency room visits (**Exhibit 1**).

Exhibit 1: SLH Discharges and Emergency Room Visits, 2019

County	State	Inpatient Discharges	Percent Discharges	ER Visits	Percent ER Visits
Jackson	MO	11,533	46.6%	22,631	75.5%
Johnson	KS	2,632	10.6%	1,533	5.1%
Clay	MO	1,849	7.5%	1,152	3.8%
Platte	MO	997	4.0%	426	1.4%
Wyandotte	KS	700	2.8%	1,254	4.2%
From Community		**17,711**	**71.6%**	**26,996**	**90.1%**
Hospital Total		**24,747**	**100.0%**	**29,971**	**100.0%**

Source: Analysis of Saint Luke's utilization data, 2019.

The total population of the five-county community in 2019 was approximately 1,484,000 persons (**Exhibit 2**).

Exhibit 2: Community Population by County, 2019

County	State	Total Population 2019	Percent of Total Population 2019
Jackson	MO	710,277	38.6%
Johnson	KS	604,542	32.8%
Clay	MO	253,939	13.8%
Platte	MO	102,862	5.6%
Wyandotte	KS	169,224	9.2%
Community Total		**1,840,844**	**100.0%**

Source: Truven Market Expert, 2019.

The hospital is located in Kansas City, Missouri (Jackson County ZIP code 64111). **Exhibit 3** portrays the community and ZIP Code boundaries within the counties.

Exhibit 3: Saint Luke's Hospital of Kansas City Community
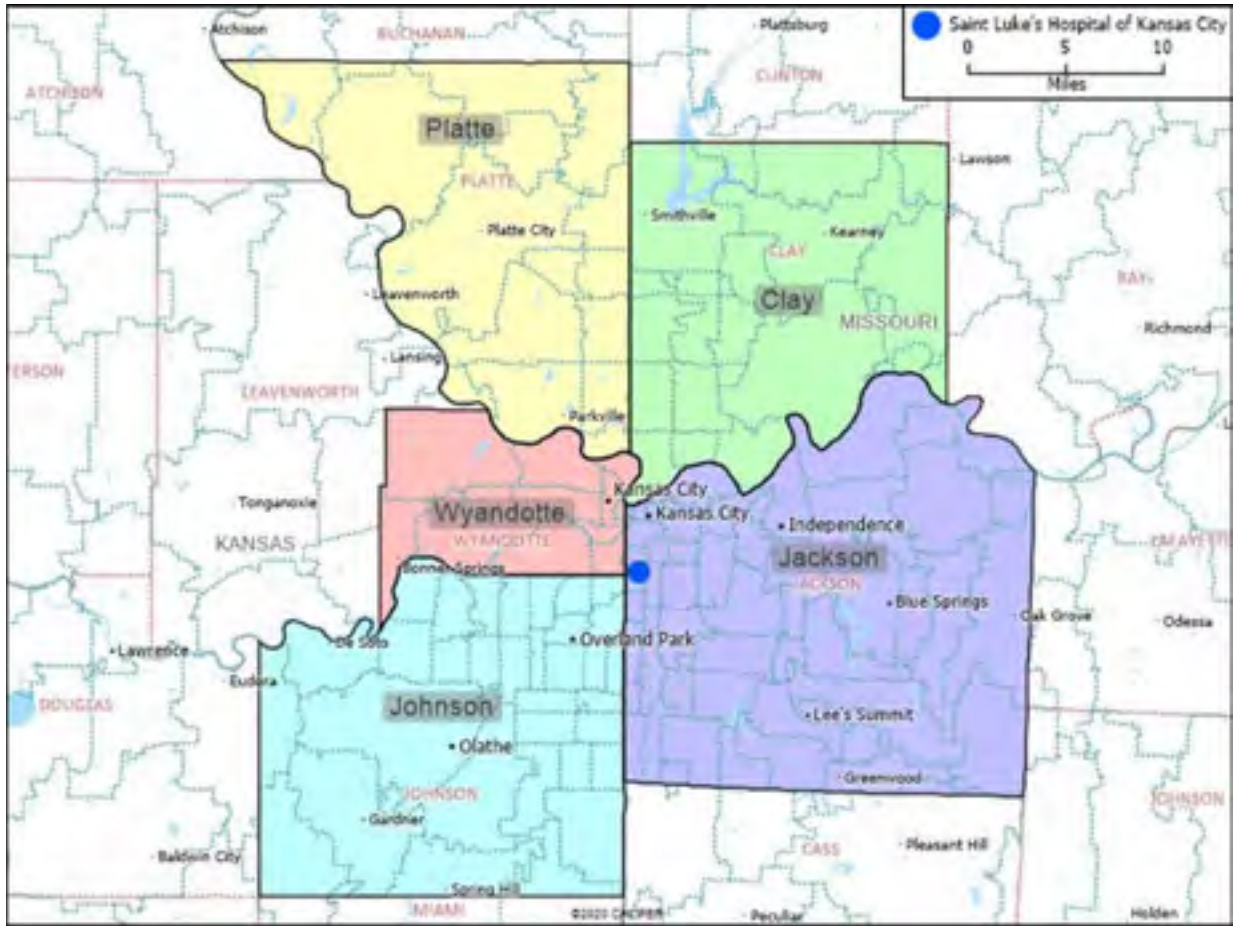
Source: Caliper Maptitude, 2020.

Secondary Data Summary

The following section summarizes principal observations from the secondary data analysis. *See* Appendix B for more detailed information.

Demographics

Demographic characteristics and trends directly influence community health needs. The total population in the community is expected to grow 3.7 percent from 2019 to 2024 (approximately 68,400 persons). The population 65 years of age and older is anticipated to grow much more rapidly (by 19.1 percent, or 51,600 persons) during that time. This development should contribute to greater demand for health services, since older individuals typically need and use more services than younger persons.

The community has substantial variation in demographic characteristics (e.g., age, race/ethnicity, income levels) across the five counties.

In 2019, over one-third of the population in 16 community ZIP codes was Black. Two of these ZIP codes are in Wyandotte County and 14 are in Jackson County. In three of the Jackson County ZIP codes, over 75 percent of the population was Black. These ZIP codes are associated with comparatively high poverty rates and poor health status.

The percent of the population Black was under two percent in 27 ZIP codes (eight in Johnson County, seven in Clay County, six in Platte County, five in Jackson County, and one in Wyandotte County).

Socioeconomic Indicators

People living in low-income households generally are less healthy than those living in more prosperous areas. Significant variation in poverty rates exists across the SLH community:

- Wyandotte County's poverty rate (20.1 percent) was fourth highest out of 105 Kansas counties (2014-2018 five-year average).
- Jackson County's rate (15.2 percent) ranked 70th highest out of Missouri's 115 counties.
- Johnson County's rate (5.6 percent) ranked very low: 102 out of 105 Kansas counties.
- Clay and Platte counties (7.9 percent and 6.9 percent) also ranked very low: 112 and 114 out of 115 Missouri counties respectively.

While poverty rates in Johnson, Clay, and Platte counties are comparatively low, stakeholders indicated that "pockets of need" and income disparities exist in these counties and often are overlooked.

Poverty rates for Black and for Hispanic (or Latino) residents in each of the five counties (and in Kansas, Missouri, and the United States) have been substantially higher than rates for White residents. Across the five counties, 7.6 percent of White residents, 24.6 percent of Black residents, and 20.3 percent of Hispanic (or Latino) residents lived in poverty.

Many low-income census tracts can be found in the five counties. Low-income tracts are most prevalent in western parts of Jackson County, eastern and central Wyandotte County, southwestern Clay County, and in Olathe in Johnson County. Most of these census tracts are where more than one-half of households are "rent burdened," are categorized as "high need" by the Dignity Health Community Need Index^{TM} (CNI), and are in the top quartile nationally for "social vulnerability" according to the Centers for Disease Control Social Vulnerability Index.

The CNI is calculated for every ZIP code in the United States. The median score for the U.S. is 3.0, and ZIP codes are assigned to five categories ranging from "Lowest Need" (scores of 1.0 to 1.7) to "Highest Need" (scores ranging from 4.2 to 5.0). At 4.3 (weighted by the population of each ZIP code), the weighted average CNI score for Wyandotte County is well above the U.S. median and indicates that a significant portion of the population lives in "highest need" ZIP codes.

Between 2015 and early 2020, unemployment rates in the Kansas City Metropolitan Statistical Area and the United States fell significantly. However, due to the COVID-19 pandemic,

unemployment has risen substantially in recent months (from 3.3 percent in January 2020 to 11.0 percent in May). Between January and May, the number of people unemployed in the Kansas City area increased from 37,241 to 123,352. The rise in unemployment is likely to affect numerous health-related factors, such as access to employer-based health insurance, housing and food insecurity, and access to health services.

Crime rates in Jackson and Wyandotte counties are significantly above national averages and above rates in their peer counties.

Wyandotte and Jackson counties have had a higher percentage of the population without health insurance than Kansas, Missouri, and the United States. A June 2012 Supreme Court ruling provided states with discretion regarding whether or not to expand Medicaid eligibility. In 2018, the average uninsured rate in states that expanded Medicaid was 7.7 percent; the average rate in states that did not expand Medicaid was 14.6 percent.

On August 4, 2020, voters approved Medicaid expansion in Missouri. According to an analysis published by the Kaiser Family Foundation, 217,000 of Missouri's uninsured adults will now be eligible for Medicaid when the expansion becomes effective (scheduled for July 1, 2021).

Kansas now is one of the 12 remaining states that have chosen not to expand Medicaid. An estimated 87,000 uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.

Recent spikes in unemployment likely are leading to more uninsured community members.

Other Local Health Status and Access Indicators

In the 2019 *County Health Rankings* and for overall health outcomes:

- Johnson County ranked 1st (out of 105 counties in Kansas) and Wyandotte County ranked 99th.
- Jackson County ranked 60th (out of 114 counties and one independent city in Missouri), Clay County ranked 5th, and Platte County ranked 2nd.

Jackson County ranked in the bottom quartile among counties for 12 of the 41 indicators (29.3 percent), Johnson and Clay counties for four (4) of the indicators (9.8 percent), Platte County for five (5) of the indicators (12.2 percent), and Wyandotte County for 30 of the indicators (73.2 percent). All five counties ranked in the bottom half for sexually transmitted infections, social associations, air pollution, and percent who drive alone to work.

Community Health Status Indicators (CHSI) compares indicators for each county with those for peer counties across the United States. Each county is compared to 30 to 35 of its peers, which are selected based on socioeconomic characteristics such as population size, population density, percent elderly, per-capita income, and poverty rates. In CHSI, Jackson and Wyandotte counties compare unfavorably to peer counties for 27 of the 34 benchmark indicators (79 percent), Johnson and Platte counties for 11 of the 34 indicators (32 percent), and Clay County for 12 of

the 34 indicators (35 percent). Collectively, four or more counties rank in the bottom half of their peers for indicators including:

- Percent of adults who smoke
- Percent of adults obese
- Excessive drinking
- Percent driving deaths with alcohol involvement
- Chlamydia rate
- Mental health professionals rate
- Violent crime rate
- Average daily PM2.5 air pollution
- Percent who drive alone to work

Other secondary data from the Kansas Department of Health and Environment, Missouri Department of Health and Senior Services, the Centers for Disease Control, the Health Resources and Services Administration, the United States Department of Agriculture, and others have been assessed. Based on an assessment of available secondary data, the indicators presented in **Exhibit 4** appear to be most significant in the SLH community.

An indicator is considered *significant* if it was found to vary materially from a benchmark statistic (e.g., an average value for Kansas or Missouri, for peer counties, or for the United States). For example, 20.5 percent of Jackson County's adults smoke; the average for peer counties is 14.4 percent. The last column of the exhibit identifies where more information regarding the data sources can be found in this report.

Exhibit 4: Significant Indicators

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
Years of potential life lost	Jackson County	8,758	6,032	Peer counties	30
	Wyandotte County	9,230	7,795	Peer counties	30
65+ Population change, 2019-2024	Community counties	19.1%	3.7%	Community, Total	8
Poverty rate, 2014-2018	Jackson County	15.2%	14.1%	United States	13
	Wyandotte County	20.1%	14.1%	United States	13
Percent of children in poverty	Jackson County	22.9%	19.5%	United States	15
	Wyandotte County	28.7%	19.5%	United States	15
Poverty rate, Black, 2014-2018	Jackson County	26.0%	9.9%	Jackson County, White	14
	Johnson County	13.9%	4.7%	Johnson County, White	14
	Clay County	24.2%	6.3%	Clay County, White	14
	Platte County	19.1%	5.9%	Platte County, White	14
	Wyandotte County	27.6%	15.7%	Wyandotte County, White	14
Poverty rate, Hispanic (or Latino), 2014-2018	Jackson County	25.3%	9.9%	Jackson County, White	14
Unemployed people, March 2020	Kansas City MSA	37,241	123,352	Kansas City MSA, May 2020	17
Percent uninsured	Wyandotte County	18.5%	7.7%	Medicaid expansion states	18
Percent rented households rent burdened	Top quartile ZIP codes	55.0%	50.2%	United States	21
Community Need Index™	Jackson County	3.4	3.0	United States median	22
	Wyandotte County	4.3	3.0	United States median	22
Violent crime rate per 100,000	Jackson County	941.4	448.4	Peer counties	30
	Wyandotte County	703.9	387.6	Peer counties	30
Percent adults who smoke	Jackson County	20.5%	14.4%	Peer counties	30
	Platte County	18.5%	16.6%	Peer counties	30
	Wyandotte County	23.0%	17.2%	Peer counties	30
Percent adults obese	Jackson County	32.8%	29.0%	United States	29
	Clay County	31.1%	29.0%	United States	29
	Platte County	31.0%	29.0%	United States	29
	Wyandotte County	38.8%	29.0%	United States	29
Chlamydia rate per 100,000	Jackson County	812.2	586.4	Peer counties	30
	Wyandotte County	804.3	631.6	Peer counties	30
Gonorrhea rate per 100,000	Jackson County	450.1	205.2	United States	36
	Wyandotte County	375.7	205.2	United States	36

Source: Verité Analysis.

Exhibit 4: Significant Indicators (*continued*)

Indicator	Area	Value	Benchmark Value	Benchmark Area	Exhibit
Percent driving deaths with alcohol involvement	Jackson County	36.2%	28.7%	Peer counties	30
	Platte County	40.3%	29.8%	Peer counties	30
Homicide mortality rate per 100,000	Jackson County	18.1	8.3	Missouri	32
	Wyandotte County	18.9	4.5	Kansas	32
Diabetes mortality rate per 100,000	Wyandotte County	31.7	21.1	Kansas	32
Suicide mortality rate per 100,000	Jackson County	16.7	15.7	Missouri	32
	Clay County	16.7	15.7	Missouri	32
Mortality rate per 100,000 due to chronic conditions, Black	Missouri	653.6	530.9	Missouri, White	35
Ratio of population to primary care physicians	Jackson County	1,281:1	1,070:1	Peer counties	30
	Wyandotte County	2,374:1	1,602:1	Peer counties	30
Ratio of population to mental health providers	Clay County	931:1	440:1	United States	29
	Platte County	982:1	440:1	United States	29
	Wyandotte County	677:1	440:1	United States	29
Preventable Medicare hospitalizations rate per 100,000 Medicare enrollees	Jackson County	5,346	4,101	Peer counties	30
	Wyandotte County	6,102	5,023	Peer counties	30
Asthma ER visits per 1,000 under 18, Black	Jackson County	32.2	3.7	Jackson County, White	38
Mothers using tobacco during pregnancy	Jackson County	10.3%	6.5%	United States	37
Teen birth rate per 1,000 aged 15-19	Jackson County	36.0	22.0	Peer counties	30
	Wyandotte County	54.3	26.6	Peer counties	30
Prenatal care began first trimester	Jackson County	65.9%	71.4%	Missouri	38
Prenatal care began first trimester, Black	Jackson County	54.6%	74.7%	Jackson County, White	38
	Clay County	56.0%	76.7%	Clay County, White	38
	Platte County	52.7%	79.3%	Platte County, White	38
Infant deaths per 1,000, Black	Jackson County	16.8	7.5	Jackson County, White	38
	Johnson County	11.4	3.2	Johnson County, White	38
	Clay County	14.1	7.7	Clay County, White	38
	Platte County	15.6	6.9	Platte County, White	38
	Wyandotte County	11.6	5.0	Wyandotte County, White	38
Air pollution (average daily particulate matter)	Jackson County	10.4	8.6	United States	29
COVID-19 Incidence Rate per 100,000	Jackson County	3,347	2,676	Missouri	31
	Wyandotte County	4,947	2,583	Kansas	31

Source: Verité Analysis.

When community health data are arrayed by race and ethnicity, significant differences are observed, in particular for:

- Infant mortality,
- Percent of women beginning prenatal care in the first trimester,
- Emergency room visits due to asthma (for children under 18),
- Mortality rates due to chronic conditions,
- Rates of obesity and smoking, and
- Uninsured rates.

These differences indicate the presence of racial and ethnic health inequities and disparities.

Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) include thirteen health conditions (also referred to as Prevention Quality Indicators (PQIs)) "for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[2] Among these conditions are: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Analyses conducted for this CHNA indicate that discharges for ACSCs are comparatively low from SLH. ACSC discharges are comparatively high from Jackson and Wyandotte counties.

Food Deserts

The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered "food deserts" because they include lower-income persons without supermarkets or large grocery stores nearby. Food deserts are present in four of the counties assessed by SLH (all except Platte) and are most prevalent in western parts of Jackson County and eastern parts of Wyandotte County.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration based on an "Index of Medical Underservice." Several census tracts in and near downtown Kansas City have been designated as medically underserved.

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is present.

- Many census tracts in western Jackson County (in and near downtown Kansas City) have been designated as primary care and dental care HPSAs and the county's entire low-income population has been designated as a mental health professional HPSA.
- The low-income population of Wyandotte County has been designated as primary care and dental care HPSAs. The low-income population of Platte County has been designated a mental health professional HPSA.

CDC COVID-19 Prevalence and Mortality Findings

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic represents a public health emergency for the Kansas City region, the nation, and the world. The pandemic also has exposed the significance

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[2]Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.

of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues.

Part of the CDC's work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. Based on that work, many at-risk people live in the community served by Saint Luke's Hospital of Kansas City. Populations most at risk include:

- Older adults;
- People with certain underlying medical conditions, including cancer, chronic kidney disease, COPD, obesity, serious heart conditions, diabetes, sickle cell disease, asthma, hypertension, immunocompromised state, and liver disease;
- People who are obese and who smoke;
- Pregnant women; and,
- Black, Hispanic (or Latino), and American Indian or Alaska Native persons.

According to the CDC, "long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age."

Findings of Other CHNAs

Local health departments recently conducted Community Health Assessments and developed Community Health Improvement Plans (CHIPs). This CHNA has integrated the findings of that work.

The issues most frequently identified as *significant* in these other assessments are (presented in alphabetical order):

- Access to care
- Alcohol and substance (drug) abuse – including abuse of opioids
- Chronic disease prevalence and prevention
- Educational achievement and opportunity
- Health inequities and disparities
- Infant mortality, maternal and child health
- Mental health and access to mental health services
- Obesity, physical inactivity, and nutrition
- Poverty and problems with social determinants of health, particularly in certain neighborhoods and areas
- Safe and affordable housing
- Violent crime and violence prevention

The Community Health Assessment (CHA) dashboard published and maintained by the Kansas City Missouri Health Department highlights how there is a 17-year difference in life expectancy for certain Kansas City communities that are only three miles apart. The gap in life expectancy between Blacks and Whites has increased since 2005, and gaps between women and men persist.

According to that CHA, racism is the key driver behind these disparities.[3] Kansas City has a history of racism and segregation that contributes to disparities in health outcomes, and social and economic inequities.

Primary Data Summary

Primary data were gathered through key stakeholder interviews and online meetings. Six community meetings were conducted: one in each county and one focused on the Kansas City region. Another meeting was held with SLH staff members. Interviews were conducted by phone and meetings were conducted by online video conferences.

See Appendix C for information regarding those who participated in the community input process.

Key Stakeholder Interviews

Twenty-six (26) interviews were conducted with 28 stakeholders participating to learn about community health issues in the SLH community. Participants included individuals representing public health departments, social service organizations, community health centers, and similar organizations.

Questions focused first on identifying and discussing health issues in the community <u>before</u> the COVID-19 pandemic began. Interviews then focused on the pandemic's impacts and on what has been learned about the community's health given those impacts. Stakeholders also were asked to describe the types of initiatives, programs, and investments that should be implemented to address the community's health issues and to be better prepared for future risks.

Stakeholders most frequently identified the following issues as significant <u>before</u> the COVID-19 pandemic began.

- **Mental health.** The community's poor mental health status (including depression and anxiety) was identified by many as a significant concern. Contributing factors include:

  - An under-supply of inpatient and outpatient mental health providers and facilities. Access is particularly problematic for low-income residents, including those with Medicaid. Wait times typically are long for mental health services. Residents in Platte and Clay counties typically need to leave the county for services.

  - Stress, a lack of social connectedness, trauma, and Adverse Childhood Experiences.

  - Stigma, particularly within rural areas and in minority communities.

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[3] See: https://dashboards.mysidewalk.com/kansas-city-mo-cha-dashboard/home

- **Food insecurity, nutrition, and access to healthy food.** Interviewees identified the inability of residents to secure healthy, affordable food as a significant issue and as a major contributor to obesity and related chronic conditions.

  - Healthy foods are comparatively expensive and are difficult to afford given other basic needs.

  - Food deserts and food swamps lead people to rely on unhealthy, fast food options.

  - Education regarding nutrition, a lack of time to cook healthy food (especially for those working multiple jobs), and a lack of transportation present barriers to healthy eating.

- **Poverty, socioeconomic issues, and basic needs.** Poverty and socioeconomic issues were one of the most commonly identified community health problems. While stakeholders in Jackson and Wyandotte counties described issues of poverty being widespread, those in Johnson, Clay, and Platte counties believed there were still significant pockets of need that often get overlooked by county-wide statistics. Rural areas in these three counties were described as more economically disadvantaged.

  Interviewees stated that poverty has many impacts on health and wellbeing. People in poverty:

  - Have inadequate resources for and access to health care services (including medications and treatment).

  - Are forced to choose between spending their limited resources on basic needs and on health services.

  - Experience barriers to accessing primary care, preventive care, mental health care, and other services.

  - Have challenges securing safe housing, particularly in expensive areas to reside such as in Johnson County.

- **Income disparities.** Interviewees stated that income disparities between Black and White residents are prevalent and problematic.

- **Lack of health insurance coverage.** Many discussed how low-income and uninsured residents have difficulty accessing primary care, specialty care, and mental health care. While low-cost clinics and FQHCs are present, interviewees stated that several are "difficult to get to," leaving residents with few primary care options.

  Physicians were described as "at full capacity" and as "not accepting Medicaid," further limiting access to care for low-income residents. Insurance coverage is inadequate, due largely to both Kansas and Missouri not expanding Medicaid (as of the date that the interviews were conducted) and recent spikes in unemployment due to the COVID-19 pandemic. Hispanic (or Latino) populations were thought to be at particularly high risk

due to comparatively low rates of health insurance coverage. Rural populations were also described as having more difficulty accessing services, leading to low levels of preventive care.

- **Youth mental health and suicide.** Interviewees stated that younger people are exposed to social media and online bullying, compare themselves negatively to others, have significant stress about academic or athletic achievement, and experience challenging home-life issues. They cited a growing prevalence of youth suicide, particularly in suburban areas.

- **Obesity.** Interviewees stated that obesity is a significant concern, contributing to many chronic conditions (e.g., hypertension, diabetes, and heart disease) and poor health outcomes. Youth obesity also was identified as a concern, contributing to poor health outcomes and lifestyles into adulthood. Stakeholders attributed these issues to:

    o Poor nutrition and access to healthy foods,

    o Physical inactivity, caused by lack of safe exercise areas in communities,

    o "Busyness" and stress elsewhere in life.

- **Disparities and inequities for Black residents.** Interviewees stressed that Black residents are experiencing disproportionately poor health outcomes.

    o Comparatively high rates of infant mortality and low rates of prenatal care for Black mothers were described as evidence of serious health inequities.

    o Other health disparities and inequities for Black residents frequently were mentioned, for chronic conditions such as diabetes, obesity, and hypertension.

    o Interviewees mentioned that numerous factors contributed to these inequities and disparities for Black residents, including:

        ▪ structural and institutional racism and policies,

        ▪ a lack of trust in the health system – leading to a lack of engagement, and

        ▪ prevalence of socioeconomic disparities such as poverty, education, housing, healthy food access, and others.

- **Health literacy and knowledge of available resources.** Several stakeholders stated that information about healthy living is lacking for many community residents.

    o More health education resources are needed to improve community health, including knowledge focused on nutrition and cooking, the importance of physical activity, preventive health screenings and services, and other topics.

- o Many residents are unaware of available resources in the community (particularly in Johnson and Jackson counties) and "don't know where to go for help" when they are in need. Residents of Clay and Platte counties often do not know where to go for services within their counties and travel to other counties instead.

- o More community health workers, community resource navigators, and other information sources are needed for the community to achieve better health.

- **Access to transportation.** Access to transportation, particularly for low-income residents, is a significant barrier to optimal health in the community. While downtown Kansas City and the urban core were described as having options, public transportation elsewhere is lacking and not going where residents may need. Interviewees stated that transportation barriers contribute to difficulties accessing doctor appointments, preventive health care services, grocery stores, and other necessary services. The issue is particularly problematic for residents of rural and suburban areas.

Interviewees also were asked to describe the impacts of the COVID-19 pandemic on providers, social service organizations, and the community. They responded as follows.

- **Telehealth expansion.** Expanded telehealth services were described as a positive development. The ability to reach patients online has expanded greatly. Many patients like the convenience as well. Some expressed concerns that those in rural communities could be left behind, however, due to socioeconomic status and poor broadband. Interviewees expressed hope that telehealth expansion will continue, reducing travel, time, and other access barriers – particularly for residents of rural communities. Adjustments to reimbursement rates and rules are needed to sustain and enhance this positive development.

- **Highlighting inequities for Black populations.** Interviewees described Black communities as "hardest hit" by the pandemic, largely due to longstanding health and socioeconomic inequities. Black residents are more likely to have pre-existing conditions that put them at risk for poor outcomes due to COVID-19 and are less likely to seek care due to distrust of the health system stemming from historic racism. Interviewees stated that Black residents also are more likely to be essential employees, increasing chances of exposure.

- **Patients deferring and delaying non-COVID-19 care.** Interviewees indicated that due to the pandemic, visits to emergency rooms and for other health services have declined drastically. At the request of the Centers for Disease Control and Prevention, government officials, and other public health entities, hospitals (and their medical staffs) postponed elective surgeries and other procedures so that capacity is available to treat patients with COVID-19. Patients are reluctant to visit hospitals and physician practices due to potential exposure to the virus.

  Interviewees expressed concerns that needed treatment is being delayed, such as visits for diabetes management and for cancer screenings. Patients whose treatments have been delayed are likely to present with more acute problems.

- **Economic and employment impact on residents.** Interviewees also described severe and worsening economic impacts on community residents. Unemployment is rising rapidly, risking insurance coverage, housing, and access to basic needs. The pandemic is highlighting how many families are "one paycheck away" from financial devastation.

- **Impacts on providers.** Social service and health care providers also are experiencing significant challenges due to the pandemic. Hospitals are experiencing dramatic revenue losses and are needing to reduce operating expenses. Community clinics are striving to acquire telehealth and other technologies needed to serve residents effectively. Social services (including food banks) are experiencing unprecedented levels of demand, taxing their resources and ability to serve the community.

- **Worsening behavioral health.** Pandemic-induced isolation and financial stress is negatively affecting mental health – particularly for those living alone and for seniors. Substance abuse is increasing due to the pandemic, especially alcohol abuse.

- **Digital divide.** Interviewees also expressed concerns about impacts on low-income residents due to a digital divide – since many services such as health care visits and educational opportunities are moving online. Households that are unable to afford equipment and broadband connections are being left behind.

Community and Internal Hospital Meetings

From June 1 through June 19, 2020, ten online meetings were conducted across the Kansas City region to obtain community input. Six meetings were comprised of external community stakeholders in each of the five surrounding counties[4], and four meetings were comprised of staff from SLH and from other Saint Luke's Health System hospital facilities.

Eighty-five (85) stakeholders participated in the six community meetings. These individuals represented organizations such as local health departments, non-profit organizations, local businesses, health care providers, local policymakers, and school systems.

The following community meetings were held with stakeholders representing the following geographies:

- Monday, June 15 – Johnson County, KS
- Monday, June 15 – Wyandotte County, KS
- Tuesday, June 16 – Clay County, MO
- Tuesday, June 16 – Platte County, MO
- Thursday, June 18 – Jackson County, MO
- Friday, June 19 – Kansas City Metropolitan Area

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[4] These counties include Clay County, MO; Jackson County, MO; Johnson County, KS; Platte County, MO; and Wyandotte County, KS.

Seventy-nine (79) Saint Luke's Health System staff participated in the internal meetings. Individuals from administration, nursing, case management, social services, emergency departments, and other similar departments participated. These meetings were held with hospital staff as follows:

- Monday, June 1 – Saint Luke's North Hospital
- Thursday, June 11 – Saint Luke's East Hospital
- Friday, June 12 – Saint Luke's Hospital of Kansas City
- Friday, June 12 – Saint Luke's South Hospital

Each meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of the community meetings. Then, secondary data were presented, along with a summary of the most unfavorable community health indicators.

Meeting participants then were asked to discuss whether the identified, unfavorable indicators accurately identified the most significant community health issues and were encouraged to add issues that they believed were significant.

After discussing the needs identified through secondary data and adding others to the list, participants in each meeting were asked through an online survey process to identify "three to five" they consider to be most significant. From this process, the groups identified the following needs as most significant in the SLH community:

- Poverty rates and social determinants of health (including affordable housing, violence, educational opportunities, and others) for Black, Latino, low-income, and other at-risk residents;

- The supply of and access to mental health providers, particularly those that serve low-income and uninsured residents;

- The needs of a growing senior population, including aging in place and navigating the continuum of care;

- Obesity, diabetes, and other obesity-related chronic conditions;

- Health disparities and inequities by race, ethnicity, and income levels, including for infant health and prenatal care;

- Mental health and suicide;

- The need to expand insurance coverage (including Medicaid) and reduce health plan restrictions on accessing providers;

- Affordable and adequate transportation options that allow accessing health services, social services, healthy food options, and other resources, particularly for low-income and elderly residents;

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- Access to affordable health care, including primary care, specialty care, and mental health care;

- The COVID-19 pandemic, its disproportional effect on Black communities, and its overall effects on household finances, employment status, and need for social services; and

- Access to prenatal care, particularly for Black, pregnant mothers.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities, clinics, and resources available in the Saint Luke's Hospital of Kansas City community that are available to address community health needs.

Hospitals

Exhibit 5 presents information on hospital facilities located in the community.

Exhibit 5: Hospitals Located in Community, 2020

Name	Hospital Type	City	ZIP Code
Jackson County, MO			
Center for Behavioral Medicine	Psychiatric Hospital	Kansas City	64108
Centerpoint Medical Center	General Acute Care Hospital	Independence	64057
Children's Mercy Hospital	General Acute Care Hospital	Kansas City	64108
Crittenton Children's Center	Psychiatric Hospital	Kansas City	64134
Lee's Summit Medical Center	General Acute Care Hospital	Lee's Summit	64063
Research Medical Center	General Acute Care Hospital	Kansas City	64132
Research Medical Center - Brookside Campus	General Acute Care Hospital	Kansas City	64131
Research Psychiatric Center	Psychiatric Hospital	Kansas City	64130
Saint Luke's East Hospital	General Acute Care Hospital	Lee's Summit	64086
Saint Luke's Hospital Of Kansas City	General Acute Care Hospital	Kansas City	64111
St. Joseph Medical Center	General Acute Care Hospital	Kansas City	64114
St. Mary's Medical Center	General Acute Care Hospital	Blue Springs	64014
Truman Medical Center - Hospital Hill	General Acute Care Hospital	Kansas City	64108
Truman Medical Center - Hospital Hill 2 Center	General Acute Care Hospital	Kansas City	64108
Truman Medical Center Lakewood	General Acute Care Hospital	Kansas City	64139
Johnson County, KS			
AdventHealth Shawnee Mission	Accredited Long-Term Care Hospital	Shawnee Mission	66204
Children's Mercy Hospital Kansas	Accredited Long-Term Care Hospital	Overland Park	66211
Cottonwood Springs LLC	Psychiatric Hospital	Olathe	66062
Doctors Hospital LLC	Accredited Long-Term Care Hospital	Leawood	66211
Kansas City Orthopaedic Institute LLC	Non-Accredited Long-Term Care Hospital	Leawood	66211
KPC Promise Hospital of Overland Park	Accredited Long-Term Care Hospital	Overland Park	66212
KPC Promise Skilled Nursing Facility of Overland Park	Long Term Care Unit	Overland Park	66212
Meadowbrook Rehabilitation Hospital	Accredited Specialty Hospital	Gardner	66030
Menorah Medical Center	Accredited Long-Term Care Hospital	Overland Park	66209
MidAmerica Rehabilitation Hospital	Accredited Specialty Hospital	Overland Park	66211
Minimally Invasive Surgery Hospital	Accredited Long-Term Care Hospital	Lenexa	66219
Olathe Medical Center	Accredited Specialty Hospital	Olathe	66061
Overland Park Regional Medical Center	Accredited Long-Term Care Hospital	Overland Park	66215
Pinnacle Regional Hospital, Inc	Accredited Long-Term Care Hospital	Boonville	65233
Rehabilitation Hospital of Overland Park	Accredited Specialty Hospital	Overland Park	66207
Saint Luke's South Hospital	Accredited Long-Term Care Hospital	Overland Park	66213
The Bariatric Center Of Kansas City, LLC	Accredited Specialty Hospital	Lenexa	66227
Clay County, MO			
Excelsior Springs Hospital	General Acute Care Hospital	Excelsior Springs	64024
Kindred Hospital Northland	Other Hospital Type	Kansas City	64118
Liberty Hospital	General Acute Care Hospital	Liberty	64068
North Kansas City Hospital	General Acute Care Hospital	North Kansas City	64116
Saint Luke's North Hospital - Smithville	General Acute Care Hospital	Smithville	64089
Signature Psychiatric Hospital	Psychiatric Hospital	North Kansas City	64116
Signature Psychiatric Hospital Liberty	Psychiatric Hospital	Liberty	64068
Platte County, MO			
Saint Luke's North Hospital - Barry Road	General Acute Care Hospital	Kansas City	64154
Wyandotte County, KS			
Providence Medical Center	Accredited Long-Term Care Hospital	Kansas City	66112
Select Specialty Hospital-Kansas City	Accredited Specialty Hospital	Kansas City	66112
University of Kansas Hospital	Accredited Long-Term Care Hospital	Kansas City	66103
University of Kansas Hospital Transplant Center	Accredited Long-Term Care Hospital	Kansas City	66160

Source: Kansas Department of Health and Environment, 2020; Missouri Department of Health and Senior Services, 2020.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as "medically underserved." These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently are 39 FQHC sites operating in the community (**Exhibit 6**).

Exhibit 6: Federally Qualified Health Centers Located in Community, 2020

Name	Address	City	ZIP Code
Jackson County, MO			
Compass Health, Inc.	901 NE Independence Ave	Lees Summit	64086
Hope Family Care Center, 3027 Prospect Ave., Kansas City, MO 64128	3027 Prospect Ave	Kansas City	64128
Kansas City CARE Clinic	3515 Broadway Blvd	Kansas City	64111
Kansas City CARE Clinic	1106 E 30th St Ste B	Kansas City	64109
Kansas City CARE Clinic	2340 E Meyer Blvd STE 200	Kansas City	64132
Kansas City CARE Clinic	4601 Independence Ave	Kansas City	64124
Live Well Community Health Center - Buckner	324 S Hudson St	Buckner	64016
Mobile Medical Clinic	3801 Blue Pkwy	Kansas City	64130
Samuel U. Rodgers Health Center - East	2100 E 9th St	Kansas City	64124
Samuel U. Rodgers Health Center Blue Springs School District	1501 NW Jefferson St	Blue Springs	64015
Samuel U. Rodgers Health Center Cabot Westside	2121 Summit St	Kansas City	64108
Samuel U. Rodgers Health Center Downtown Campus	825 Euclid Ave	Kansas City	64124
Samuel U. Rodgers Health Center J.A. Rogers Family Dental	6400 E 23rd St	Kansas City	64129
Swope Health East	17844 E 23rd St S	Independence	64057
Swope Health Independence	11320 E Truman Rd	Independence	64050
Swope Health Services - Central	3801 Blue Pkwy	Kansas City	64130
Swope Health Services - Hickman Mills	8800 Blue Ridge Blvd Ste 208	Kansas City	64138
Johnson County, KS			
Health Partnership Clinic - Merriam Park Elementary School	6100 Mastin St	Shawnee	66203
Health Partnership Clinic - Olathe East High School	14545 W 127th St	Olathe	66062
Health Partnership Clinic - Olathe North High School	600 E Prairie St	Olathe	66061
Health Partnership Clinic, Inc.	9119 W 74th St Ste 210	Shawnee Mission	66204
Health Partnership Clinic, Inc.	407 S Clairborne Rd Ste 104	Olathe	66062
Safehome	PO Box 4563 Overland Park	Overland Park	66204
Clay County, MO			
Samuel U. Rodgers Health Center Chouteau Elementary	3701 N Jackson Ave	Kansas City	64117
Samuel U. Rodgers Health Center Clay County Family Medicine & Dental	800 Haines Dr	Liberty	64068
Samuel U. Rodgers Health Center Eastgate Middle School	4700 NE Parvin Rd	Kansas City	64117
Samuel U. Rodgers Health Center Northland Family Medicine	5330 N Oak Trfy Ste 104	Kansas City	64118
Samuel U. Rodgers Health Center Winnwood Elementary	4531 NE 44th Ter	Kansas City	64117
Swope Health Services - Maple Woods	3100 NE 83rd St Ste 1001	Kansas City	64119
Platte County, MO			
Swope Health Services - Northland	2906 NW Vivion Rd	Riverside	64150
Wyandotte County, KS			
Southwest Boulevard Family Health Care Sevices of Greater Kansas CIty	340 Southwest Blvd	Kansas City	66103
Swope Health Services - Wyandotte	21 N 12th St Ste 400	Kansas City	66102
Swope Health West	6013 Leavenworth Rd	Kansas City	66104
Vibrant Health - Argentine	1428 S 32nd St Ste 100	Kansas City	66106
Vibrant Health - Argentine Middle School	2123 Ruby Ave	Kansas City	66106
Vibrant Health - Central	21 N 12th St Ste 300	Kansas City	66102
Vibrant Health - Children's Campus	444 Minnesota Ave Ste 100	Kansas City	66101
Vibrant Health - J.C. Harmon High School	2400 Steele Rd	Kansas City	66106
Vibrant Health - Wyandotte High School	2501 Minnesota Ave	Kansas City	66102

Source: HRSA, 2020.

According to 2018 data published by HRSA, FQHCs served the following percentage of uninsured persons and Medicaid recipients:

- In Jackson County, 26 percent of uninsured persons and 28 percent of Medicaid recipients.
- In Johnson County, 19 percent of uninsured persons and 13 percent of Medicaid recipients.
- In Clay County, 13 percent of uninsured persons and 14 percent of Medicaid recipients.
- In Platte County, 10 percent of uninsured persons and 11 percent of Medicaid recipients.
- In Wyandotte County, 33 percent of uninsured persons and 18 percent of Medicaid recipients.

Nationally, FQHCs served 22 percent of uninsured patients and 19 percent of the nation's Medicaid recipients.[5]

Other Community Resources

Many social services and resources are available throughout community counties and the Kansas City region to assist residents. The United Way of Greater Kansas City, covering a 23-county area in the region, maintains a database of resources to serve residents.[6] The United Way 2-1-1 is available 24-hours a day, seven days a week, and has resources in the following categories:

- Basic needs
- Consumer assistance and protection
- Criminal justice and legal services
- Education
- Environment and public safety
- Health care
- Income support and employment
- Individual and family life
- Mental health and substance use disorder services
- Organizational, community, and international services

Additional information about these resources and participating providers can be found at: https://www.unitedwaygkc.org/get-help.

In addition to United Way 2-1-1, Saint Luke's Health System maintains a Community Resource Hub to connect community members to reduced-cost and free services in their neighborhoods.

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[5] See: http://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/chartbook-2020-final/ and https://www.udsmapper.org/.

[6] The 23 counties included are as follows: In Kansas, Doniphan County, Franklin County, Johnson County, Leavenworth County, Linn County, Miami County, and Wyandotte County. In Missouri, Andrew County, Bates County, Buchanan County, Caldwell County, Cass County, Clay County, Clinton County, Dekalb County, Henry County, Jackson County, Johnson County, Lafayette County, Pettis County, Platte County, Ray County, and Saline County.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

The Saint Luke's Community Resource Hub contains resources for a variety of categories, including:

- Food
- Housing
- Goods
- Transit
- Health
- Money
- Care
- Education
- Work
- Legal

Additional information about these resources and participating providers can be found at: https://saintlukesresources.org/.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.[7] In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and,
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community's health needs.

Methodology

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- *Who* in the community is most vulnerable in terms of health status or access to care?
- *What* are the unique health status and/or access needs for these populations?
- *Where* do these people live in the community?
- *Why* are these problems present?

The focus on *who* is most vulnerable and *where* they live is important to identifying groups experiencing health inequities and disparities. Understanding *why* these issues are present is challenging but is important to designing effective community health improvement initiatives. The question of *how* each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served" (e.g., children, women, or the aged), and/or the hospital

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[7] Internal Revenue Code, Section 501(r).

facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[8] Accordingly, the community definition considered the geographic origins of the hospital's patients and also the hospital's mission, target populations, principal functions, and strategies.

Data from multiple sources were gathered and assessed, including secondary data[9] published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews and online community meetings (including a meeting conducted with internal hospital staff). Stakeholders and community meeting participants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See* Appendix C. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives, and to increase confidence that significant community health needs have been identified accurately and objectively.

Certain community health needs were determined to be "significant" if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community's health, (2) recent assessments developed by state and local health departments, and (3) input from community stakeholders who participated in the community meeting and/or interview process.

In addition, data were gathered to evaluate the impact of various services and programs identified in Saint Luke's previous CHNA process. *See* Appendix E.

Collaborating Organizations

For this community health assessment, Saint Luke's Hospital of Kansas City collaborated with the following Saint Luke's hospitals: Saint Luke's South Hospital, Saint Luke's East Hospital, and Saint Luke's North Hospital. These facilities collaborated through gathering and assessing secondary data together, conducing community meetings and key stakeholder interviews, relying on shared methodologies, report formats, and staff to manage the CHNA process.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Saint Luke's Health System. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community's health needs conducted by other organizations (e.g., local health departments) were reviewed as well.

Input from persons representing the broad interests of the community was taken into account through key informant interviews (28 participants) and community meetings (118 participants).

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[8] 501(r) Final Rule, 2014.
[9] "Secondary data" refers to data published by others, for example the U.S. Census and the Missouri Department of Health and Social Services. "Primary data" refers to data observed or collected from first-hand experience, for example by conducting interviews.

Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Saint Luke's Health System posts CHNA reports and Implementation Plans online at https://www.saintlukeskc.org/community-health-needs-assessments-implementation-plans.

Consultant Qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 60 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in community benefit and Community Health Needs Assessments.

APPENDIX B – SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the Saint Luke's Hospital of Kansas City (SLH) community. The SLH community is defined as Jackson County, Missouri; Johnson County, Kansas; Clay County, Missouri; Platte County, Missouri; and Wyandotte County, Kansas.

Demographics

Exhibit 7: Change in Community Population by County, 2019 to 2024

County	State	Total Population 2019	Projected Population 2024	Percent Change 2019 - 2024
Jackson	MO	710,277	729,993	2.8%
Johnson	KS	604,542	629,884	4.2%
Clay	MO	253,939	266,031	4.8%
Platte	MO	102,862	109,276	6.2%
Wyandotte	KS	169,224	174,045	2.8%
Community Total		**1,840,844**	**1,909,229**	**3.7%**

Source: Truven Market Expert, 2019.

Description

Exhibit 7 portrays the estimated population by county in 2019 and projected to 2024.

Observations

- Between 2019 and 2024, the community's population is expected to grow by approximately 68,000 people, or 3.7 percent.

- At 6.2 percent, the population in Platte County is expected to grow the fastest.

Exhibit 8: Change in Community Population by Age/Sex Cohort, 2019 to 2024

Age/Sex Cohort	Total Population 2019	Projected Population 2024	Percent Change 2019 - 2024
0 - 17	447,478	454,236	1.5%
Female 18 - 44	329,112	331,886	0.8%
Male 18 - 44	327,272	333,123	1.8%
45 - 64	467,367	468,786	0.3%
65+	269,615	321,198	19.1%
Community Total	**1,840,844**	**1,909,229**	**3.7%**

Source: Truven Market Expert, 2019.

Description

Exhibit 8 shows the population for certain age and sex cohorts in 2019, with projections to 2024.

Observations

- The population 65 years and older is projected to grow much more rapidly (19.1 percent) than the total population (3.7 percent).

- The growth of older populations is likely to lead to greater demand for health services, since older individuals typically need and use more services than younger persons.

Exhibit 9: Percent of Population – Aged 65+, 2019
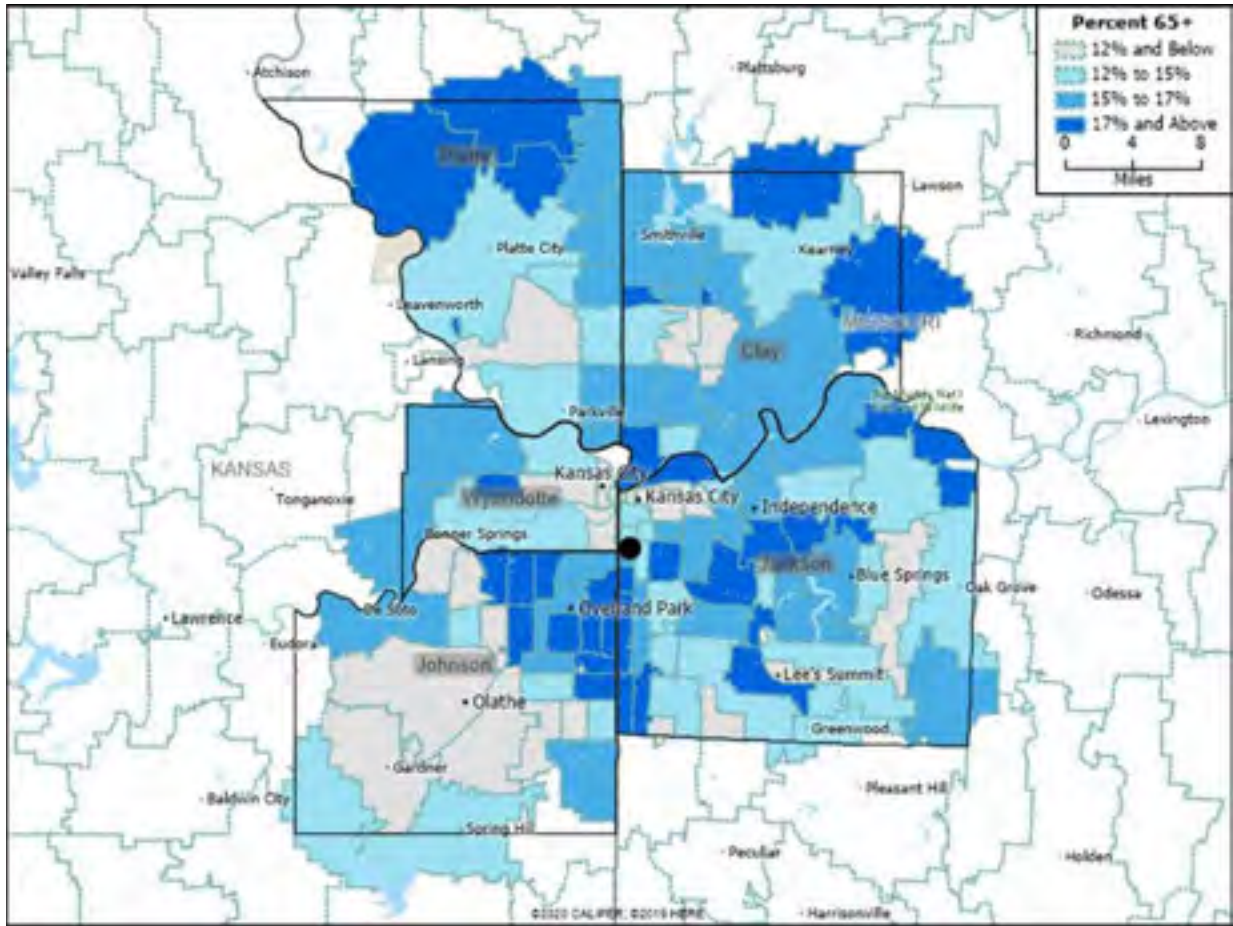
Source: Truven Market Expert, 2019, and Caliper Maptitude.

Description

Exhibit 9 portrays the percent of the population 65 years of age and older by ZIP code. ZIP codes were sorted into quartiles and deep blue shading was assigned to ZIP codes in the quartile with the highest percentages.

Observations

- The highest percentages are in northeastern parts of Johnson County, Independence, western areas of Jackson County, northern Platte County, and eastern parts of Clay County.

- Jackson County ZIP code 64145 has the highest proportion (34.8 percent).

Exhibit 10: Percent of Population – Black, 2019
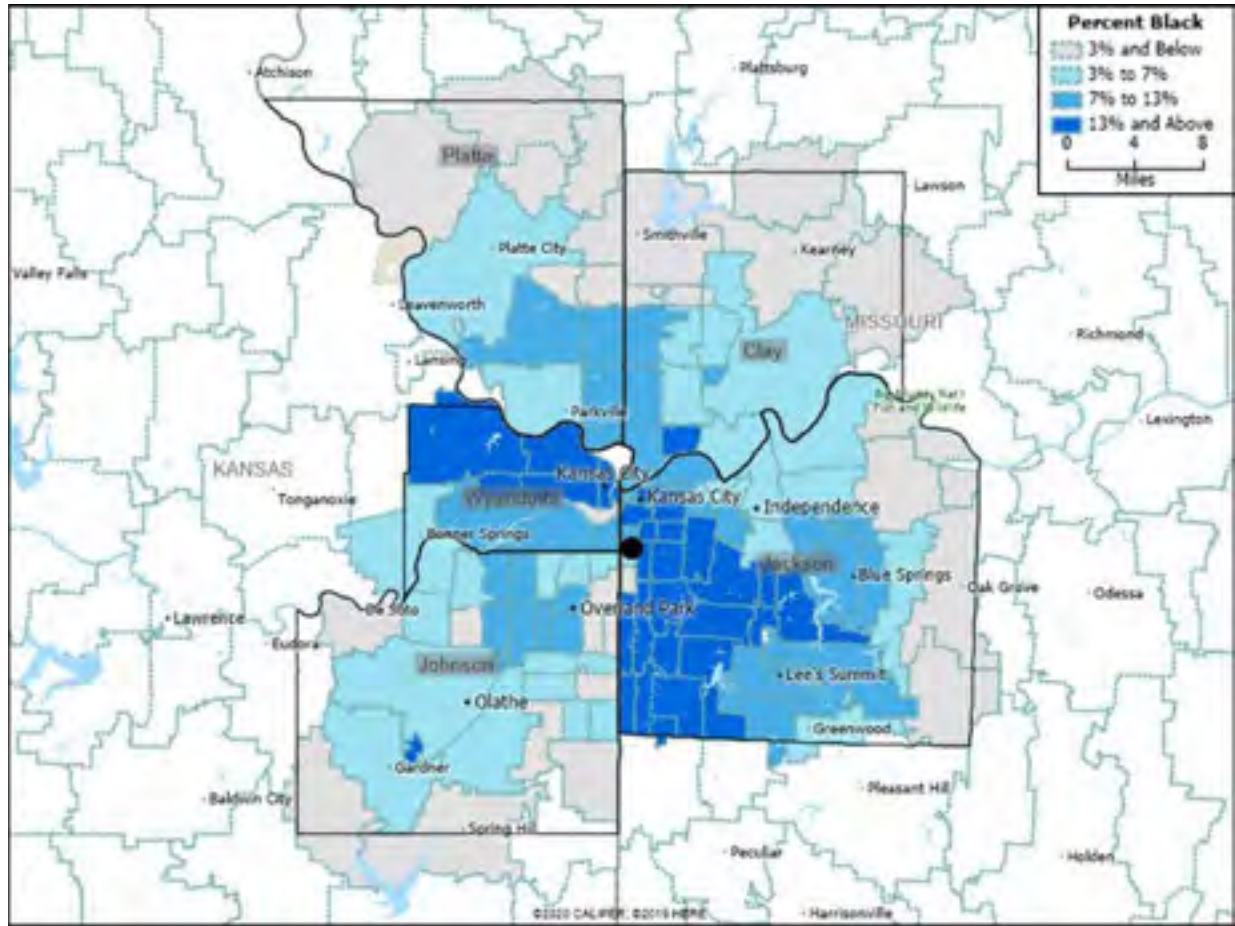
Source: Truven Market Expert, 2018, and Microsoft MapPoint.

Description

Exhibit 10 portrays the percent of the population – Black by ZIP code. ZIP codes were sorted into quartiles and deep blue shading was assigned to ZIP codes in the quartile with the highest percentages.

Observations

- In 2019, over one-third of the population in 16 community ZIP codes was Black. Two of these ZIP codes are in Wyandotte County and 14 are in Jackson County. Over 75 percent of residents were Black in three Jackson County ZIP codes: 64130, 64128, and 64132.

- The percent of the population Black was under two percent in 27 ZIP codes (eight in Johnson County, seven in Clay County, six in Platte County, five in Jackson County, and one in Wyandotte County).

Exhibit 11: Percent of Population – Hispanic (or Latino), 2019
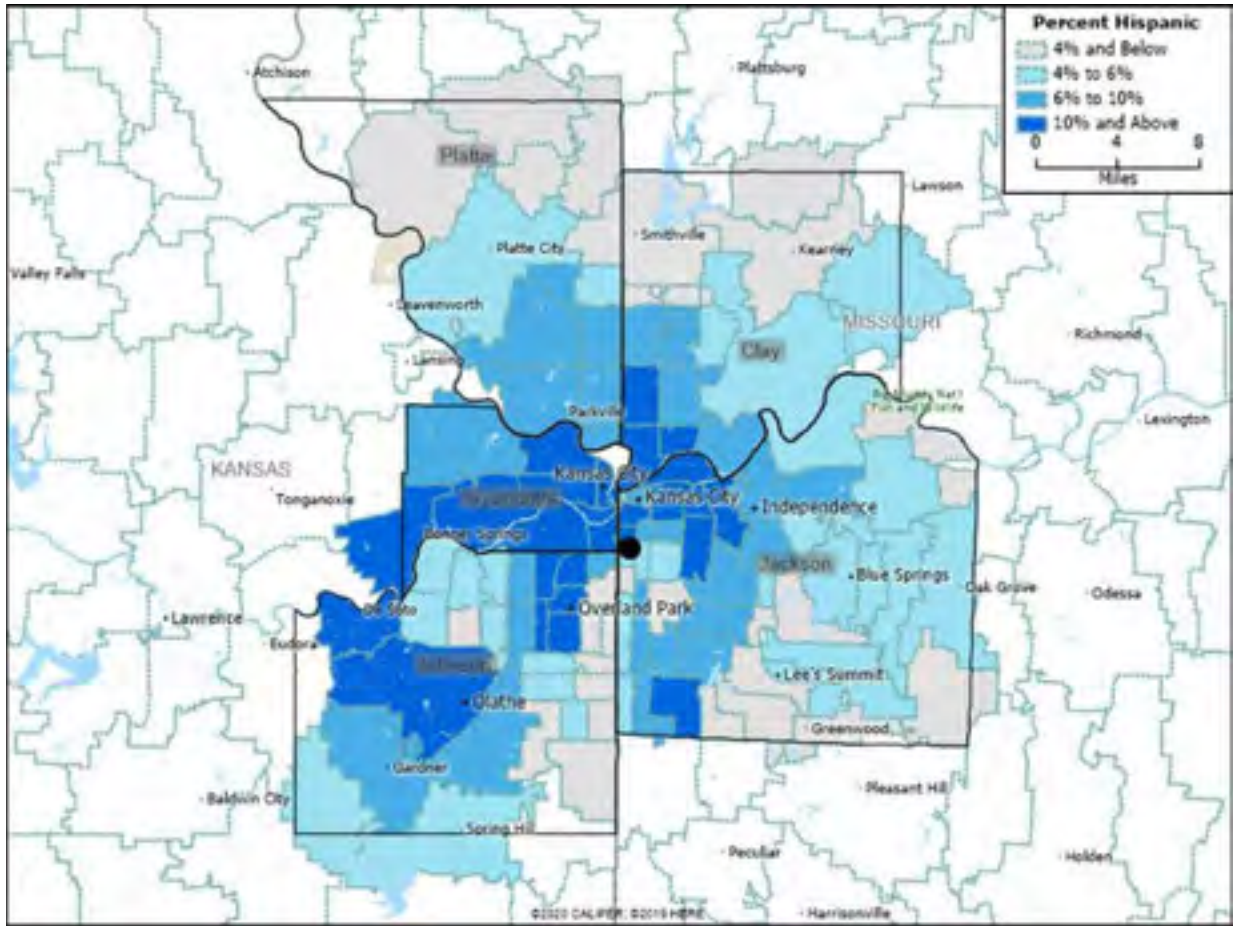
Source: Truven Market Expert, 2019, and Caliper Maptitude.

Description

Exhibit 11 portrays the percent of the population – Hispanic (or Latino) by ZIP code. ZIP codes were sorted into quartiles and deep blue shading was assigned to ZIP codes in the quartile with the highest percentages.

Observations

- In 2019, over 66 percent of residents in Wyandotte County ZIP codes 66105 and 66118 were Hispanic (or Latino).

Exhibit 12: Selected Socioeconomic Indicators, 2014-2018
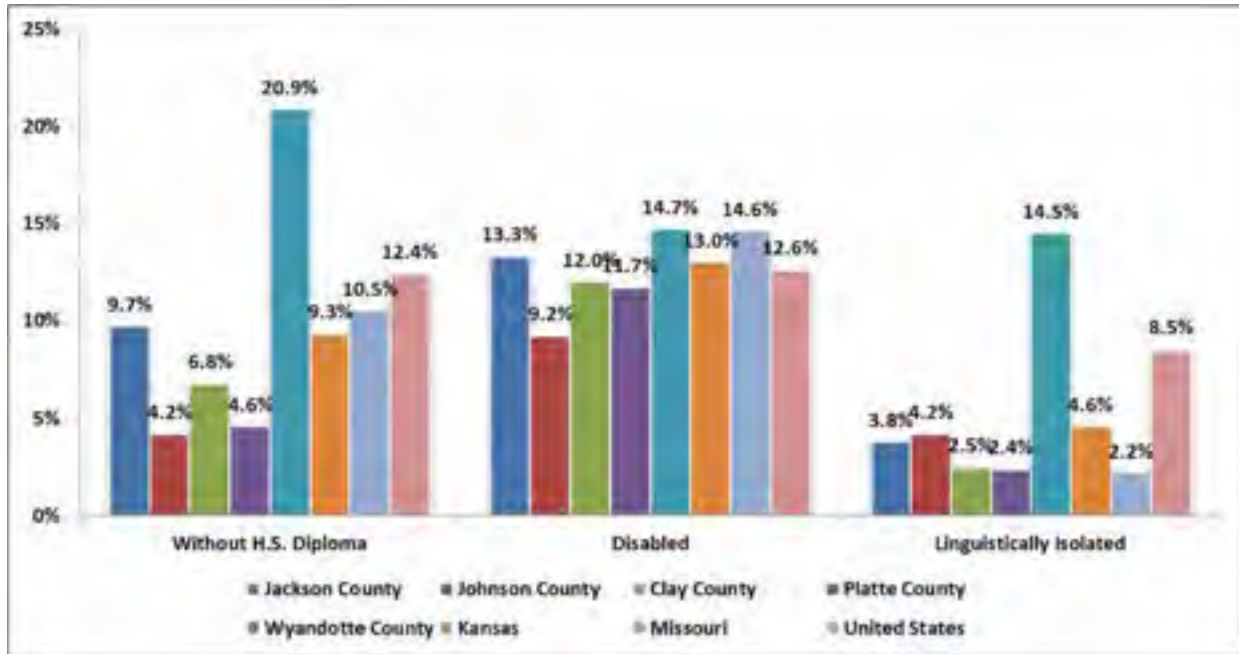
Source: U.S. Census, ACS 5-Year Estimates, 2019.

Description

Exhibit 12 portrays the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated in the counties, Kansas and Missouri, and the United States. Linguistic isolation is defined as residents who speak a language other than English and who speak English less than "very well."

Observations

- In 2014-2018, Wyandotte County had a higher percentage of residents without a high school diploma, disabled, and linguistically isolated than Kansas, Missouri, and the United States.

Socioeconomic indicators

This section includes indicators for poverty, unemployment, health insurance status, crime, housing affordability, and "social vulnerability." All have been associated with health status.

People in Poverty

Exhibit 13: Percent of People in Poverty, 2014-2018
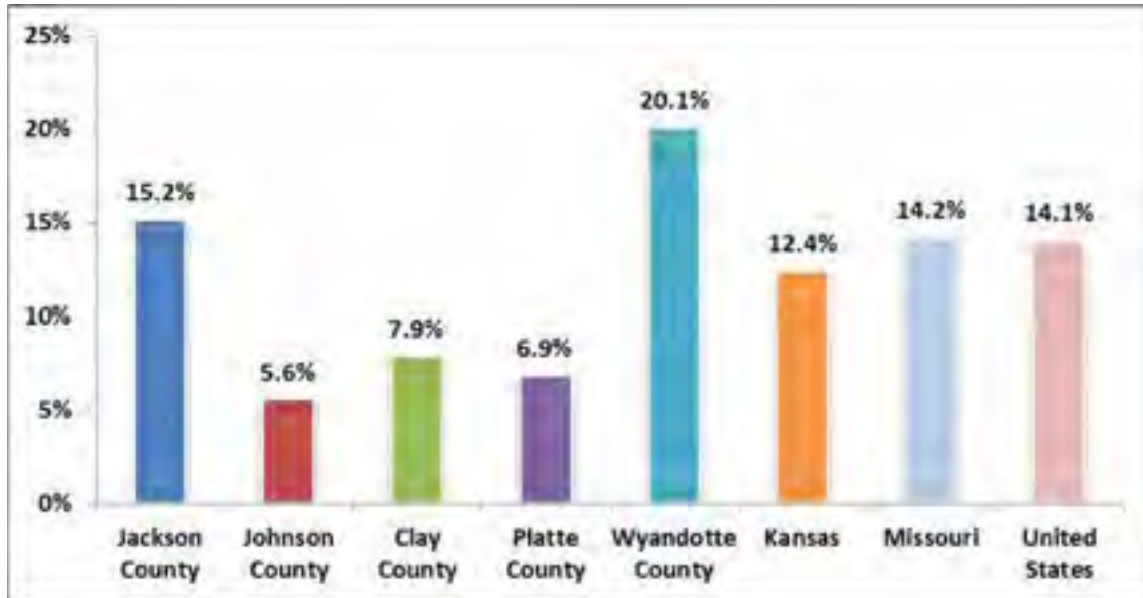
Source: U.S. Census, ACS 5-Year Estimates, 2019.

Description

Exhibit 13 portrays poverty rates by county, in Kansas and Missouri, and in the United States.

Observations

- In 2014-2018, the poverty rates in Jackson and Wyandotte counties were above Kansas, Missouri, and U.S. averages.

- In 2014-2018, Wyandotte County's poverty rate was fourth highest out of 105 Kansas counties. Jackson County ranked 70th out of Missouri's 115 counties.

- Poverty rates in Johnson, Clay, and Platte counties were comparatively low:

  o Johnson County ranked 102 out of 105 Kansas counties.

  o Clay County ranked 112 out of 115 Missouri counties and Platte County ranked 114.

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Exhibit 14: Poverty Rates by Race and Ethnicity, 2014-2018

Area	White	Black	Asian	Hispanic (or Latino)	All Races / Ethnicities
Jackson County, MO	9.9%	26.0%	20.4%	25.3%	15.2%
Johnson County, KS	4.7%	13.9%	7.1%	15.9%	5.6%
Clay County, MO	6.3%	24.2%	12.0%	11.0%	7.9%
Platte County, MO	5.9%	19.1%	8.7%	12.7%	6.9%
Wyandotte County, KS	15.7%	27.6%	27.4%	22.1%	20.1%
Community Total	**7.6%**	**24.6%**	**13.2%**	**20.3%**	**11.0%**
Kansas	10.9%	24.6%	14.6%	20.8%	12.4%
Missouri	12.0%	26.1%	14.7%	23.3%	14.2%
United States	**11.6%**	**24.2%**	**11.5%**	**21.0%**	**14.1%**

Source: U.S. Census, ACS 5-Year Estimates, 2019.

Description

Exhibit 14 portrays poverty rates by race and ethnicity. Dark grey shading indicates rates 50 percent or more above the U.S-wide average (14.1 percent for all persons). Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2014-2018, poverty rates were higher for Black, Asian, and Hispanic (or Latino) populations than for White populations.

- In all areas presented, rates for Black and for Hispanic (or Latino) people were significantly above rates for White persons.

Exhibit 15: Child Poverty Rates, 2014-2018

Area	Child Population	Percent of Population Under 18	Percent Children in Poverty
Jackson County, MO	161,951	23.8%	22.9%
Johnson County, KS	144,177	24.9%	6.8%
Clay County, MO	57,298	24.3%	10.2%
Platte County, MO	23,081	23.6%	8.9%
Wyandotte County, KS	45,202	27.8%	28.7%
Community Total	**431,709**	**24.6%**	**15.7%**
Kansas	704,350	24.9%	15.6%
Missouri	1,354,337	22.9%	19.5%
United States	**72,382,641**	**23.0%**	**19.5%**

Source: U.S. Census, ACS 5-Year Estimates, 2019.

Description

Exhibit 15 portrays poverty rates for children (aged 0-17). Dark grey shading indicates rates 50 percent or more above the U.S-wide average (for all persons). Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2014-2018, the percentage of children in poverty in Wyandotte County and Jackson County was above Kansas, Missouri, and U.S. averages.

Exhibit 16: Low Income Census Tracts, 2017
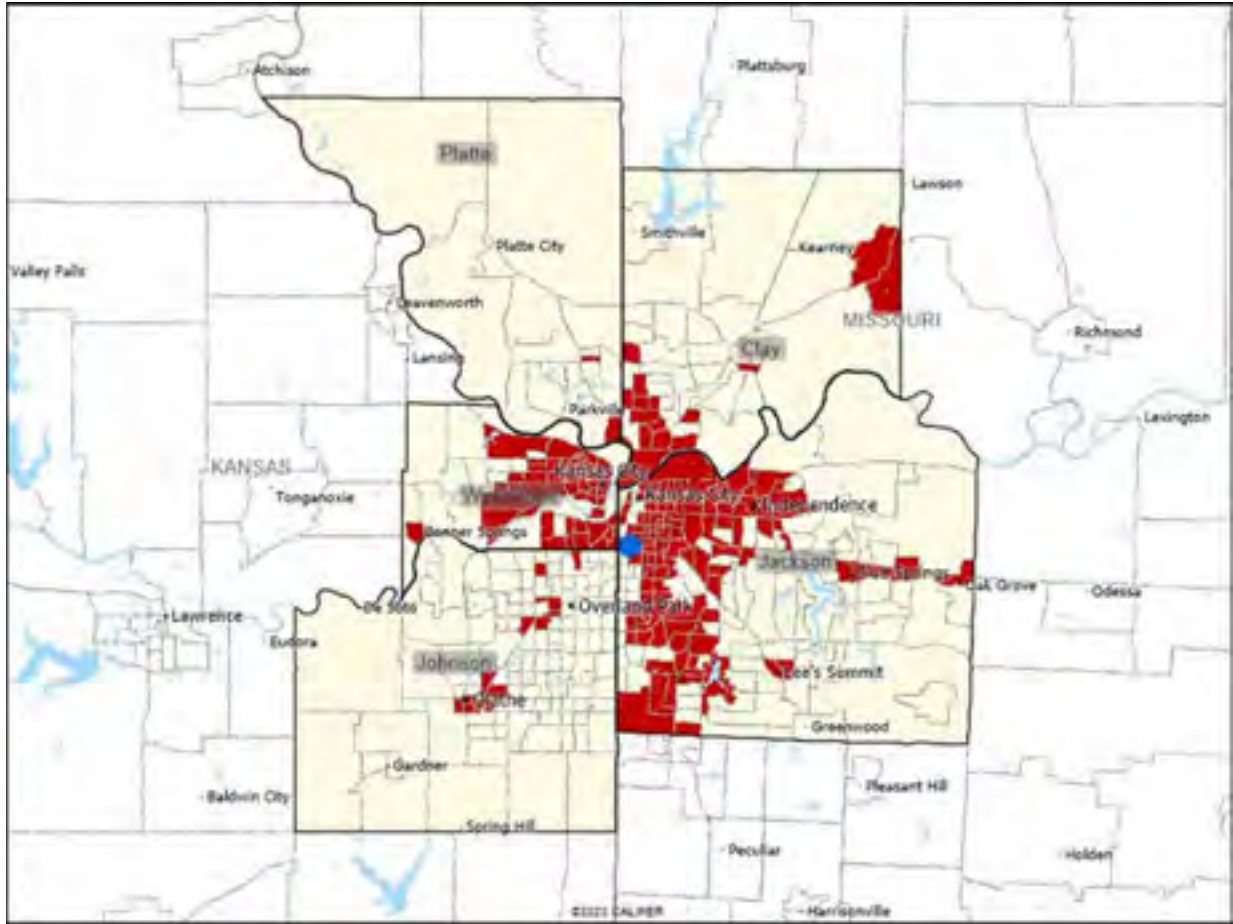
Source: US Department of Agriculture Economic Research Service, ESRI, 2017.

Description

Exhibit 16 portrays the location of federally designated low-income census tracts.

Observations

- In 2017, low income census tracts were concentrated in western parts of Jackson County, eastern and central Wyandotte County, southwestern Clay County, and in Olathe in Johnson County.

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Unemployment

Exhibit 17: Monthly Unemployment Rates, 2015 to 2020
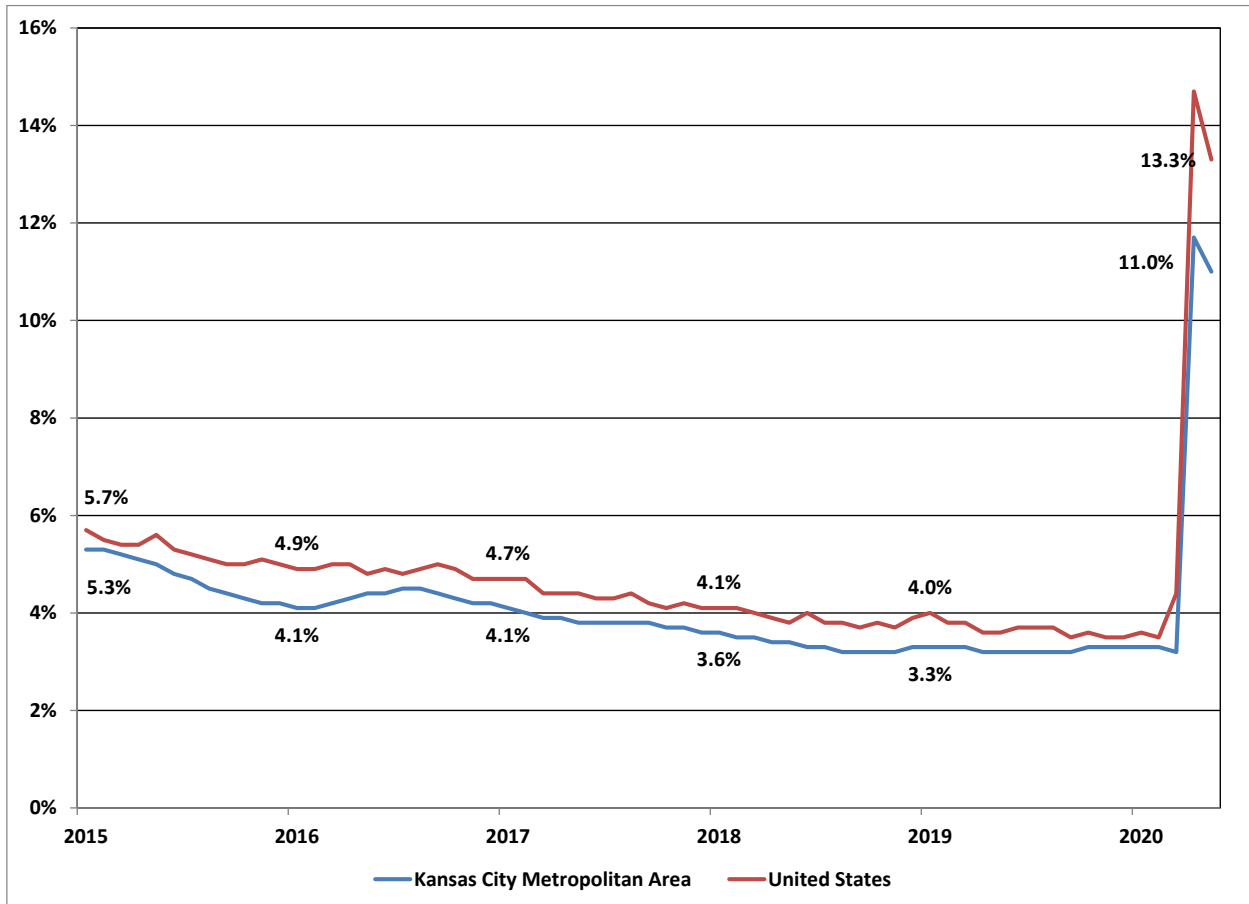
Source: Missouri Economic Research and Information Center, 2020.

Description

Exhibit 17 shows monthly unemployment rates in the Kansas City Metropolitan Statistical Area and for the United States for January 2015 through May 2020.

Observations

- Unemployment rates declined steadily from 2015 through early 2020.

- Due to fallout from the COVID-19 pandemic, unemployment rates have risen substantially in recent months. According to the Missouri Economic Research and Information Center, the unemployment rate in May 2020 was 11.0 percent in the Kansas City Metropolitan Statistical Area (KCMSA), which includes areas in Missouri and Kansas.[10] The number of people unemployed in the KCMSA increased from 37,241 in March 2020 to 123,352 in May 2020.

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[10] Missouri Economic Research and Information Center, https://meric.mo.gov/media/pdf/unemployment-rates

- The rise in unemployment is likely to affect numerous health-related factors, such as access to employer-based health insurance, housing and food insecurity, and access to health services.

Health Insurance Status

Exhibit 18: Percent of Population without Health Insurance, 2014-2018
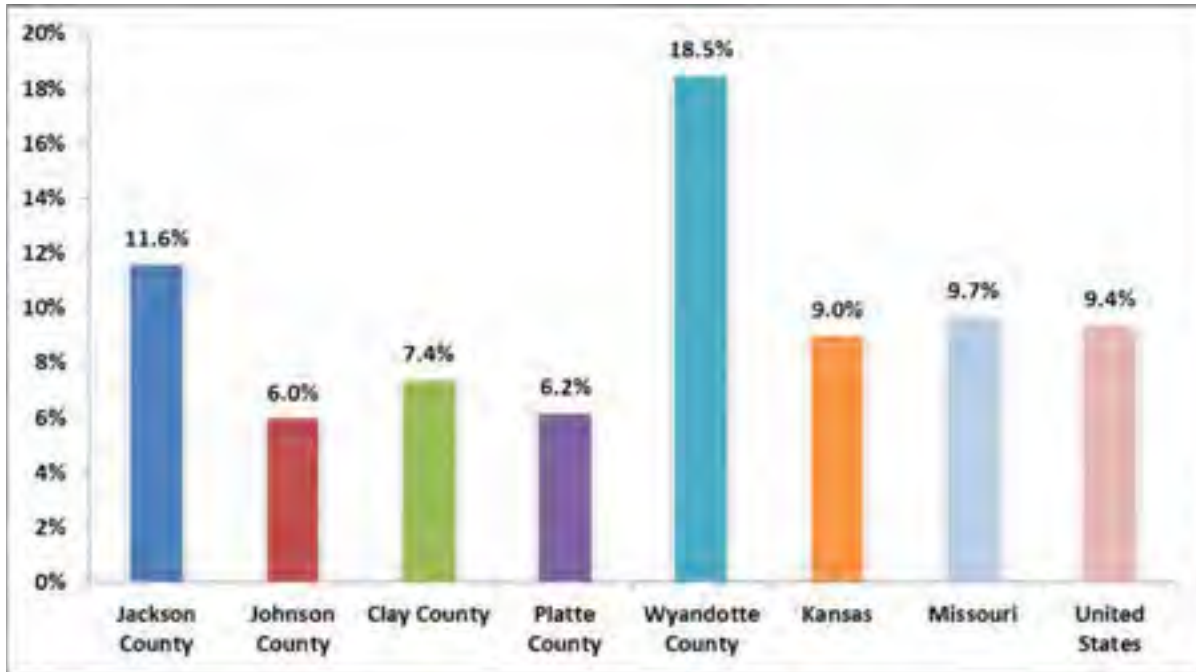
Source: U.S. Census, ACS 5-Year Estimates, 2019.

Description

Exhibit 18 presents the estimated percent of population without health insurance.

Observations

- Jackson and Wyandotte counties have had a higher percentage of the population without health insurance than Kansas, Missouri, and national averages. Rates in Johnson, Clay, and Platte counties were below these averages.

- Subsequent to the ACA's passage, a June 2012 Supreme Court ruling provided states with discretion regarding whether or not to expand Medicaid eligibility. On August 4, 2020, voters approved Medicaid expansion in Missouri. According to an analysis published by the Kaiser Family Foundation, 217,000 of Missouri's uninsured adults will now be eligible for Medicaid when the expansion becomes effective (scheduled for July 1, 2021).[11]

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[11] http://files.kff.org/attachment/Issue-Brief-The-Coverage-Gap-Uninsured-Poor-Adults-in-States-that-Do-Not-Expand-Medicaid

- Kansas now is one of the 12 remaining states that have chosen not to expand Medicaid. 87,000 uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.[12]

- According to a second analysis prepared by the Kaiser Family Foundation, the average uninsured rate in 2018 in states that expanded Medicaid was 7.7 percent. The average rate in states that did not expand Medicaid was 14.6 percent.[13]

- Recent spikes in unemployment likely are leading to more uninsured community members.

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[12] *Ibid.*
[13] http://files.kff.org/attachment/Issue-Brief-Key-Facts-about-the-Uninsured-Population

Crime Rates

Exhibit 19: Crime Rates by Type and Jurisdiction, Per 100,000, 2018

City	County	State	Violent Crime	Murder and Nonnegligent Manslaughter	Rape	Robbery	Aggravated Assault	Property Crime	Burglary	Larceny and Theft	Motor-Vehicle Theft
Blue Springs	Jackson	MO	242.4	7.2	52.5	30.8	152.0	2,892.7	267.7	2,344.6	280.4
Independence	Jackson	MO	443.9	8.5	59.6	89.5	286.3	5,210.1	599.8	3,581.0	1,029.2
Kansas City	Jackson	MO	1,590.3	27.8	81.7	332.0	1,148.8	4,306.5	753.8	2,698.2	854.6
Lee's Summit	Jackson	MO	120.2	2.0	24.5	25.5	68.3	2,144.8	211.9	1,750.5	182.4
Lenexa	Johnson	KS	196.9	-	20.2	22.1	154.6	1,541.9	182.2	1,216.2	143.5
Overland Park	Johnson	KS	226.9	1.5	61.9	40.2	123.3	1,928.5	195.5	1,556.1	176.9
Olathe	Johnson	KS	219.2	1.4	57.5	18.7	141.6	1,406.4	105.6	1,177.8	122.9
Shawnee	Johnson	KS	250.1	4.5	37.9	21.2	186.4	1,630.7	210.7	1,198.8	221.3
Liberty	Clay	MO	292.1	-	18.8	18.8	254.4	1,604.8	216.7	1,202.8	185.3
Gladstone	Clay	MO	423.6	7.3	51.1	73.0	292.2	2,410.3	489.4	1,577.7	343.3
Kansas			**439.0**	**3.9**	**53.8**	**53.0**	**328.3**	**2,633.9**	**430.6**	**1,933.9**	**269.4**
Missouri			**502.1**	**9.9**	**47.5**	**84.8**	**359.8**	**2,647.1**	**444.9**	**1,878.8**	**323.4**
United States			**368.9**	**5.0**	**42.6**	**86.2**	**246.8**	**2,199.5**	**376.0**	**1,594.6**	**228.9**

Source: FBI, 2019.
Note: Data presented for selected cities, as available.

Description

Exhibit 19 provides crime statistics available from the Federal Bureau of Investigation. Light grey shading indicates rates above the United States averages; dark grey shading indicates rates more than 50 percent above the average.

Observations

- 2018 crime rates in Kansas City, Missouri were more than 50 percent higher than United States averages for all crime types. Rates in Independence also were higher for all crime types.

Housing Affordability

Exhibit 20: Percent of Rented Households Rent Burdened, 2014-2018

Area	Occupied Units Paying Rent	Households Paying >30%	Rent Burden > 30% of Income
Jackson County, MO	109,955	51,730	47.0%
Johnson County, KS	67,183	27,421	40.8%
Clay County, MO	26,746	10,914	40.8%
Platte County, MO	12,574	4,877	38.8%
Wyandotte County, KS	23,444	11,711	50.0%
Community Total	**239,902**	**106,653**	**44.5%**
Kansas	349,851	154,418	44.1%
Missouri	728,241	332,797	45.7%
United States	**40,122,372**	**20,141,357**	**50.2%**

Source: U.S. Census, ACS 5-Year Estimates, 2019.

Exhibit 21: Map of Percent of Rented Households Rent Burdened, 2014-2018
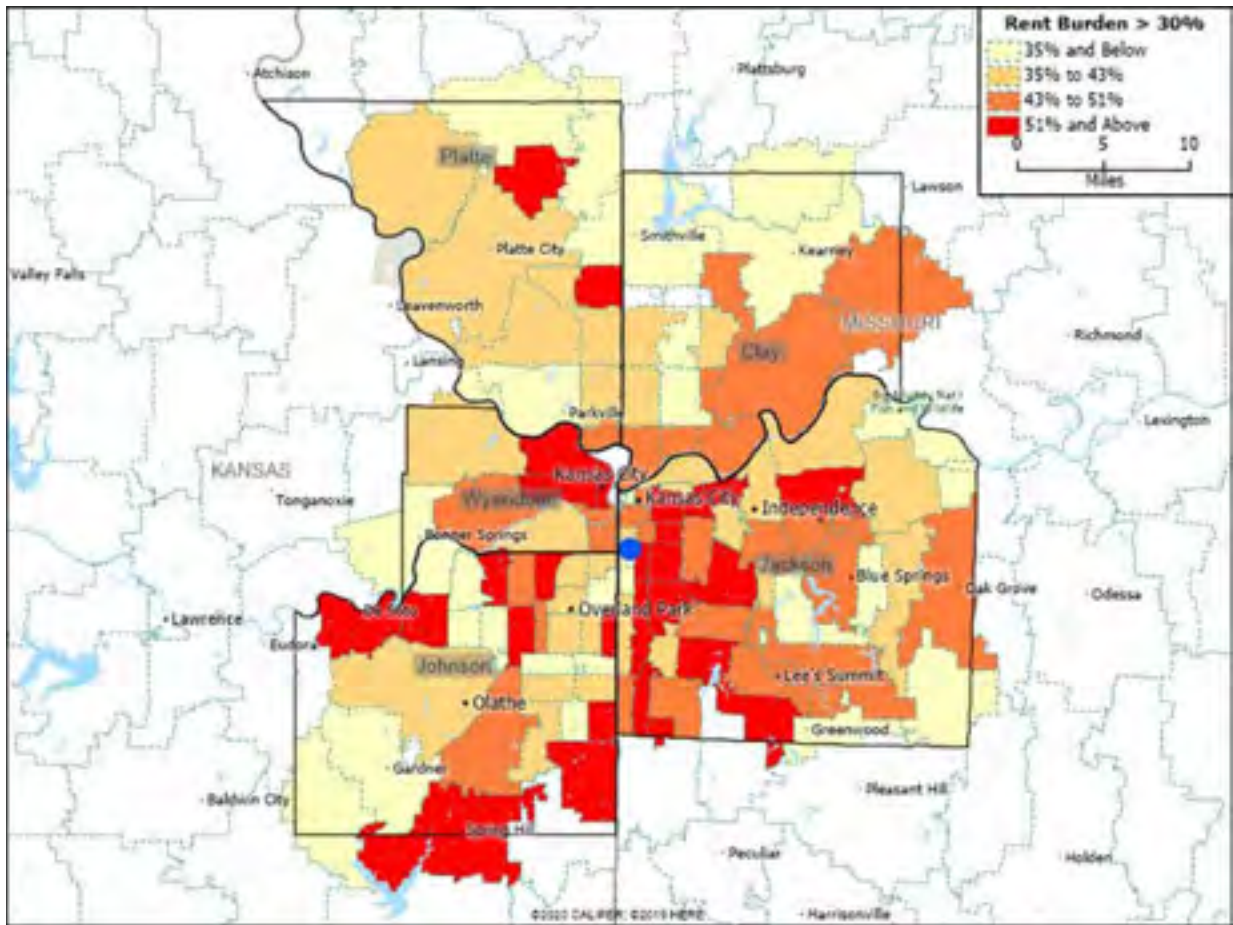
Source: U.S. Census, ACS 5-Year Estimates, 2019, and Caliper Maptitude.

Description

The U.S. Department of Housing and Urban Development (HUD) has defined "rent burdened" households as those spending more than 30 percent of income on housing.[14] Exhibits 20 and 21 portray the percent of rented households that meet this definition. ZIP codes highlighted in red are in the top quartile for the percent of rented households rent burdened.

Observations

As stated by the Federal Reserve, "households that have little income left after paying rent may not be able to afford other necessities, such as food, clothes, health care, and transportation."[15]

- In Jackson County, 47 percent of households have been designated as rent burdened, a level **above** the Missouri average. The percentage ranges from 23 to 78 percent by ZIP code. In 37 percent of the county's ZIP codes, over 50 percent of households are rent burdened.

- In Johnson County, 41 percent of households have been designated as rent burdened, a level **below** the Kansas average. The percentage ranges from 22 to 73 percent by ZIP code. In 28 percent of the county's ZIP codes, over 50 percent of households are rent burdened.

- In Clay County, 41 percent of households have been designated as rent burdened, a level **below** the Missouri average. The percentage ranges from 7 to 51 percent by ZIP code. In 7 percent of the county's ZIP codes, over 50 percent of households are rent burdened.

- In Platte County, 39 percent of households have been designated as rent burdened, a level **below** the Missouri average. The percentage ranges from 0 to 100 percent by ZIP code. In 23 percent of the county's ZIP codes, over 50 percent of households are rent burdened.

- In Wyandotte County, 50 percent of households have been designated as rent burdened, a level **above** the Kansas average. The percentage ranges from 35 to 57 percent by ZIP code. In 40 percent of the county's ZIP codes, over 50 percent of households are rent burdened.

- The percentage of rented households rent burdened was highest in ZIP codes where poverty rates and the Dignity Health Community Need Index™ (CNI) also are above average (see next section for information on the CNI).

- Housing insecurity is known to have become more problematic due to the COVID-19 pandemic.

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[14] https://www.federalreserve.gov/econres/notes/feds-notes/assessing-the-severity-of-rent-burden-on-low-income-families-20171222.htm
[15] *Ibid.*

Dignity Health Community Need Index™

Exhibit 22: Weighted Average Community Need Index™ Score by County, 2020

Area	CNI Score
Jackson County, MO	3.4
Johnson County, KS	2.4
Clay County, MO	2.6
Platte County, MO	2.4
Wyandotte County, KS	4.3
United States	**3.0**

Source: CommonSpririt Health, 2020.
Note: CNI scores weighted by the number of people living within each region.

Exhibit 23: Community Need Index, 2020
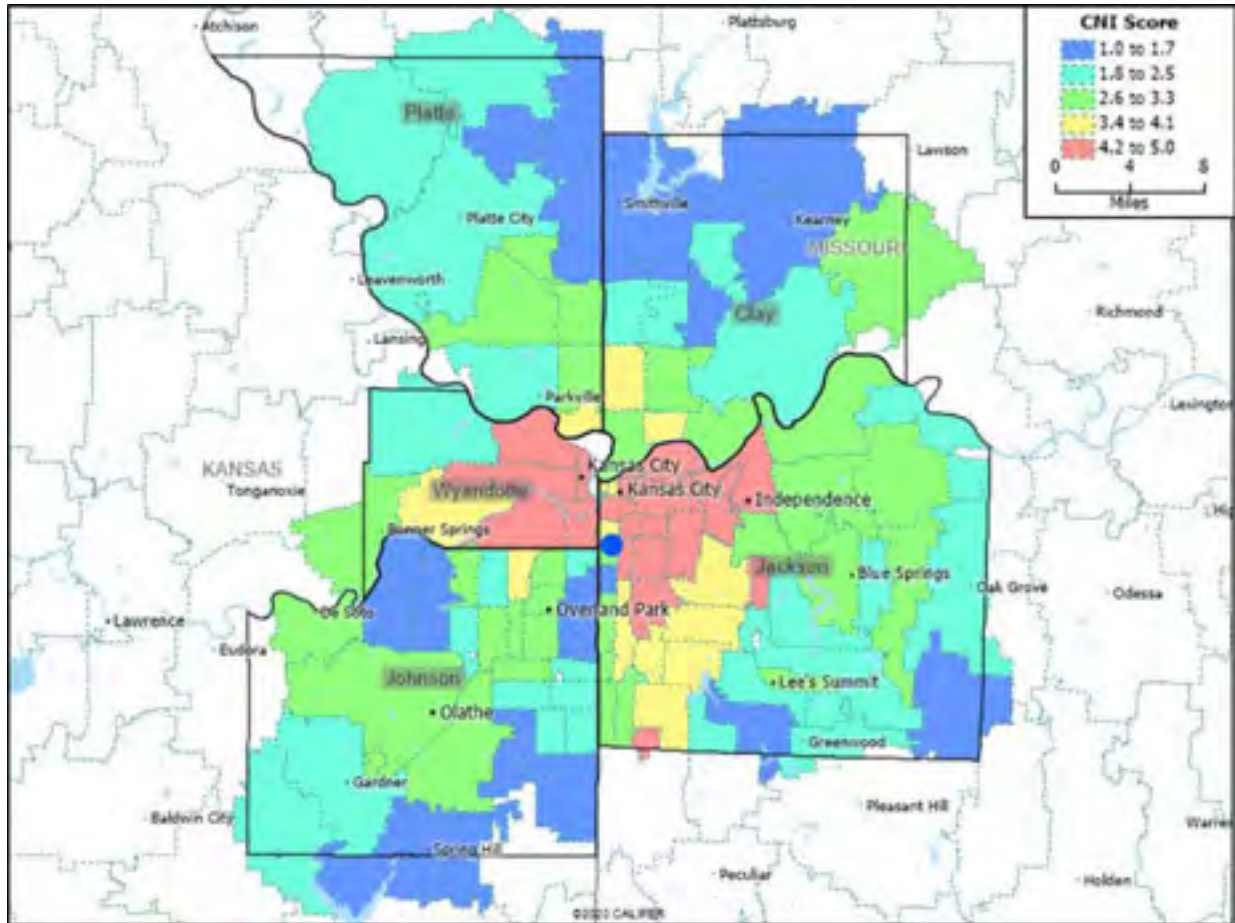
Source: CommonSpirit Health, 2020, and Caliper Maptitude.

Description

Exhibits 22 and 23 present *Community Need Index™* (CNI) scores. Higher scores (e.g., 4.2 to 5.0) indicate the highest levels of community need. The index is calibrated such that 3.0 represents a U.S.-wide median score.

CommonSpirit Health (formerly Dignity Health) developed the CNI as a way to assess barriers to health care access. The index, available for every ZIP code in the United States, consists of five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

CNI scores are grouped into "Lowest Need" (1.0-1.7) to "Highest Need" (4.2-5.0) categories.

Observations

- Twenty-seven (27) ZIP codes in the SLH community scored in the "highest need" category, mostly concentrated in and proximate to Kansas City. None of these ZIP codes are in Johnson, Clay, or Platte counties.

- At 4.3 (weighted by the population of each ZIP code), the weighted average CNI score for Wyandotte County is well above the U.S. median, indicating that a significant portion of the population lives in "highest need" ZIP codes.

- The weighted average score for Jackson County (3.4) also is above the U.S. median.

Centers for Disease Control and Prevention Social Vulnerability Index (SVI)

Exhibit 24: Socioeconomic Index – Top Quartile Census Tracts
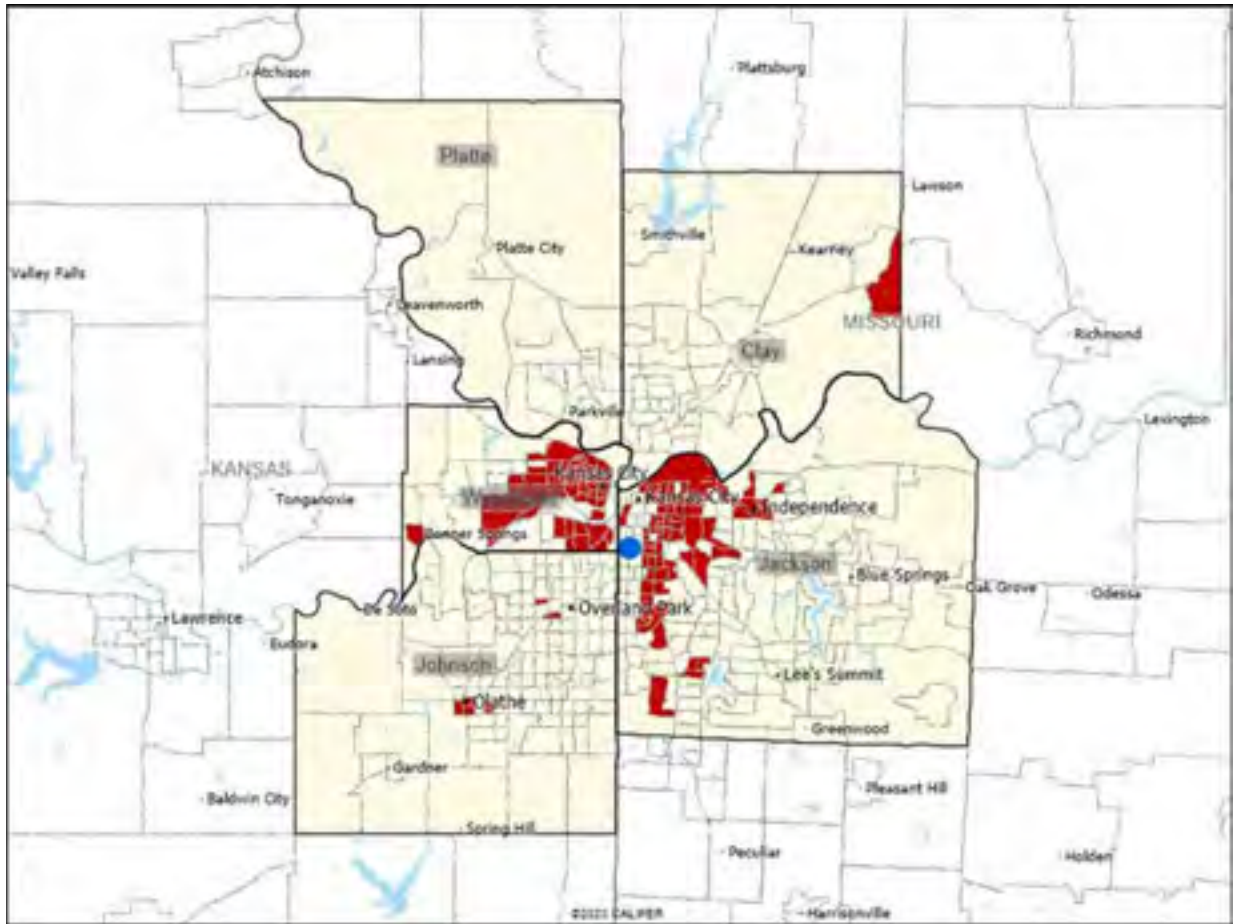
Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

Description

Exhibits 24 through 27 are maps that show the Center for Disease Control and Prevention's *Social Vulnerability Index* (SVI) scores for census tracts throughout the community. Highlighted census tracts are in the top quartile nationally for different indicators on which the SVI is based.

The SVI is based on 15 variables derived from U.S. census data. Variables are grouped into four themes, including:

- Socioeconomic status;
- Household composition;
- Race, ethnicity, and language; and
- Housing and transportation.

Exhibits 24 through 27 highlight SVI scores for each of these themes.

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Exhibit 24 identifies census tracts in the top quartile nationally for socioeconomic vulnerability.

Observations

- Census tracts with the highest levels of socioeconomic vulnerability are located in western parts of Jackson County, eastern parts of Wyandotte County, and Olathe in Johnson County. Very few of these tracts are in Johnson, Platte, or Clay counties.

- About 14 percent of the community's population lives in the 110 highlighted census tracts.

Exhibit 25: Household Composition and Disability Index – Top Quartile Census Tracts
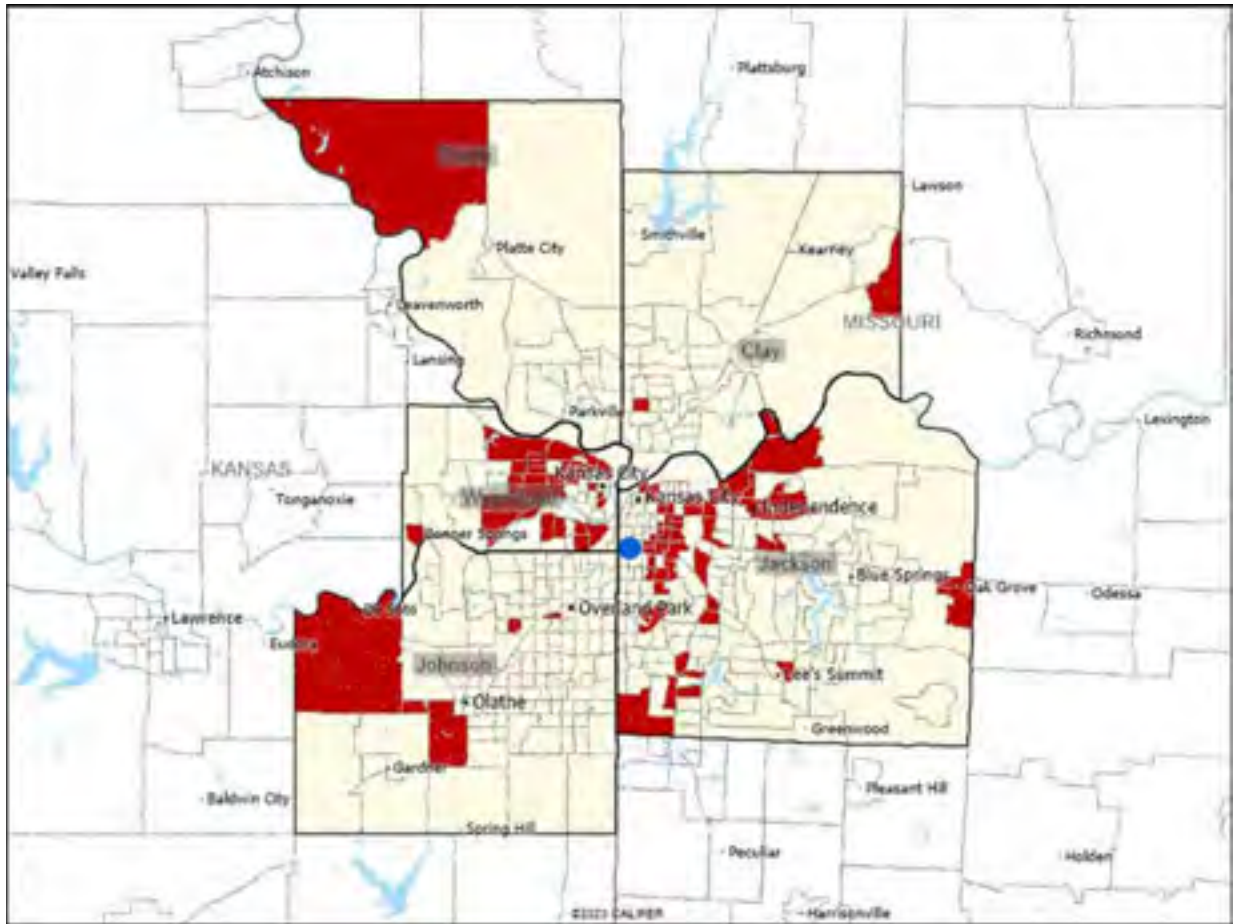
Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

Description

Exhibit 25 identifies census tracts in the top quartile nationally for household composition and disability vulnerability.

Observations

- Vulnerable census tracts are located in each of the counties that comprise SLH's community.

- About 13 percent of the community's total population lives in the 90 highlighted census tracts.

Exhibit 26: Minority Status and Language Index – Top Quartile Census Tracts
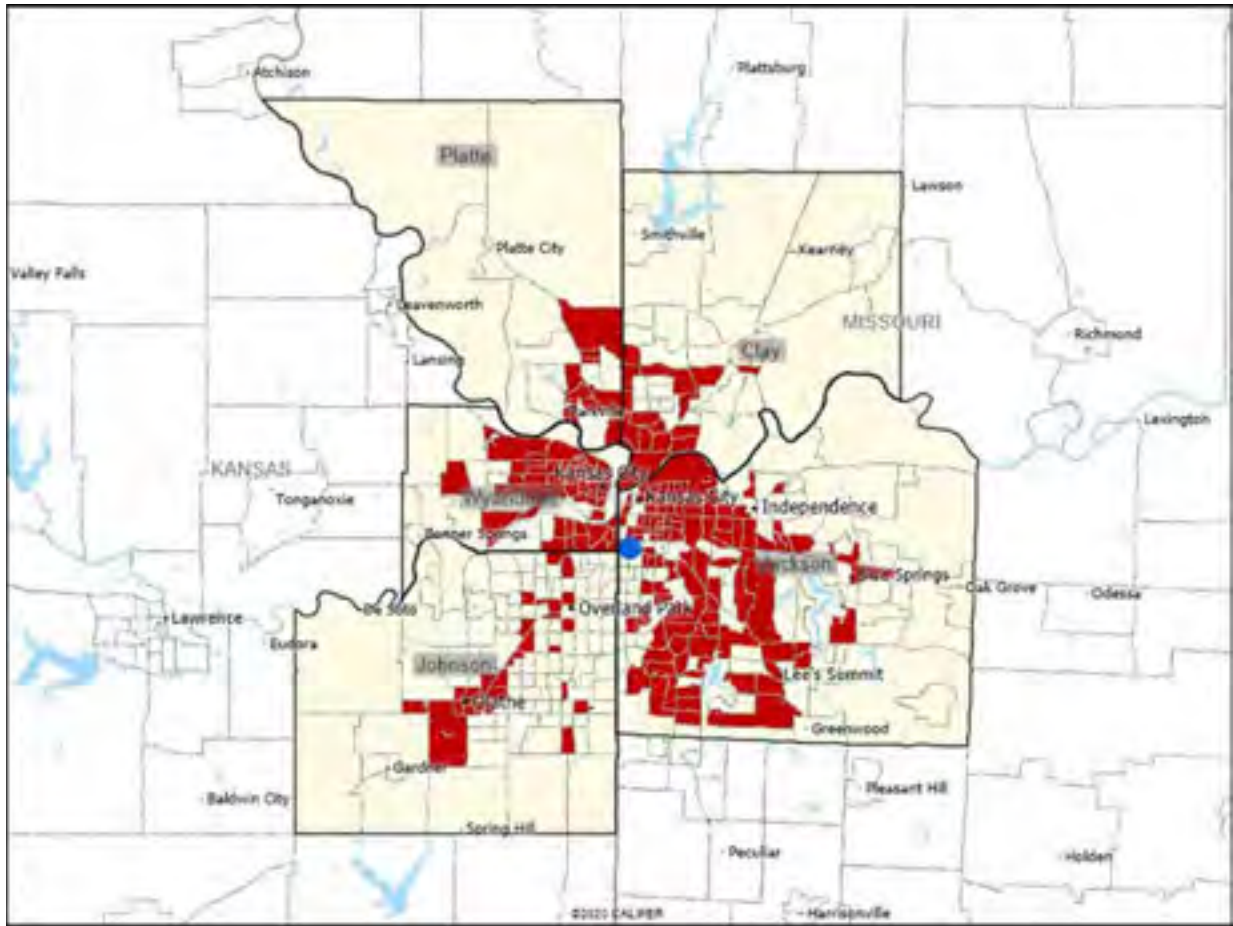
Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

Description

Exhibit 26 identifies census tracts in the top quartile nationally for minority status and language vulnerability.

Observations

- Vulnerable census tracts are in all five counties and are concentrated in western parts of Jackson County, southern parts of Clay and Platte counties, and eastern parts of Wyandotte County.

- About 39 percent of the community's total population lives in the 205 highlighted census tracts.

Exhibit 27: Housing Type and Transportation Index – Top Quartile Census Tracts
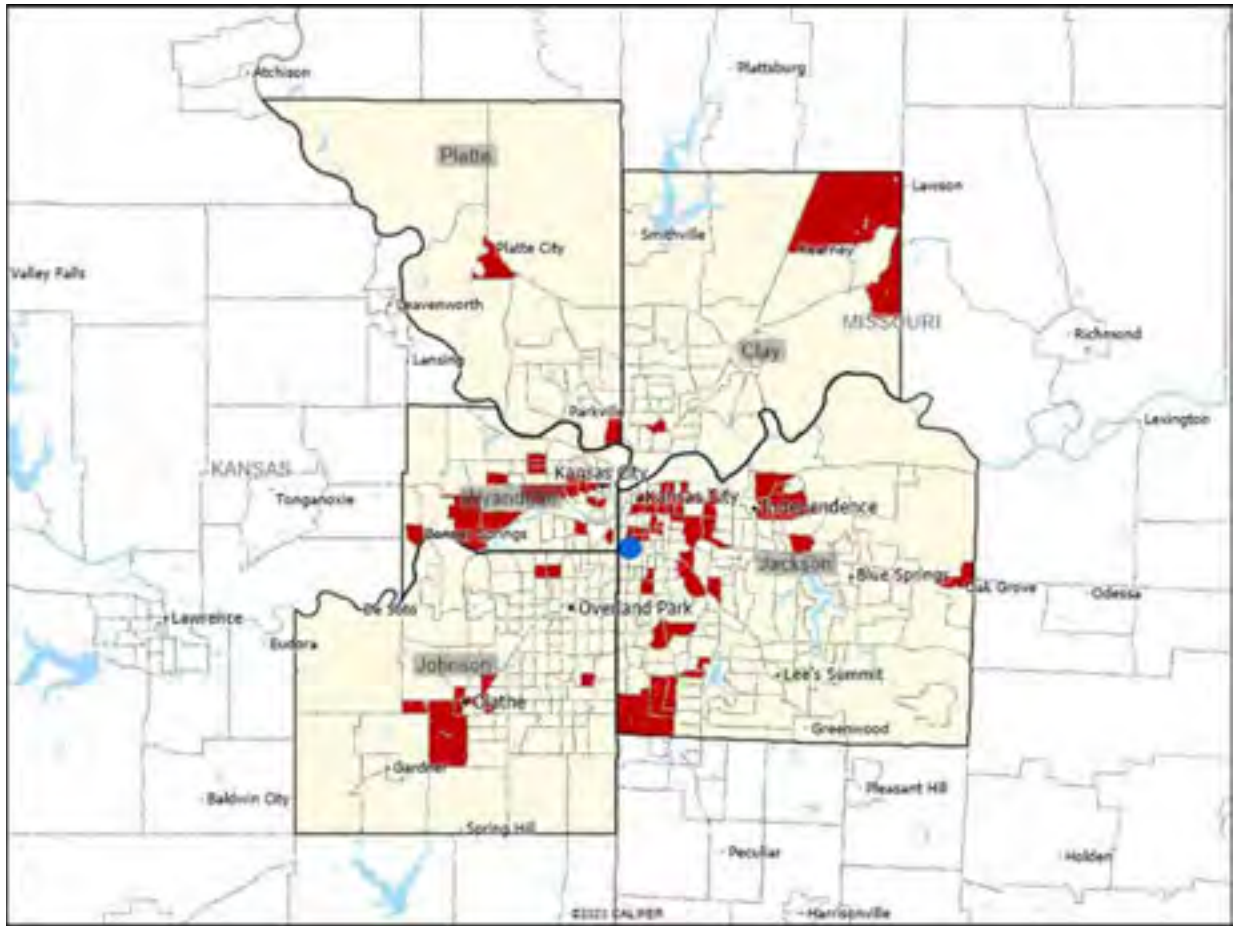
Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

Description

Exhibit 27 identifies census tracts in the top quartile nationally for housing type and transportation vulnerability.

Observations

- Census tracts considered the most vulnerable for housing and transportation issues are in each of the five counties, including in western Jackson County, Independence, Olathe, and more rural areas of Clay County.

- About 16 percent of the five-county population lives in the 75 highlighted census tracts.

Other Health Status and Access Indicators

County Health Rankings

Exhibit 28: County Health Rankings, 2019

Measure	Jackson County, MO	Johnson County, KS	Clay County, MO	Platte County, MO	Wyandotte County, KS
Health Outcomes	60	1	5	2	99
Health Factors	68	1	5	2	102
Length of Life	61	1	10	3	87
Quality of Life	51	1	4	2	102
Poor or fair health	26	1	3	9	103
Poor physical health days	13	1	4	3	105
Poor mental health days	43	1	9	1	104
Low birthweight	91	43	17	8	93
Health Behaviors	68	1	7	8	102
Adult smoking	33	1	8	10	105
Adult obesity	47	2	21	19	98
Food environment index	78	8	14	14	93
Physical inactivity	6	2	6	10	89
Access to exercise opportunities	3	1	5	7	5
Excessive drinking	108	103	107	103	26
Alcohol-impaired driving deaths	96	71	44	106	72
Sexually transmitted infections	111	63	96	85	89
Teen births	67	2	17	6	92
Clinical Care	14	1	8	4	94
Uninsured	36	1	3	2	100
Primary care physicians	17	6	20	13	69
Dentists	3	4	16	14	40
Mental health providers	13	11	38	41	22
Preventable hospital stays	76	37	66	48	85
Flu Vaccinations	21	4	6	6	26
Mammography screening	24	19	14	6	73
Social & Economic Factors	83	1	9	2	102
High school graduation	107	52	27	55	104
Some college	12	1	9	1	98
Unemployment	70	40	38	13	101
Children in poverty	39	1	3	2	101
Income inequality	95	52	13	16	87
Children in single-parent households	109	34	35	30	104
Social associations	87	103	101	95	97
Violent crime	113	37	1	24	98
Injury deaths	68	3	14	9	22
Physical Environment	88	72	47	69	91
Air pollution - particulate matter	95	97	77	89	103
Severe housing problems	105	65	27	56	103
Driving alone to work	81	98	96	92	67
Long commute - driving alone	63	67	57	61	70

Source: County Health Rankings, 2019.

APPENDIX B – SECONDARY DATA ASSESSMENT

Description

Exhibit 28 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." The health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,[16] social and economic factors, and physical environment.[17] *County Health Rankings* is updated annually. *County Health Rankings 2019* relies on data from 2010 to 2018. Most data are from 2013 to 2017.

The exhibit presents 2019 rankings for each available indicator category. Rankings indicate how Jackson, Clay, and Platte counties ranked in relation to all 114 counties in Missouri (and the independent City of St. Louis), and how Johnson and Wyandotte counties ranked in relation to 105 counties in Kansas. The lowest numbers indicate the most favorable rankings. Light grey shading indicates rankings in the bottom half of the state's counties and cities; dark grey shading indicates rankings in bottom quartile.

Observations

- In 2019, all five counties ranked in the bottom half for the following indicators:

  - Sexually transmitted infections;
  - Social associations;
  - Air pollution – particulate matter; and
  - The percent who drive alone to work.

- Four of the five counties ranked in the bottom half for the following indicators:

  - Excessive drinking;
  - Alcohol impaired driving deaths;
  - Physical environment; and
  - The percent who drive alone to work with a long commute.

- Wyandotte County ranked in the bottom quartile of Kansas counties for all composite measures: health outcomes, health factors, length of life, quality of life, health behaviors, clinical care, social & economic factors, and physical environment. Jackson County ranked in the bottom half or bottom quartile of Missouri counties for these composite measures as well.

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[16]A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

[17]A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food.

Exhibit 29: County Health Rankings Data Compared to State and U.S. Averages, 2019

Indicator Category	Data	Jackson County, MO	Johnson County, KS	Clay County, MO	Platte County, MO	Wyandotte County, KS	Kansas	Missouri	United States
Health Outcomes									
Length of life	Years of potential life lost before age 75 per 100,000 population	8,758	4,287	6,024	5,582	9,230	6,944	8,190	**6,900**
Quality of life	Percent of adults reporting fair or poor health	17.2%	8.9%	14.4%	15.4%	21.0%	15.0%	18.5%	**16.0%**
	Average number of physically unhealthy days reported in past 30 days	4.1	2.3	3.9	3.9	3.7	3.1	4.2	**3.7**
	Average number of mentally unhealthy days reported in past 30 days	4.4	2.7	4.1	3.8	3.7	3.3	4.4	**3.8**
	Percent of live births with low birthweight (<2500 grams)	8.8%	6.5%	6.5%	6.1%	8.4%	7.1%	8.2%	**8.0%**
Health Factors									
Health Behaviors									
Adult Smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	20.5%	12.0%	18.5%	18.5%	23.0%	17.2%	22.1%	**17.0%**
Adult Obesity	Percent of adults that report a BMI >= 30	32.8%	27.2%	31.1%	31.0%	38.8%	33.2%	32.2%	**29.0%**
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.0	8.6	8.1	8.1	6.4	6.9	6.8	**7.7**
Physical Inactivity	Percent of adults aged 20 and over reporting no leisure-time physical activity	22.3%	16.1%	22.3%	23.3%	30.4%	23.5%	25.0%	**22.0%**
Access to Exercise Opportunities	Percent of population with adequate access to locations for physical activity	91.4%	94.7%	90.4%	83.4%	90.5%	80.4%	76.3%	**84.0%**
Excessive Drinking	Binge plus heavy drinking	19.9%	20.0%	19.8%	19.5%	14.8%	17.4%	19.5%	**18.0%**
Alcohol-Impaired Driving Deaths	Percent of driving deaths with alcohol involvement	36.2%	29.0%	24.0%	40.3%	30.0%	23.6%	29.1%	**29.0%**
STDs	Chlamydia rate per 100,000 population	812.2	303.5	441.4	356.9	804.3	417.6	507.0	**497.3**
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	36.0	10.9	21.3	14.9	54.3	27.9	27.9	**25.0**
Clinical Care									
Uninsured	Percent of population under age 65 without health insurance	11.5%	6.4%	8.0%	7.1%	17.0%	9.9%	10.6%	**10.0%**
Primary Care Physicians	Ratio of population to primary care physicians	1,281:1	830:1	1,432:1	1,214:1	2,374:1	1,313:1	1,417:1	**1,330:1**
Dentists	Ratio of population to dentists	1,183:1	1,224:1	1,641:1	1,632:1	2,431:1	1,739:1	1,763:1	**1,460:1**
Mental Health Providers	Ratio of population to mental health providers	444:1	451:1	931:1	982:1	677:1	532:1	554:1	**440:1**
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	5,346	3,878	5,038	4,313	6,102	4,078	4,743	**4,520**
Mammography Screening	Percent of female Medicare enrollees, ages 67-69, that receive mammography screening	43.0%	48.0%	46.0%	48.0%	37.0%	43.0%	43.0%	**41.0%**
Flu Vaccinations	Percent of Medicare enrollees who receive an influenza vaccination	46.0%	55.0%	51.0%	51.0%	43.0%	44.0%	44.0%	**45.0%**

Source: County Health Rankings, 2019.

Exhibit 29: County Health Rankings Data Compared to State and U.S. Averages, 2019 (continued)

Indicator Category	Data	Jackson County, MO	Johnson County, KS	Clay County, MO	Platte County, MO	Wyandotte County, KS	Kansas	Missouri	United States
Health Factors									
Social & Economic Factors									
High School Graduation	Percent of ninth-grade cohort that graduates in four years	88.6%	90.1%	96.1%	94.3%	74.8%	86.5%	88.3%	**85.0%**
Some College	Percent of adults aged 25-44 years with some post-secondary education	67.0%	84.0%	70.7%	79.4%	48.1%	69.6%	66.2%	**65.0%**
Unemployment	Percent of population age 16+ unemployed but seeking work	4.4%	3.0%	3.6%	3.2%	5.2%	3.6%	3.8%	**4.4%**
Children in Poverty	Percent of children under age 18 in poverty	20.7%	5.8%	9.6%	7.1%	24.6%	14.7%	18.5%	**18.0%**
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.7	4.0	3.7	3.8	4.6	4.3	4.6	**4.9**
Children in Single-Parent Households	Percent of children that live in a household headed by single parent	42.7%	21.0%	27.2%	26.5%	46.2%	28.8%	33.2%	**33.0%**
Social Associations	Number of associations per 10,000 population	11.0	8.6	9.9	10.2	10.9	13.7	11.6	**9.3**
Violent Crime	Number of reported violent crime offenses per 100,000 population	941.4	157.0	-	134.2	703.9	364.5	481.2	**386.0**
Injury Deaths	Injury mortality per 100,000	86.0	47.3	63.2	60.2	73.5	72.5	83.0	**67.0**
Physical Environment									
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	10.4	9.8	10.0	10.2	10.1	8.1	9.7	**8.6**
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	17.1%	11.5%	10.7%	13.3%	20.4%	13.3%	14.3%	**18.0%**
Driving Alone to Work	Percent of the workforce that drives alone to work	82.7%	85.0%	84.0%	83.9%	81.0%	82.4%	81.8%	**76.0%**
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	32.8%	23.1%	31.3%	32.6%	23.7%	20.3%	31.5%	**35.0%**

Source: County Health Rankings, 2019.

Description

Exhibit 29 provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.[18] Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors for a given county are unfavorable when compared to averages for the United States. However, for several indicators, lower values are more problematic, including:

- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

Observations

- Missouri-wide indicators are worse than U.S. averages for most indicators presented, including indicators for all health outcomes and for all health behaviors.

- The following indicators compared particularly unfavorably for three or more counties:

  - Average number of physically unhealthy days
  - Adult smoking
  - Obesity
  - Physical inactivity
  - Excessive drinking
  - Percent of driving deaths with alcohol involvement
  - Ratio of population to dentists
  - Ratio of population to mental health providers
  - Preventable hospital stays per 100,000 Medicare enrollees
  - Average daily particulate matter (PM2.5)
  - Percent of the workforce that drives alone to work

- Several indicators are particularly problematic in Jackson and Wyandotte counties, including:

  - Chlamydia rate per 100,000
  - Violent crime offenses per 100,000

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[18] County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

Community Health Status Indicators

Exhibit 30: Community Health Status Indicators, 2019
(Light Grey Shading Denotes Bottom Half of Peer Counties; Dark Grey Denotes Bottom Quartile)

Category	Indicator	Jackson County, MO			Johnson County, KS			Clay County, MO			Platte County, MO			Wyandotte County, KS		
		Quartile	County	Peer Counties	Quartile	County	Peer Counties	Quartile	County	Peer Counties	Quartile	County	Peer Counties	Quartile	County	Peer Counties
Length of Life	Years of Potential Life Lost Rate		8,757.9	6,032.0		4,286.8	5,028.0		6,023.6	6,670.0		5,582.2	6,670.0		9,230.0	7,795.0
Quality of Life	% Fair/Poor Health		17.2%	14.5%		8.9%	12.1%		14.4%	14.9%		15.4%	14.9%		21.0%	17.8%
	Physically Unhealthy Days		4.1	3.4		2.3	3.0		3.9	3.6		3.9	3.6		3.7	3.8
	Mentally Unhealthy Days		4.4	3.7		2.7	3.3		4.1	3.8		3.8	3.8		3.7	3.9
	% Births - Low Birth Weight		8.8%	7.9%		6.5%	7.2%		6.5%	7.8%		6.1%	7.8%		8.4%	8.9%
Health Behaviors	% Smokers		20.5%	14.4%		12.0%	13.6%		18.5%	16.6%		18.5%	16.6%		23.0%	17.2%
	% Obese		32.8%	25.5%		27.2%	27.7%		31.1%	30.0%		31.0%	30.0%		38.8%	31.4%
	Food Environment Index		7.0	8.0		8.6	8.7		8.1	8.0		8.1	8.0		6.4	7.5
	% Physically Inactive		22.3%	18.9%		16.1%	19.0%		22.3%	22.2%		23.3%	22.2%		30.4%	24.5%
	% With Access to Exercise Opportunities		91.4%	94.5%		94.7%	87.8%		90.4%	82.9%		83.4%	82.9%		90.5%	86.3%
	% Excessive Drinking		19.9%	20.2%		20.0%	19.4%		19.8%	18.9%		19.5%	18.9%		14.8%	17.6%
	% Driving Deaths Alcohol-Impaired		36.2%	28.7%		29.0%	29.3%		24.0%	29.8%		40.3%	29.8%		30.0%	29.7%
	Chlamydia Rate per 100,000		812.2	586.4		303.5	281.8		441.4	433.1		356.9	433.1		804.3	631.6
	Teen Birth Rate per 1,000 (aged 15-19)		36.0	22.0		10.9	13.2		21.3	19.6		14.9	19.6		54.3	26.6
Clinical Care	% Uninsured		11.5%	9.1%		6.4%	7.8%		8.0%	8.6%		7.1%	8.6%		17.0%	10.6%
	Ratio Population to Primary Care Physicians		1281:1	1070:1		830:1	1230:1		1432:1	1643:1		1214:1	1643:1		2374:1	1602:1
	Ratio Population to Dentists		1183:1	1184:1		1224:1	1753:1		1641:1	1803:1		1632:1	1803:1		2431:1	1436:1
	Ratio Population to Mental Health Professionals		444:1	309:1		451:1	811:1		931:1	631:1		982:1	631:1		677:1	476:1
	Preventable Hosp. Rate per 100,000 Medicare Enrollees		5,346.0	4,101.0		3,878.0	4,370.1		5,038.0	4,585.4		4,313.0	4,585.4		6,102.0	5,023.3
	% Mammography Screening		43.0%	40.5%		48.0%	41.6%		46.0%	41.9%		48.0%	41.9%		37.0%	39.1%
	% Flu Vaccination		46.0%	46.6%		55.0%	49.6%		51.0%	47.5%		51.0%	47.5%		43.0%	43.8%

Source: County Health Rankings and Verité Analysis, 2019.

Exhibit 30: Community Health Status Indicators, 2019 (continued)
(Light Grey Shading Denotes Bottom Half of Peer Counties; Dark Grey Denotes Bottom Quartile)

Category	Indicator	Jackson County, MO			Johnson County, KS			Clay County, MO			Platte County, MO			Wyandotte County, KS		
		Quartile	County	Peer Counties	Quartile	County	Peer Counties	Quartile	County	Peer Counties	Quartile	County	Peer Counties	Quartile	County	Peer Counties
Social & Economic Factors	High School Graduation Rate		88.6%	84.0%		90.1%	92.7%		96.1%	89.6%		94.3%	89.6%		74.8%	85.5%
	% Some College		67.0%	72.7%		84.0%	75.9%		70.7%	69.5%		79.4%	69.5%		48.1%	61.8%
	% Unemployed		4.4%	3.8%		3.0%	3.4%		3.6%	3.8%		3.2%	3.8%		5.2%	4.8%
	% Children in Poverty		20.7%	16.1%		5.8%	7.1%		9.6%	12.7%		7.1%	12.7%		24.6%	20.1%
	Income Ratio		4.7	4.7		4.0	3.8		3.7	4.2		3.8	4.2		4.6	4.6
	% Children in Single-Parent Households		42.7%	32.3%		21.0%	20.2%		27.2%	29.2%		26.5%	29.2%		46.2%	38.9%
	Social Association Rate per 10,000		11.0	9.1		8.6	7.6		9.9	8.8		10.2	8.8		10.9	8.5
	Violent Crime Rate per 100,000		941.4	448.4		157.0	157.3		-	255.2		134.2	255.2		703.9	387.6
	Injury Death Rate per 100,000		86.0	62.0		47.3	49.7		63.2	68.4		60.2	68.4		73.5	68.2
Physical Environment	Average Daily PM2.5		10.4	9.9		9.8	10.1		10.0	9.6		10.2	9.6		10.1	10.0
	% Severe Housing Problems		17.1%	18.5%		11.5%	12.2%		10.7%	15.3%		13.3%	15.3%		20.4%	19.7%
	% Drive Alone to Work		82.7%	73.6%		85.0%	81.3%		84.0%	81.0%		83.9%	81.0%		81.0%	80.0%
	% Long Commute - Drives Alone		32.8%	34.7%		23.1%	45.6%		31.3%	38.8%		32.6%	38.8%		23.7%	40.3%

Source: County Health Rankings and Verité Analysis, 2019.

APPENDIX B – SECONDARY DATA ASSESSMENT

Description

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of "peer counties," so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

CHSI formerly was available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs.

Exhibit 30 compares each county to its respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties. Underlying statistics also are provided.

See Appendix D for lists of peer counties.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors are worse in the county than in its peer counties. However, for several indicators, lower values are more problematic, including:

- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

Observations

- Jackson and Wyandotte counties compare unfavorably to peer counties for 27 of the 34 benchmark indicators.

- Clay County compares unfavorably for 12 of the 34 indicators. Platte and Johnson counties compare unfavorably for 11 of the 34 indicators.

- At least four of the five counties rank in the bottom <u>half</u> of peer counties for the following indicators:

  - Percent of adults who smoke
  - Percent of adults obese

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- o Excessive drinking
- o Percent driving deaths with alcohol involvement
- o Chlamydia rate
- o Mental health professionals rate
- o Violent crime rate
- o Average daily PM2.5 air pollution
- o Percent who drive alone to work

- At least three of the five counties rank in the bottom quartile of peer counties for the following indicators:

  - o Percent of adults who smoke
  - o Violent crime rate
  - o Percent who drive alone to work

COVID-19 Incidence and Mortality

Exhibit 31: COVID-19 Incidence and Mortality (As of October 20, 2020)

Area	Cases	Deaths	Incidence Rate per 100,000	Mortality Rate per 100,000
Jackson County, MO	22,788	293	3,347.2	43.0
Johnson County, KS	13,702	173	2,362.9	29.8
Clay County, MO	2,300	47	974.8	19.9
Platte County, MO	903	<20	923.9	N/A
Wyandotte County, KS	8,039	145	4,946.9	89.2
Community Total	**47,732**	**658**	**2,716.9**	**37.5**
Kansas	72,968	872	2,582.9	30.9
Missouri	158,101	2,590	2,676.4	43.8
United States	**8,188,585**	**219,499**	**2,600.0**	**69.7**

Source: Centers for Disease Control and Prevention, 2020.

Description

Exhibit 31 presents data regarding COVID-19 incidence and mortality.

Observations

- In Wyandotte County, COVID-19 cases and deaths per 100,000 are above Kansas, Missouri, and United States averages.

Mortality Rates

Exhibit 32: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2017

Condition	Jackson County, MO	Johnson County, KS	Clay County, MO	Platte County, MO	Wyandotte County, KS	Kansas	Missouri
Major cardiovascular diseases	236.4	203.3	201.1	184.1	252.9	**223.8**	**256.3**
Malignant neoplasms	182.0	140.1	171.6	148.7	208.3	**166.2**	**178.4**
Diseases of heart	177.6	115.5	148.9	135.1	170.6	**160.8**	**198.6**
All other diseases	104.9	80.8	93.7	80.0	94.7	**93.5**	**86.6**
Chronic lower respiratory diseases	52.3	33.6	56.7	49.8	53.7	**50.6**	**52.3**
Malignant neoplasms of trachea, bronchus and lung	51.9	36.7	52.1	43.1	61.8	**45.7**	**53.7**
Accidents (unintentional injuries)	46.5	26.0	40.6	39.4	39.7	**44.6**	**50.5**
Heart failure	29.7	19.0	17.8	16.3	26.8	**25.5**	**25.1**
Alzheimer disease	26.8	19.5	26.3	32.3	21.9	**23.5**	**28.4**
Diabetes mellitus	21.6	11.6	17.5	14.8	31.7	**21.1**	**20.2**
Influenza and pneumonia	14.9	11.8	13.9	10.4	13.6	**18.0**	**17.8**
Pneumonia	13.9	10.8	12.5	8.7	12.2	**16.6**	**16.8**
Renal failure	22.7	12.7	15.3	11.8	23.8	**16.6**	**18.3**
Intentional self-harm (suicide)	16.7	14.0	16.7	14.4	15.7	**15.5**	**15.7**
Motor vehicle accidents	12.3	6.3	10.7	9.8	16.3	**14.4**	**14.8**
Malignant neoplasm of breast	13.7	10.4	12.6	10.6	15.7	**11.3**	**12.5**
Falls	10.1	9.1	12.2	12.1	5.9	**10.8**	**9.5**
Septicemia	12.9	7.1	6.5	6.4	14.6	**10.7**	**11.3**
Accidental poisoning and exposure to noxious substances	14.9	5.8	11.6	10.4	9.1	**9.5**	**15.9**
Parkinson disease	8.0	8.7	11.6	11.6	5.1	**8.9**	**7.6**
Chronic liver disease and cirrhosis	8.3	5.7	8.1	6.5	10.3	**8.5**	**8.5**
Alcoholic liver disease	4.4	3.1	4.1	3.8	5.1	**4.6**	**3.7**
Assault (homicide)	18.1	1.9	3.0	3.9	18.9	**4.5**	**8.3**

Source: Centers for Disease Control and Prevention, 2018.

Description

Exhibit 32 provides age-adjusted mortality rates for selected causes of death. Light grey shading indicates rates above state averages; dark grey shading indicates rates more than 50 percent above state averages.

Observations

- In Wyandotte County, rates for 16 of the 23 causes of mortality were above average (70 percent). In Jackson County, rates for 12 of the 23 causes of mortality were above average (52 percent).

- Mortality rates in Johnson County are below the Kansas averages for all causes presented.

- Rates of assault (homicide) were significantly above average in Jackson and Wyandotte counties.

- The mortality rate due to diabetes was significantly higher in Wyandotte County than the Kansas average.

Exhibit 33: Age-Adjusted Cancer Mortality Rates per 100,000 Population, 2012-2016

Type of Cancer	Jackson County, MO	Johnson County, KS	Clay County, MO	Platte County, MO	Wyandotte County, KS	Kansas	Missouri
All Cancer Sites Combined	177.7	137.0	168.0	139.4	200.0	164.2	175.6
Female Breast	23.0	18.6	20.6	15.6	26.0	127.0	129.2
Lung and Bronchus	50.1	34.6	51.1	37.9	57.4	44.3	52.6
Non-Hodgkin Lymphoma	5.5	4.7	5.1	5.1	6.1	20.4	18.9
Melanomas of the Skin	2.3	2.9	3.4	N/A	N/A	27.5	18.6
Prostate	20.2	17.8	19.5	15.4	25.8	18.4	17.8
Colon and Rectum	15.3	11.0	11.1	10.1	18.3	14.8	15.1
Oral Cavity and Pharynx	2.9	1.7	2.1	N/A	3.2	12.0	12.4
Pancreas	12.2	11.0	11.4	11.3	12.6	11.4	11.1
Leukemias	6.8	6.4	8.4	8.3	7.2	7.4	7.1
Ovary	5.7	5.9	6.1	N/A	6.0	6.9	6.6
Myeloma	3.8	3.3	4.9	N/A	4.9	6.4	6.5
Liver and Intrahepatic Bile Duct	7.5	4.5	5.9	3.8	9.5	5.8	6.2
Stomach	2.7	1.9	2.7	N/A	3.1	4.9	5.6
Esophagus	4.7	2.9	3.4	3.5	5.4	4.1	4.6
Corpus and Uterus, NOS	5.0	3.9	3.4	N/A	5.4	4.2	4.5
Brain and Other Nervous System	4.3	5.0	3.8	4.6	4.6	5.0	4.4
Kidney and Renal Pelvis	4.5	3.6	3.8	4.3	4.0	4.4	4.4
Urinary Bladder	4.3	4.3	3.1	3.4	4.4	4.0	4.3
Cervix	2.3	1.2	N/A	N/A	5.3	2.2	2.6

Source: Centers for Disease Control and Prevention, 2017.

Description

Exhibit 33 provides age-adjusted mortality rates for selected forms of cancer in 2012-2016.

Observations

- Jackson and Wyandotte counties had above average, overall cancer mortality rates.

Exhibit 34: Drug Poisoning Mortality per 100,000, 2012 and 2017

Area	2012	2017	Percent Change 2012 - 2017
Jackson County, MO	15.5	18.0	16.2%
Johnson County, KS	8.3	9.5	15.0%
Clay County, MO	12.5	13.3	6.4%
Platte County, MO	11.4	14.4	25.5%
Wyandotte County, KS	11.5	12.5	8.7%
Kansas	11.0	11.4	3.7%
Missouri	15.6	22.4	42.9%
United States	**13.2**	**21.6**	**63.1%**

Source: Centers for Disease Control and Prevention, 2019.

Description

Exhibit 34 provides mortality rates for drug poisoning for 2012 and 2017.

Observations

- Between 2012 and 2017, drug poisoning mortality rates increased across all five counties, but at a lower rate than in the United States.

- None of the counties reported drug poisoning mortality rates that exceeded state averages in 2017.

Exhibit 35: Missouri Chronic Condition Mortality Rates per 100,000, 2018

Condition	White	Black	Hispanic or Latino	All Races and Ethnicities in Missouri
All Chronic Conditions	530.9	653.6	265.0	**540.9**
All other forms of chronic ischemic heart disease	46.9	63.4	18.1	**48.2**
COPD excluding Asthma: Other chronic lower resp diseases	48.4	28.8	12.0	**46.3**
Acute myocardial infarction	45.4	48.0	17.0	**45.3**
Cancer of trachea/bronchus/lung	44.5	46.8	17.0	**44.4**
All other forms of heart disease	39.8	48.9	13.4	**40.7**
Stroke (cerebrovascular diseases)	36.8	55.6	24.6	**38.5**
Alzheimer's disease	33.1	32.5	18.6	**32.9**
Heart failure	29.9	24.9	7.5	**29.4**
Diabetes	19.6	31.9	15.3	**20.8**
Other and unspecified malignant neoplasms	20.0	21.9	11.0	**20.3**
Renal failure	17.2	35.2	9.0	**18.8**
Cancer of colon/rectum/anus	14.7	18.2	7.4	**14.9**
Hypertensive heart disease	10.1	26.1	4.7	**11.7**
Cancer of pancreas	11.4	13.9	3.9	**11.6**
Cancer of breast	9.9	16.5	4.7	**10.6**
Atherosclerotic cardiovascular disease (so described)	7.5	16.1	2.2	**8.3**
Essential hypertension	7.0	14.0	6.2	**7.6**
Cancer of prostate	6.6	16.0	6.8	**7.4**
Cancer of liver/intrahepatic bile ducts	6.3	10.8	8.0	**6.9**
Leukemia	6.7	5.7	2.3	**6.7**
Non-Hodgkin's lymphoma	5.4	4.8	7.6	**5.4**
Other chronic liver disease and cirrhosis	5.6	3.5	4.1	**5.4**

Source: Missouri Department of Health and Senior Services, 2019.

Description

Exhibit 35 presents Missouri-wide mortality rates by race and ethnicity for a variety of chronic conditions.

Observations

- In 2008, mortality rates for Black residents were, in general, higher than rates for White and Hispanic (or Latino) residents.

- Black mortality rates for diabetes, renal failure, hypertensive heart disease, breast cancer, atherosclerotic cardiovascular disease, hypertension, prostate cancer, and liver cancer were more than 50 percent above statewide averages.

Communicable Diseases

Exhibit 36: Communicable Disease Incidence Rates per 100,000 Population, 2017

Measure	Jackson County, MO	Johnson County, KS	Clay County, MO	Platte County, MO	Wyandotte County, KS	Kansas	Missouri	United States
HIV diagnoses	18.4	5.5	8.5	6.0	13.8	5.0	9.8	**14.0**
HIV prevalence	488.5	132.9	185.2	127.4	321.0	125.0	240.5	**367.7**
Tuberculosis	1.3	1.5	N/A	N/A	N/A	1.2	1.6	**3.2**
Chlamydia	837.9	340.8	445.1	374.6	894.8	566.6	640.5	**631.0**
Early Latent Syphilis	12.2	2.7	3.3	4.9	18.8	8.4	8.3	**12.6**
Gonorrhea	450.1	97.9	172.1	116.6	375.7	189.8	256.3	**205.2**
Primary and Secondary Syphilis	20.9	2.7	10.7	4.9	6.7	5.6	9.9	**11.3**

Source: Centers for Disease Control and Prevention, 2018.

Description

Exhibit 36 presents incidence rates for certain communicable diseases.

Observations

- In 2017, Jackson County incidence rates for communicable diseases generally were above average. Rates of gonorrhea and syphilis were particularly high.

- In Wyandotte County, rates of chlamydia and gonorrhea also were high in comparison to state and national averages.

- Rates in Johnson, Clay, and Platte counties were below state and national averages for all indicators.

Maternal and Child Health

Exhibit 37: Maternal and Child Health Indicators, 2018

Measure	Jackson County, MO	Johnson County, KS	Clay County, MO	Wyandotte County, KS	Kansas	Missouri	United States
Births to Single Mothers	49.4%	19.8%	31.3%	58.7%	36.4%	40.3%	**40.0%**
Mothers Using Tobacco During Pregnancy	10.3%	2.5%	9.6%	6.9%	9.5%	13.7%	**6.5%**
Percent of Live Births Low Birthweight (<2,500 grams)	9.5%	6.3%	5.8%	8.0%	7.4%	8.7%	**9.0%**
Percent of Live Births Very Low Birthweight (<1,500 grams)	1.3%	0.8%	0.0%	0.5%	1.3%	1.4%	**1.5%**
Teen Birth Rate (Aged 15-19, per 1,000)	27.2	7.6	12.8	42.3	19.9	21.4	**17.4**
Teen Birth Rate (Aged 15-17, per 1,000)	12.0	2.6	3.4	17.6	7.9	8.5	**7.1**
Preterm Gestation Period							
< 32 Weeks	1.4%	1.2%	1.1%	1.5%	1.4%	1.6%	**1.6%**
32-33 Weeks	1.6%	1.2%	0.9%	1.2%	1.1%	1.2%	**1.2%**
34-36 Weeks	8.0%	6.1%	7.4%	7.9%	6.9%	7.9%	**7.3%**

Source: Centers for Disease Control and Prevention, 2019.
Note: CDC data not available for Platte County.

Description

Exhibit 37 provides various maternal and child health indicators and benchmarks available from the Centers for Disease Control and Prevention.

Observations

- Johnson County compares favorably to national averages for all indicators.

- Jackson and Wyandotte counties compare unfavorably to national averages for most indicators, including the percent of births to single mothers, the percent of mothers using tobacco during pregnancy, teen birth rates, and preterm births (32 weeks through 36 weeks of gestation).

- In Jackson and Wyandotte counties, teen birth rates were more than 50 percent higher than national averages.

- In Jackson County and in Missouri, the percent of mothers using tobacco during pregnancy was more than 50 percent above the United States average.

Exhibit 38: Maternal and Child Health Indicators by Race, 2018

Indicator	All Residents	White	Black
Asthma ER Visits (per 1,000 under 18)			
Platte County, MO	4.6	2.7	13.5
Clay County, MO	6.2	3.4	18.5
Jackson County, MO	14.7	3.7	32.3
Missouri	9.2	4.1	31.7
Healthy Live Births (Percent)			
Platte County, MO	90.7	91.4	87.0
Clay County, MO	91.9	92.2	88.5
Jackson County, MO	89.2	91.8	83.7
Missouri	89.6	90.9	83.0
Care Began First Trimester (Percent)			
Platte County, MO	74.2	79.3	52.7
Clay County, MO	73.5	76.7	56.0
Jackson County, MO	65.9	74.7	54.6
Missouri	71.4	75.0	56.2
Mother Smoked During Pregnancy (Percent)			
Platte County, MO	7.5	8.2	6.0
Clay County, MO	9.7	10.4	6.5
Jackson County, MO	10.3	12.0	9.5
Missouri	13.7	15.1	10.7
Low Birth Weight (per 1,000 Live Births)			
Platte County, MO	6.4	5.8	9.9
Clay County, MO	6.7	6.4	9.3
Jackson County, MO	9.2	6.9	14.4
Missouri	8.6	7.3	14.9
Infant Deaths (per 1,000)			
Johnson County, KS	4.0	3.2	11.4
Platte County, MO	7.8	6.9	15.6
Clay County, MO	8.5	7.7	14.1
Jackson County, MO	10.5	7.5	16.8
Wyandotte County, KS	7.4	5.0	11.6
Kansas	6.1	4.9	11.5
Missouri	9.8	8.2	16.9

Source: DHSS-MOPHIMS, 2019; Kansas Health Matters, 2019.

Description

Exhibit 38 provides various available maternal and child health indicators by race.
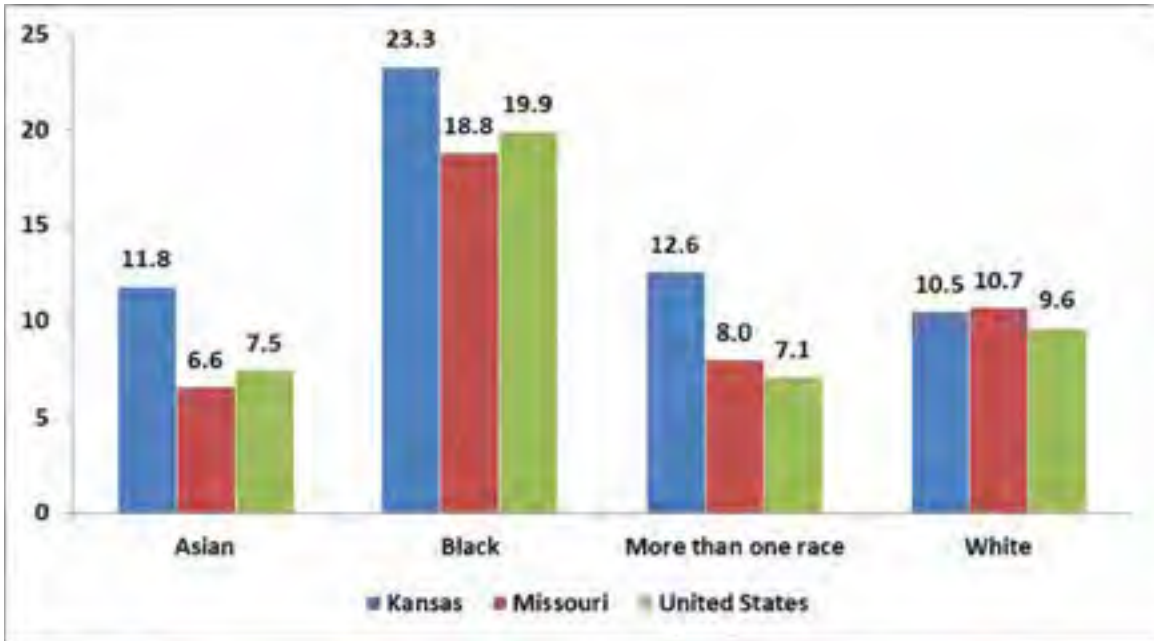
Observations

- Significant disparities are observed between indicators for Black and for White residents.

- In Jackson County, infant mortality rates, the percent of live births that were healthy, and low birth weight births have been significantly more problematic for Black mothers and families than for White populations.

- In several counties, the percent of women who began prenatal care in the first trimester has been problematic – both in comparison to state-wide averages and to the Healthy People 2020 target of 84.8 percent.

  o In Jackson County, this percentage has been below average for White, Black, and All pregnant mothers.

  o In Clay and Platte counties, the percentage for Black mothers has been well below the percentage for White mothers, and also has been lower than the Missouri average for Black mothers.

- Per-capita emergency room visits for asthma for children under 18 have been particularly high for Black residents in Jackson County.

- In Wyandotte County, infant mortality rates compared unfavorably to Kansas averages for White, Black, and All residents.

Exhibit 39: Infant Mortality Rates per 1,000 Live Births by Race, 2014-2017

Source: Centers for Disease Control and Prevention, 2019.

Description

Exhibit 39 provides infant mortality data available from the Centers for Disease Control and Prevention by race for Kansas, Missouri, and the United States.

Observations

- Mortality rates for Black infants in Kansas, Missouri, and the United States have been significantly above rates for other cohorts.

Behavioral Risk Factor Surveillance System

Exhibit 40: Behavioral Risk Factor Surveillance System, 2017

Category	Indicator	Kansas City Metropolitan Area	Kansas	Missouri	United States
Alcohol Consumption	At least one drink of alcohol within the past 30 days	61.1%	55.4%	54.5%	**55.7%**
	Binge drinking	21.8%	18.3%	20.4%	**18.3%**
	Heavy drinkers	6.1%	6.2%	5.9%	**6.4%**
Cholesterol Awareness	Never had cholesterol checked	10.1%	12.8%	11.8%	**10.9%**
	Not checked in past 5 years	3.9%	4.4%	4.7%	**4.9%**
	Had their blood cholesterol checked and have been told it was high	29.9%	29.6%	29.4%	**29.0%**
Chronic Health Indicators	Told they have arthritis	21.7%	22.2%	24.9%	**22.7%**
	Limited in any way in any of your usual activities because of arthritis	10.3%	11.0%	13.2%	**11.6%**
	Affect work - Have arthritis and have limited work	7.0%	7.9%	9.4%	**8.2%**
	Affect social activities- Have arthritis, social activities limited a little	5.4%	6.3%	6.4%	**6.1%**
	Affect social activities- Have arthritis, social activities limited a lot	4.4%	4.3%	5.8%	**4.7%**
	Told currently have asthma	8.6%	9.2%	9.4%	**9.4%**
	Ever been told have asthma	13.6%	14.0%	14.5%	**14.5%**
	Ever told have COPD	5.5%	6.0%	7.6%	**5.8%**
	Ever told have a form of depression	20.6%	21.1%	22.8%	**20.5%**
	Ever told had angina or coronary heart disease	3.5%	3.5%	4.1%	**3.5%**
	Ever reported coronary heart disease (chd) or myocardial infarction (mi)	5.2%	5.5%	6.6%	**5.5%**
	Ever told had a heart attack (myocardial infarction)	3.5%	3.7%	4.3%	**3.7%**
	Ever told had a stroke	3.1%	2.7%	3.7%	**2.7%**
	Ever told have pre-diabetes or borderline diabetes	1.5%	1.2%	2.0%	**1.4%**
	Ever told have diabetes	8.7%	9.5%	9.1%	**9.4%**
	Ever told have pregnancy-related diabetes	0.7%	0.9%	0.9%	**0.8%**
	Ever told have kidney disease	2.3%	2.5%	2.9%	**2.8%**
	Ever told had skin cancer	6.2%	5.5%	5.8%	**5.5%**
	Ever told had any other types of cancer	5.8%	6.4%	7.0%	**6.2%**

Source: Behavioral Risk Factor Surveillance System, 2018.

Exhibit 40: Behavioral Risk Factor Surveillance System, 2017 (*continued*)

Category	Indicator	Kansas City Metropolitan Area	Kansas	Missouri	United States
Colorectal Cancer Screening	Aged 50-75 have not had a blood stool test in the past year	93.7%	93.3%	93.9%	**92.1%**
	Aged 50-75 did not receive a colonoscopy in the past 10 years	31.4%	35.8%	37.3%	**36.7%**
	Aged 50-75 did not receive a sigmoidoscopy within the past 5 years	98.8%	98.4%	98.3%	**97.7%**
Demographics	Reported being deaf	5.2%	6.3%	6.6%	**6.0%**
	Blind or have serious difficulty seeing, even when wearing glasses	3.5%	3.7%	5.0%	**4.3%**
	Have serious difficulty concentrating, remembering, or making decisions	9.5%	10.6%	13.3%	**11.0%**
	Have serious difficulty walking or climbing stairs	11.8%	12.4%	15.0%	**12.1%**
	Have difficulty doing errands alone	6.2%	6.0%	7.9%	**6.7%**
	Have difficulty dressing or bathing	2.9%	3.2%	4.5%	**3.3%**
E-Cigarette Use	Current E-cigarette user	4.8%	4.9%	5.6%	**4.9%**
	Current E-cigarette user - every day	2.1%	2.0%	2.6%	**1.8%**
	Current E-cigarette user - some days	2.8%	2.9%	3.0%	**3.1%**
Fruits and Vegetables	Consumed fruit less than one time per day	37.4%	37.8%	40.2%	**36.9%**
	Consumed vegetables less than one time per day	17.3%	17.4%	17.0%	**18.1%**
Health Care Access/Coverage	Never visited a doctor for a routine checkup	0.9%	1.0%	1.4%	**1.2%**
	Last visited a doctor for a routine checkup 5 or more years ago	8.7%	8.6%	10.0%	**7.9%**
	Aged 18-64 who do not have any kind of health care coverage	15.5%	15.6%	16.3%	**13.0%**
	Have no health care coverage	13.2%	13.2%	13.7%	**11.1%**
	Had a time in the past 12 months when you needed to see a doctor but could not because of cost	12.7%	12.6%	14.6%	**13.2%**
	Do not have personal doctor or health care provider	26.3%	23.9%	26.0%	**23.9%**
Health Status	Fair or Poor Health	13.6%	16.1%	17.9%	**17.1%**
	Poor Health	3.5%	4.2%	5.0%	**4.2%**
	Fair Health	10.2%	11.8%	12.9%	**12.5%**
HIV-AIDS	Never been tested for HIV	61.8%	68.8%	63.5%	**60.6%**
Hypertension Awareness	Told they have high blood pressure	27.6%	30.5%	29.0%	**29.7%**

Source: Behavioral Risk Factor Surveillance System, 2018.

Exhibit 40: Behavioral Risk Factor Surveillance System, 2017 (*continued*)

Category	Indicator	Kansas City Metropolitan Area	Kansas	Missouri	United States
Immunization	Adults aged 65+ who have not had a flu shot within the past year	39.1%	43.6%	34.0%	**39.0%**
	Adults aged 65+ who have never had a pneumonia vaccination	21.0%	23.0%	21.7%	**24.1%**
	Never had the shingles or zoster vaccine	71.0%	70.0%	73.4%	**71.1%**
Injury	Do not always or nearly always wears a seat belt	5.2%	6.2%	9.8%	**6.1%**
	Reported having driven after drinking too much	5.3%	5.1%	4.8%	**4.0%**
Oral Health	Have not visited the dentist or dental clinic within the past year	32.2%	33.6%	38.8%	**34.0%**
	Had any permanent teeth extracted	39.2%	38.3%	46.1%	**41.3%**
	Aged 65+ who have had all their natural teeth extracted	14.0%	14.3%	18.8%	**14.4%**
Overweight and Obesity (BMI)	Obese (BMI 30.0 - 99.8)	30.7%	32.2%	32.1%	**30.8%**
	Overweight (BMI 25.0-29.9)	35.9%	34.5%	34.8%	**34.8%**
Physical Activity	Did not participate in any physical activities in past month	25.7%	27.3%	28.3%	**24.8%**
	Did not participate in muscle strengthening exercises two or more times per week	66.4%	70.6%	70.4%	**68.5%**
	Did not participate in 150 minutes or more of Aerobic Physical Activity per week	51.2%	50.7%	52.5%	**49.7%**
	Did not participate in enough Aerobic and Muscle Strengthening exercises to meet guidelines	77.9%	80.6%	80.5%	**79.0%**
Prostate Cancer	Men aged 40+ who did not have a PSA test within the past two years	60.7%	63.8%	61.4%	**63.8%**
Tobacco Use	Current smokers	17.4%	17.8%	21.4%	**17.4%**
	Smoke everyday	12.6%	12.4%	16.7%	**12.0%**
	Smoke some days	4.8%	5.4%	4.7%	**5.4%**
	Use chewing tobacco, snuff, or snus every day	2.3%	3.3%	3.6%	**2.2%**
	Use chewing tobacco, snuff, or snus some days	1.9%	2.4%	2.3%	**2.2%**
Women's Health	Women aged 40+ who have not had a mammogram within the past two years	30.0%	32.2%	32.3%	**29.5%**

Source: Behavioral Risk Factor Surveillance System, 2018.

Description

The Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) gathers data through a telephone survey regarding health risk behaviors, health care access, and preventive health measures. Data are collected for the entire United States. Analysis of BRFSS data can identify localized health issues, trends, and health disparities, and can enable county, state, or nation-wide comparisons.

Exhibit 40 presents BRFSS data for the Kansas City Metropolitan area, with data for Kansas, Missouri, and the United States for comparison.

Observations

- The Kansas City Metropolitan Area compared unfavorably to national averages for a variety of indicators, including (but not limited to):

  - Binge drinking
  - Drunk driving
  - Depression
  - Stroke
  - Cancer
  - HIV testing
  - Overweight
  - Insurance coverage
  - Physical inactivity

- Kansas averages for 27 of 71 indicators presented compared unfavorably to United States averages.

- Missouri averages for most indicators compared unfavorably to United States averages.

Exhibit 41: Kansas BRFSS Indicators by Race and Ethnicity, 2018

Category	Indicator	White	Black	Hispanic	Other Race	Kansas - All
Alcohol Use	Heavy Alcohol Consumption in the Past 30 Days	6.0%	3.6%	6.8%	4.0%	**5.8%**
	Binge Drinkers	16.4%	10.2%	19.5%	9.4%	**15.8%**
	Drinking and Driving in the Past 30 Days	3.2%	1.6%	2.3%	0.8%	**2.9%**
Tobacco Use	Currently Use E-Cigarettes	5.4%	6.4%	2.6%	2.1%	**5.5%**
	Currently Smoke Cigarettes	16.6%	21.6%	17.0%	18.9%	**17.3%**
	Currently Use Any Smokeless Tobacco Products	6.0%	1.8%	4.5%	5.4%	**5.8%**
Chronic Conditions and Disease	Diagnosed With Some Form of Arthritis, Rheumatoid Arthritis, Gout, Lupus, or Fibromyalgia	26.1%	26.9%	15.7%	16.1%	**25.7%**
	Current Asthma	9.3%	15.2%	6.8%	10.4%	**9.8%**
	Children With Current Asthma	7.5%	16.4%	6.7%	11.3%	**7.6%**
	Diagnosed With Any Other Type of Cancer Other Than Skin Cancer	7.3%	7.1%	3.5%	4.4%	**7.1%**
	Diagnosed With Skin Cancer	7.2%	0.7%	1.7%	1.7%	**6.4%**
	Had a Heart Attack	4.2%	6.2%	2.6%	4.6%	**4.4%**
	Had an Angina or Coronary Heart Disease	4.5%	5.1%	2.4%	2.2%	**4.4%**
	Had a Stroke	3.1%	5.0%	2.4%	3.5%	**3.3%**
	Diagnosed With Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Chronic Bronchitis	6.7%	6.2%	3.0%	5.9%	**6.7%**
	Ever Diagnosed With Kidney Disease	2.8%	1.8%	0.9%	2.2%	**2.7%**
	Diagnosed Diabetes	11.1%	17.9%	10.2%	13.7%	**11.6%**
	Diagnosed Prediabetes or Borderline Diabetes	9.7%	10.2%	11.3%	6.2%	**9.7%**
	Diagnosed Hypertension	33.0%	36.3%	23.3%	22.9%	**32.4%**
Health Care Access and Prevention	Women Aged 50-74 Years Who Did Not Have a Mammogram Within the Preceding Two Years	24.9%	21.8%	29.6%	37.7%	**25.4%**
	Women Aged 21-65 Years Who Did Not Have a Pap Smear Within the Preceding Three Years	21.3%	11.9%	22.9%	31.0%	**21.2%**
	Aged 18-64 Years Who Lack Health Care Coverage	14.9%	21.9%	29.3%	16.6%	**16.0%**
	Could Not See a Doctor Because of Cost in the Past 12 Months	11.3%	18.3%	17.0%	14.0%	**12.1%**
	Have Not Seen a Doctor for a Routine Checkup in the Past 12 Months	24.5%	23.2%	34.5%	30.9%	**25.2%**
	Did Not Get Immunized Against Influenza During the Past 12 Months	63.5%	68.8%	68.1%	61.8%	**64.0%**
	Never Had a Pneumonia Vaccination	64.3%	71.6%	82.0%	77.8%	**65.7%**
Wellness	Ever Diagnosed With a Depressive Disorder	20.8%	18.5%	18.7%	21.6%	**20.7%**
	Living With a Disability	25.0%	38.4%	24.2%	24.7%	**26.0%**
	Not Participating in Any Physical Activity Other Than Their Regular Job in the Past 30 Days	22.2%	26.2%	26.5%	24.0%	**22.5%**
	Aged 45 years and Older With at Least One Fall Related Injury During the Preceding 12 Months	38.0%	48.7%	35.1%	47.3%	**39.0%**
	Fair or Poor Self-Perceived Health Status	16.1%	25.5%	17.6%	18.3%	**17.0%**
	Physical Health Was Not Good on 14 or More Days in the Past 30 Days	11.4%	14.2%	7.3%	9.0%	**11.5%**
	Mental Health Was Not Good on 14 or More Days in the Past 30 Days	12.3%	14.9%	11.9%	12.5%	**12.5%**
	All of Their Permanent Teeth Removed	3.4%	2.1%	1.1%	3.0%	**3.4%**
	Aged 65 Years and Older Who Had All of Their Permanent Teeth Removed	14.0%	18.5%	10.6%	32.9%	**14.4%**
	Obese	34.1%	40.3%	38.0%	29.3%	**34.4%**
	Overweight or Obese	68.9%	72.1%	74.6%	58.3%	**68.6%**
	Do Not Always Wear a Seat belt When They Drive or Ride in a Car	19.2%	18.3%	15.8%	15.7%	**19.1%**
	On Average Get Less Than 7 Hours of Sleep in a 24 Hour Period	31.9%	46.0%	33.0%	37.2%	**33.1%**

Source: Kansas Department of Health and Environment, 2019.

Description

Exhibit 41 presents Kansas-wide BRFSS data by race and ethnicity.

Observations

- Black residents compare unfavorably to Kansas-wide averages for 25 of the 39 indicators presented. White and Hispanic (or Latino) residents compare unfavorably for 14 indicators.

- Black residents were less likely to have health care coverage, more likely to smoke, more likely to have asthma, more likely to be obese, more likely to have diabetes, and more likely to have had a stroke compared to the state average.

Exhibit 42: Kansas BRFSS Indicators by Annual Income, 2018

Category	Indicator	Less than $15,000	$15,000 to $24,999	$25,000 to $34,999	$35,000 to $49,999	$50,000 or more	Kansas - All
Alcohol Use	Heavy Alcohol Consumption in the Past 30 Days	4.7%	5.6%	7.4%	6.3%	6.1%	**5.8%**
	Binge Drinkers	12.9%	16.2%	14.9%	14.2%	18.6%	**15.8%**
	Drinking and Driving in the Past 30 Days	3.1%	2.8%	2.5%	3.3%	3.0%	**2.9%**
Tobacco Use	Currently Use E-Cigarettes	8.2%	8.3%	8.8%	5.5%	3.5%	**5.5%**
	Currently Smoke Cigarettes	33.3%	28.3%	23.2%	15.0%	11.3%	**17.3%**
	Currently Use Any Smokeless Tobacco Products	6.3%	5.1%	4.6%	6.0%	6.5%	**5.8%**
Chronic Conditions and Disease	Diagnosed With Some Form of Arthritis, Rheumatoid Arthritis, Gout, Lupus, or Fibromyalgia	38.8%	32.5%	27.2%	28.0%	20.6%	**25.7%**
	Current Asthma	18.7%	14.2%	11.4%	8.0%	7.5%	**9.8%**
	Children With Current Asthma	12.2%	7.6%	6.7%	6.2%	7.8%	**7.6%**
	Diagnosed With Any Other Type of Cancer Other Than Skin Cancer	8.2%	7.8%	8.3%	10.0%	5.7%	**7.1%**
	Diagnosed With Skin Cancer	4.8%	5.6%	7.9%	7.4%	6.2%	**6.4%**
	Had a Heart Attack	10.0%	7.6%	4.9%	3.9%	2.3%	**4.4%**
	Had an Angina or Coronary Heart Disease	8.9%	6.1%	4.3%	5.1%	3.1%	**4.4%**
	Had a Stroke	7.7%	5.9%	4.4%	3.3%	1.4%	**3.3%**
	Diagnosed With Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Chronic Bronchitis	19.7%	9.7%	8.2%	5.6%	3.5%	**6.7%**
	Ever Diagnosed With Kidney Disease	5.1%	3.6%	2.3%	2.4%	2.3%	**2.7%**
	Diagnosed Diabetes	21.1%	15.6%	13.5%	11.7%	8.1%	**11.6%**
	Diagnosed Prediabetes or Borderline Diabetes	11.8%	11.9%	9.4%	10.8%	9.6%	**9.7%**
	Diagnosed Hypertension	41.2%	36.3%	32.4%	36.1%	30.1%	**32.4%**
Health Care Access and Prevention	Women Aged 50-74 Years Who Did Not Have a Mammogram Within the Preceding Two Years	42.2%	41.2%	32.6%	28.2%	18.0%	**25.4%**
	Women Aged 21-65 Years Who Did Not Have a Pap Smear Within the Preceding Three Years	32.1%	26.8%	23.6%	21.1%	14.7%	**21.2%**
	Aged 18-64 Years Who Lack Health Care Coverage	28.6%	35.0%	23.6%	15.9%	5.8%	**16.0%**
	Could Not See a Doctor Because of Cost in the Past 12 Months	23.6%	25.8%	16.7%	11.4%	5.7%	**12.1%**
	Have Not Seen a Doctor for a Routine Checkup in the Past 12 Months	25.7%	31.2%	28.1%	25.1%	21.7%	**25.2%**
	Did Not Get Immunized Against Influenza During the Past 12 Months	68.4%	68.5%	67.5%	65.1%	61.0%	**64.0%**
	Never Had a Pneumonia Vaccination	60.3%	61.1%	62.6%	62.8%	70.5%	**65.7%**
Wellness	Ever Diagnosed With a Depressive Disorder	39.2%	30.9%	24.4%	20.6%	14.5%	**20.7%**
	Living With a Disability	57.8%	41.7%	33.1%	25.1%	14.3%	**26.0%**
	Not Participating in Any Physical Activity Other Than Their Regular Job in the Past 30 Days	37.4%	31.2%	25.9%	24.4%	15.3%	**22.5%**
	Aged 45 years and Older With at Least One Fall Related Injury During the Preceding 12 Months	55.7%	45.7%	37.3%	32.1%	35.2%	**39.0%**
	Fair or Poor Self-Perceived Health Status	41.5%	30.0%	19.1%	16.0%	8.5%	**17.0%**
	Physical Health Was Not Good on 14 or More Days in the Past 30 Days	32.9%	19.2%	13.6%	9.5%	6.0%	**11.5%**
	Mental Health Was Not Good on 14 or More Days in the Past 30 Days	32.7%	21.0%	15.1%	9.8%	7.4%	**12.5%**
	All of Their Permanent Teeth Removed	12.7%	5.3%	5.9%	2.8%	1.4%	**3.4%**
	Aged 65 Years and Older Who Had All of Their Permanent Teeth Removed	40.0%	28.7%	17.6%	10.6%	3.1%	**14.4%**
	Obese	41.7%	38.3%	36.0%	33.3%	33.7%	**34.4%**
	Overweight or Obese	63.1%	68.0%	71.1%	72.0%	70.5%	**68.6%**
	Do Not Always Wear a Seat belt When They Drive or Ride in a Car	19.4%	23.4%	21.5%	20.4%	17.6%	**19.1%**
	On Average Get Less Than 7 Hours of Sleep in a 24 Hour Period	40.6%	43.9%	34.0%	32.9%	29.7%	**33.1%**

Source: Kansas Department of Health and Environment, 2019.

Description

Exhibit 42 presents Kansas-wide BRFSS data by income level.

Observations

- Residents who reported annual income levels of $35,000 or less compared unfavorably for nearly all indicators compared to those who earned $50,000 or more.

Exhibit 43: Missouri BRFSS Indicators by Race and Ethnicity, 2016

Category	Indicator	White	Black	Hispanic	Other	Missouri - All
General	Fair or Poor General Health Status	19.1%	25.3%	19.1%	18.7%	**19.7%**
Access to Care	No health care coverage - Ages 18-64	11.9%	19.1%	34.1%	16.7%	**13.8%**
	Last had a routine physical checkup more than 2 years ago	16.5%	12.8%	21.9%	16.1%	**16.3%**
	Last visited a dentist more than 2 years ago	24.3%	25.3%	21.3%	27.4%	**24.4%**
Health Behaviors	Binge alcohol drinking	18.9%	15.3%	23.6%	13.2%	**18.4%**
	Current cigarette smoking	21.4%	24.7%	24.4%	23.0%	**21.9%**
	Inadequate sleep	31.4%	40.7%	36.5%	37.1%	**32.7%**
	No leisure-time physical activity	25.2%	32.0%	23.2%	27.9%	**25.9%**
Health Outcomes	Ever been told had arthritis	29.5%	23.0%	22.1%	24.8%	**28.3%**
	Current Asthma	9.2%	12.6%	11.3%	11.6%	**9.7%**
	Ever been told had cancer	10.4%	6.1%	6.2%	5.7%	**9.6%**
	Ever been told had COPD, emphysema or chronic bronchitis	8.7%	7.1%	6.5%	8.5%	**8.5%**
	Had high cholesterol - Among age 18 and older who have had cholesterol checked	36.6%	28.9%	23.1%	27.1%	**35.1%**
	Ever been told had diabetes	11.0%	13.2%	10.4%	8.2%	**11.1%**
	Ever been told had high blood pressure	34.0%	38.2%	22.6%	24.0%	**33.7%**
	Ever been told had coronary heart disease	5.0%	2.1%	4.7%	3.6%	**4.6%**
	Ever been told had stroke	4.3%	5.7%	5.1%	5.6%	**4.5%**
	Ever been told had kidney disease	2.7%	2.7%	2.9%	2.7%	**2.7%**
	Obese (>30 BMI)	30.8%	36.8%	36.9%	20.0%	**31.2%**
Screening	No test for high blood sugar or diabetes within the past three years among adults age>=45	28.1%	28.7%	30.6%	27.3%	**28.3%**
	No mammogram within past two years among women age 50-74	26.8%	20.0%	19.2%	38.5%	**26.3%**
	No Pap test in last 3 years – Among women age 18 and older.	28.7%	16.9%	23.7%	18.3%	**27.0%**
	No colonoscopy within last 10 years or sigmoidoscopy within 5 years among adults age>=50	36.0%	32.8%	41.0%	46.9%	**36.1%**

Source: Missouri Department of Health and Senior Services, 2020.

Description

Exhibit 43 presents Missouri-wide BRFSS data by race and ethnicity.

Observations

- Black and Hispanic (or Latino) residents compare unfavorably to Missouri-wide averages for 13 of the 24 indicators presented. These cohorts were less likely to have health care coverage, more likely to smoke, more likely to have asthma, more likely to be obese, and more likely to have had a stroke compared to the state average.

Exhibit 44: Missouri BRFSS Indicators by Annual Income, 2016

Category	Indicator	Less Than $15,000	$15,000-24,999	$25,000-34,999	$35,000-49,999	$50,000-74,999	$75,000+	Missouri - All
General	Fair or Poor General Health Status	49.9%	31.0%	21.9%	14.0%	11.8%	6.5%	**19.7%**
Access to Care	No health care coverage - Ages 18-64	26.6%	28.1%	20.5%	12.7%	5.7%	2.8%	**13.8%**
	Last had a routine physical checkup more than 2 years ago	20.6%	19.2%	18.6%	17.5%	16.7%	11.8%	**16.3%**
	Last visited a dentist more than 2 years ago	48.7%	39.3%	28.3%	23.7%	17.8%	9.3%	**24.4%**
Health Behaviors	Binge alcohol drinking	13.5%	15.2%	16.3%	21.0%	22.4%	23.9%	**18.4%**
	Current cigarette smoking	42.1%	33.9%	24.8%	23.3%	16.1%	11.5%	**21.9%**
	Inadequate sleep	37.9%	39.3%	34.1%	35.5%	30.6%	27.8%	**32.7%**
	No leisure-time physical activity	39.9%	33.4%	30.3%	25.6%	22.9%	15.2%	**25.9%**
Health Outcomes	Ever been told had arthritis	46.4%	34.5%	30.1%	27.6%	24.4%	20.5%	**28.3%**
	Current Asthma	20.1%	11.9%	7.8%	8.7%	6.8%	6.7%	**9.7%**
	Ever been told had cancer	11.6%	11.1%	10.9%	9.1%	7.6%	8.1%	**9.6%**
	Ever been told had COPD, emphysema or chronic bronchitis	22.2%	13.4%	8.7%	7.3%	4.6%	2.2%	**8.5%**
	Had high cholesterol - Among age 18 and older who have had cholesterol checked	46.8%	41.6%	34.1%	31.9%	32.5%	31.3%	**35.1%**
	Ever been told had diabetes	20.3%	14.9%	11.8%	9.1%	9.8%	6.6%	**11.1%**
	Ever been told had high blood pressure	46.3%	41.1%	35.6%	31.7%	31.0%	26.8%	**33.7%**
	Ever been told had coronary heart disease	10.1%	5.0%	5.9%	4.4%	3.5%	3.0%	**4.6%**
	Ever been told had stroke	10.8%	6.9%	3.8%	3.7%	2.2%	2.1%	**4.5%**
	Ever been told had kidney disease	5.2%	4.1%	3.2%	1.7%	2.0%	1.5%	**2.7%**
	Obese (>30 BMI)	36.5%	35.5%	31.5%	33.2%	33.8%	26.9%	**31.2%**
Screening	No test for high blood sugar or diabetes within the past three years among adults age>=45	28.9%	31.0%	27.6%	25.7%	26.6%	25.7%	**28.3%**
	No mammogram within past two years among women age 50-74	41.5%	33.2%	25.2%	26.1%	20.7%	15.9%	**26.3%**
	No Pap test in last 3 years – Among women age 18 and older.	34.3%	35.4%	31.1%	26.8%	19.9%	15.9%	**27.0%**
	No colonoscopy within last 10 years or sigmoidoscopy within 5 years among adults age>=50	51.6%	45.8%	37.0%	32.1%	32.2%	26.5%	**36.1%**

Source: Missouri Department of Health and Senior Services, 2020.

Description

Exhibit 44 presents Missouri-wide BRFSS data by income level.

Observations

- Residents who reported annual income levels of $35,000 or less compared unfavorably for nearly all indicators compared to those who earned $50,000 or more.

- Binge alcohol drinking was the only indicator for which higher earnings compared unfavorably to lower-income levels.

Youth Risk Behavior Surveillance System

Exhibit 45: YRBSS Data for Kansas, Missouri, and the U.S., 2017

Category	Indicator	Time Period	Kansas	Missouri	United States
Unintentional Injuries and Violence	Rode with a driver who had been drinking alcohol	Month	18.6%	15.7%	16.5%
	Drove when they had been drinking alcohol	Month	6.4%	5.3%	5.5%
	Texted or e-mailed while driving a car or other vehicle	Month	48.0%	46.4%	39.2%
	Were in a physical fight	Year	16.2%	19.7%	23.6%
	Were electronically bullied	Year	15.8%	19.4%	14.9%
	Were bullied on school property	Year	19.8%	23.3%	19.0%
	Were ever physically forced to have sexual intercourse (when they did not want to)	Ever	8.2%	10.2%	7.4%
	Experienced physical dating violence (being physically hurt on purpose by someone they were dating)	Year	5.5%	10.4%	8.0%
	Felt sad or hopeless almost every day for 2 weeks or more in a row	Year	24.8%	31.3%	31.5%
	Seriously considered attempting suicide	Year	15.6%	20.9%	17.2%
	Attempted suicide	Year	7.1%	8.6%	7.4%
Tobacco Use	Currently smoked cigarettes (on at least 1 day)	Month	7.2%	9.2%	8.8%
	Currently frequently smoked cigarettes (on 20 or more days)	Month	1.2%	2.7%	2.6%
	Ever used an electronic vapor product	Ever	34.8%	39.9%	42.2%
	Currently used an electronic vapor product	Month	10.6%	10.9%	13.2%
	Currently used smokeless tobacco	Month	5.3%	6.1%	5.5%
	Currently frequently used smokeless tobacco (on 20 or more days)	Month	1.5%	2.4%	2.1%
Alcohol and Other Drug Use	Ever drank alcohol	Ever	63.1%	N/A	60.4%
	Currently drank alcohol (at least one drink of alcohol)	Month	29.9%	32.0%	29.8%
	Reported current binge drinking	Month	16.1%	17.0%	13.5%
	Currently used marijuana	Month	13.5%	19.9%	19.8%
	Ever used inhalants	Ever	6.3%	N/A	6.2%
	Ever used heroin	Ever	N/A	4.1%	1.7%
	Ever used methamphetamines	Ever	2.8%	N/A	2.5%
	Ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	Ever	14.5%	13.7%	14.0%

Source: Centers for Disease Control and Prevention, 2019.

Exhibit 45: YRBSS Data for Kansas, Missouri, and the U.S., 2017 (*continued*)

Category	Indicator	Time Period	Kansas	Missouri	United States
Sexual Behaviors	Ever had sexual intercourse	Ever	35.4%	41.9%	**39.5%**
	Were currently sexually active	Three Months	26.3%	32.3%	**28.7%**
	Did not use a condom during last sexual intercourse	Unspecified	42.4%	49.0%	**46.2%**
	Did not use birth control pills; an IUD or implant; or a shot, patch, or birth control ring before last sexual intercourse	Unspecified	63.7%	65.7%	**70.6%**
	Drank alcohol or used drugs before last sexual intercourse	Unspecified	21.2%	15.5%	**18.8%**
Dietary Behaviors	Did not eat fruit or drink 100% fruit juices	Week	5.1%	7.9%	**5.6%**
	Did not eat vegetables	Week	5.8%	8.4%	**7.2%**
	Did not eat breakfast on all 7 days	Week	65.3%	67.8%	**64.7%**
Physical Activity	Were not physically active for a total of at least 60 minutes on at least 1 day	Week	13.2%	16.7%	**15.4%**
	Were not physically active at least 60 minutes per day on 5 or more days	Week	47.4%	53.8%	**53.5%**
	Played video or computer games or used a computer for 3 or more hours per day	Day	34.4%	42.3%	**43.0%**
	Watched television 3 or more hours per day	Day	14.5%	21.1%	**20.7%**
	Had a concussion from playing a sport or being physically active	Year	12.8%	16.0%	**15.1%**
Obesity	Had obesity	Unspecified	13.1%	16.6%	**14.8%**
	Were overweight	Unspecified	15.3%	15.7%	**15.6%**
Other Health Topics	Were ever told by a doctor or nurse that they had asthma	Ever	21.6%	26.7%	**22.5%**
	Never saw a dentist	Ever	N/A	2.3%	**1.5%**
	Did not get 8 or more hours of sleep	Day	71.2%	79.7%	**74.6%**

Source: Centers for Disease Control and Prevention, 2019.

Description

The Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System (YRBSS) is a national school-based survey conducted by CDC and state, territorial, and local education and health agencies and tribal governments. Analysis of YRBSS data can identify localized health issues among youth and enable nation-wide comparisons.

Exhibit 45 presents YRBSS data for the Kansas, Missouri, and the United States for comparison.

Observations

- Missouri averages for most indicators compared unfavorably to United States averages. In particular, rates were high in Missouri for tobacco use, alcohol and other drug use, dietary behaviors, physical inactivity, and obesity.

- The percent of Missouri youth who have ever used heroin and who have never seen a dentist were significantly above national averages.

- Kansas averages for unintentional injuries and violence and alcohol and other drug use indicators were higher than national averages. In particular, alcohol-use indicators for Kansas youth were above average.

500 Cities Project

Exhibit 46: Locations of Unfavorable Health Outcomes, 2019
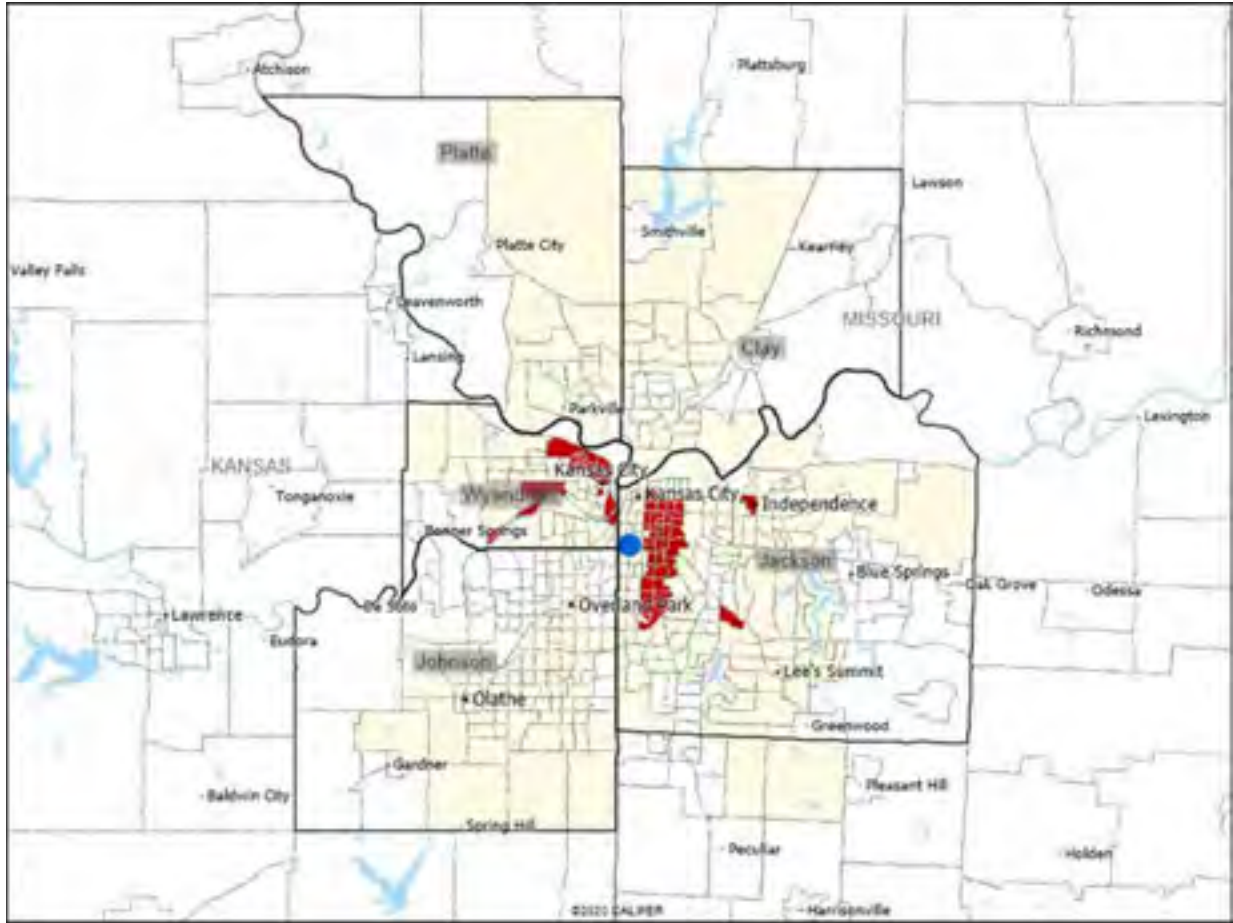
Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

Description

Exhibits 46 through 48 present 500 Cities Project data. The Centers for Disease Control and Prevention, in collaboration with the Robert Wood Johnson Foundation, initiated the 500 Cities Project to provide city and census tract-level data for chronic disease risk factors, health outcomes, and clinical preventive service use for the largest 500 cities in the United States. Statistics are derived from BRFSS. Data only are available for census tracts that are located in the 500 cities.

Exhibit 46 identifies census tracts that compare unfavorably for overall health outcomes.

Observations

- Census tracts that compare the most unfavorably are located in the western parts of Jackson County and eastern parts of Wyandotte County.

Exhibit 47: Locations of Unfavorable Prevention Indicators, 2019
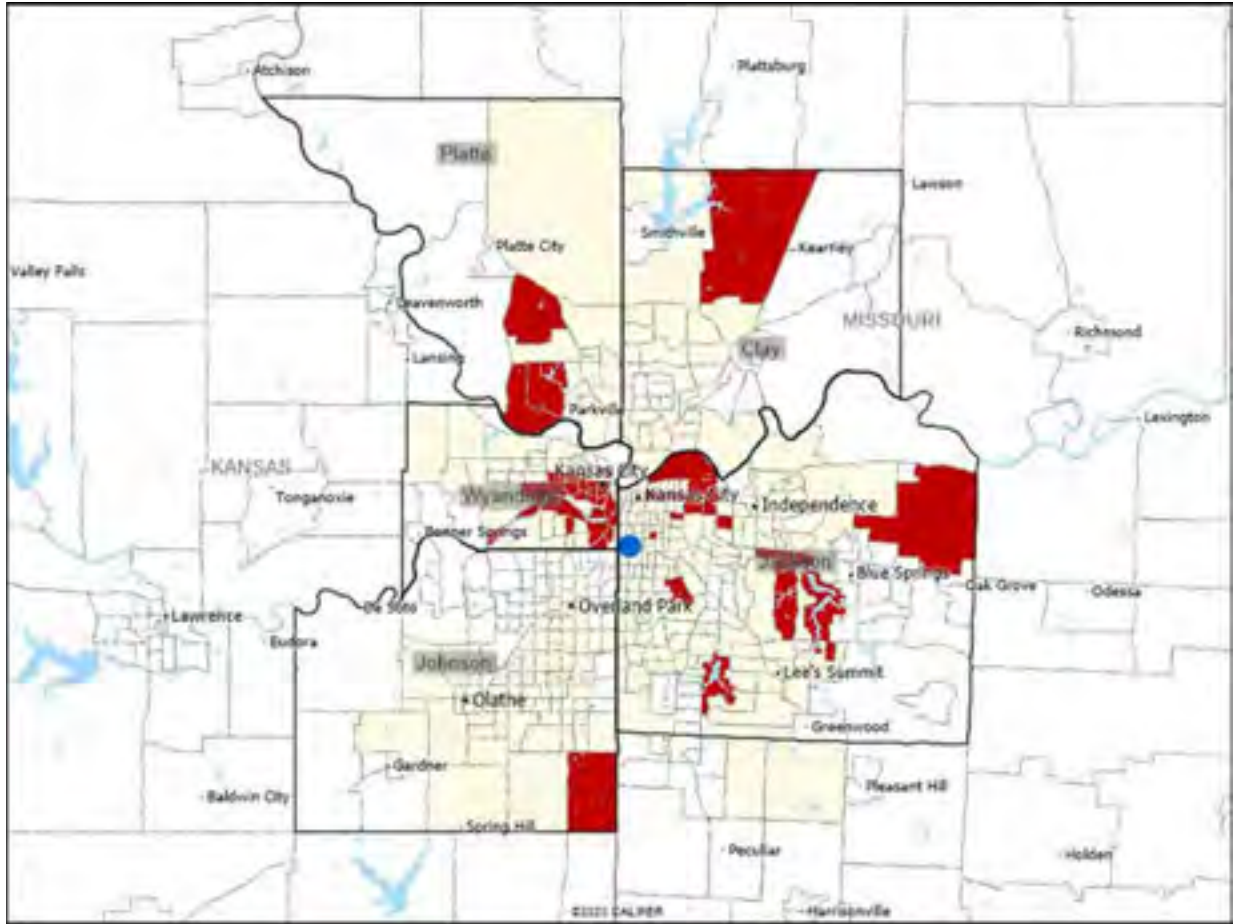
Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

Description

Exhibit 47 identifies census tracts that compare unfavorably for prevention indicators (e.g., cancer screening rates).

Observations

- Some census tracts in each of the five counties compared unfavorably for prevention indicators, particularly in Jackson and Wyandotte counties.

Exhibit 48: Locations of Unfavorable Health Behaviors, 2019

Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

Description

Exhibit 48 displays census tracts that compare unfavorably for health behaviors (e.g. rates of smoking and alcohol use).

Observations

- Census tracts that compare the most unfavorably are located in the western parts of Jackson County and eastern parts of Wyandotte County.

Ambulatory Care Sensitive Conditions

Exhibit 49: Saint Luke's Health System ACSC (PQI) Discharges by County and Region, 2019

Condition	Jackson County, MO	Clay County, MO	Platte County, MO	Johnson County, KS	Wyandotte County, KS	Five County Region
Heart Failure	1,280	132	130	291	49	1,882
Chronic Obstructive Pulmonary Disease (COPD)	412	57	68	91	19	647
Bacterial Pneumonia	316	49	38	121	17	541
Urinary Tract Infection	288	35	57	140	17	537
Diabetes Long-Term Complications	215	35	23	42	11	326
Hypertension	185	16	14	27	14	256
Diabetes Short-Term Complications	147	26	25	25	4	227
Uncontrolled Diabetes	84	7	8	17	5	121
Asthma in Younger Adults	16	3	2	2	1	24
Total ASCS Discharges	**2,943**	**360**	**365**	**756**	**137**	**4,561**
Total Adult Discharges	20,662	3,352	2,901	6,117	983	34,015
Percent	**14.2%**	**10.7%**	**12.6%**	**12.4%**	**13.9%**	**13.4%**

Source: Analysis of Saint Luke's Health System Discharges, 2020.

Exhibit 50: Saint Luke's Health System ACSC (PQI) Discharges by Hospital, 2019

Condition	SLH	SLE	SLN	SLS	Total
Heart Failure	1,019	939	294	339	2,591
Chronic Obstructive Pulmonary Disease (COPD)	206	317	132	134	789
Bacterial Pneumonia	180	273	107	155	715
Urinary Tract Infection	140	238	104	169	651
Diabetes Long-Term Complications	207	151	70	34	462
Hypertension	151	95	36	46	328
Diabetes Short-Term Complications	106	100	60	30	296
Uncontrolled Diabetes	56	50	24	18	148
Asthma in Younger Adults	9	9	6	6	30
Total ASCS Discharges	**2,074**	**2,172**	**833**	**931**	**6,010**
Total Adult Discharges	20,324	13,218	7,018	6,272	46,832
Percent	**10.2%**	**16.4%**	**11.9%**	**14.8%**	**12.8%**

Source: Analysis of Saint Luke's Health System Discharges, 2020.

Description

Exhibits 49 and 50 provide information based on an analysis of discharges from Saint Luke's Health System hospitals. The analysis identifies discharges for Ambulatory Care Sensitive Conditions (ACSCs).

ACSCs are health "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe

disease."[19] As such, rates of hospitalization for these conditions can "provide insight into the quality of the health care system outside of the hospital," including the accessibility and utilization of primary care, preventive care, and health education.

These conditions include angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

Observations

- The ACSC (PQI) analysis was based on discharges from Saint Luke's Health System hospitals only.

- About 10 percent of SLH's discharges were for ACSC – the lowest percentage for the hospitals assessed.

- Jackson County residents are discharged more frequently for ACSC than are residents of the other counties.

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[19]Agency for Health care Research and Quality (AHRQ) Prevention Quality Indicators.

Food Deserts

Exhibit 51: Locations of Food Deserts, 2017
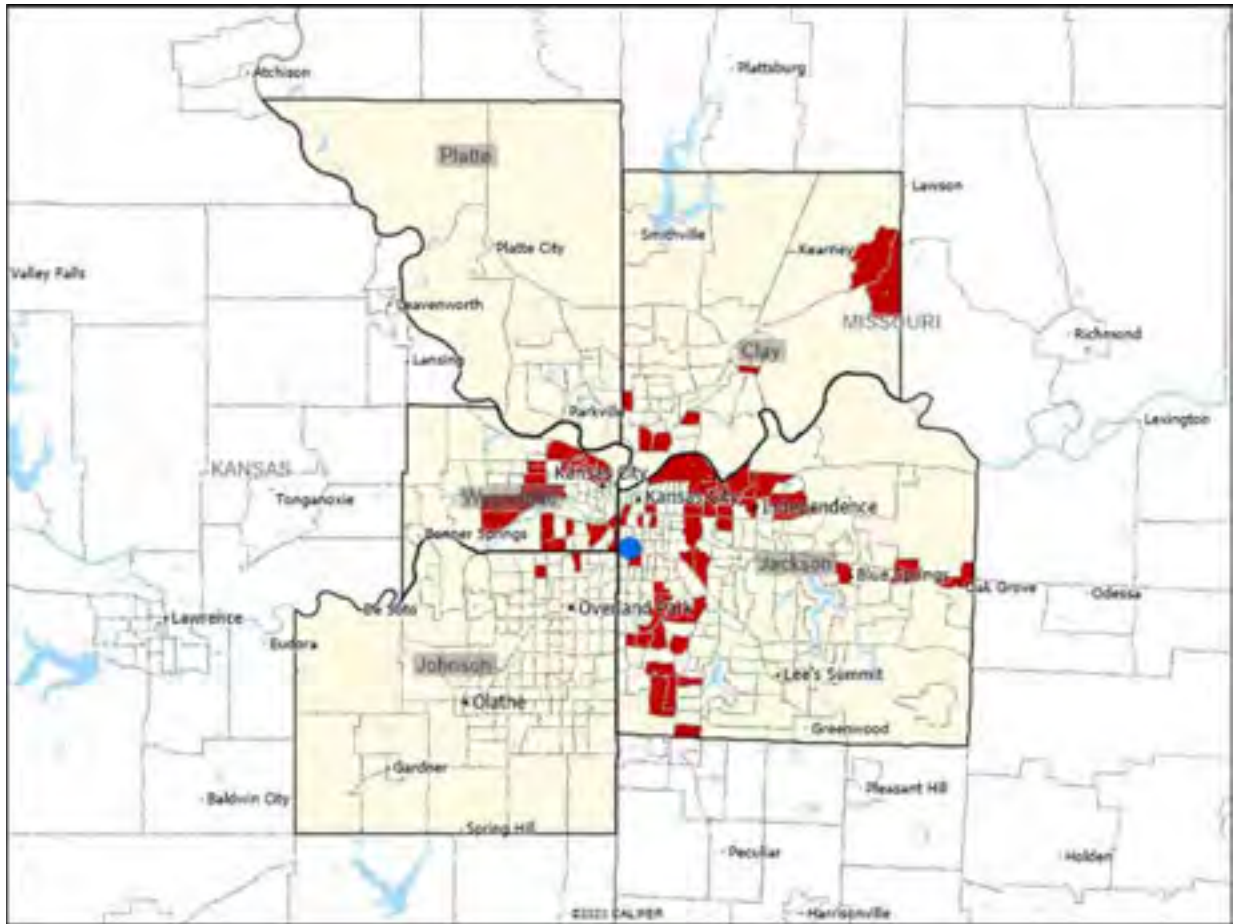
Source: Caliper Maptitude and U.S. Department of Agriculture, 2017.

Description

Exhibit 51 identifies where food deserts are present in the defined SLH community.

The U.S. Department of Agriculture's Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store, and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations

- Sixty-seven (67) census tracts (virtually all in Jackson and Wyandotte counties) have been designated as food deserts. These census tracts are home to about 13 percent of the community's population.

Medically Underserved Areas and Populations

Exhibit 52: Locations of Medically Underserved Areas and Populations, 2019

Source: Caliper Maptitude and Health Resources and Services Administration, 2019.

Description

Exhibit 52 identifies the location of Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs).

Medically Underserved Areas and Populations (MUA/Ps) are designated by HRSA based on an "Index of Medical Underservice." The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.[20] Areas with a score of 62 or less are considered "medically underserved."

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP

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[20] Heath Resources and Services Administration. See http://www.hrsa.gov/shortage/mua/index.html

designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[21]

Observations

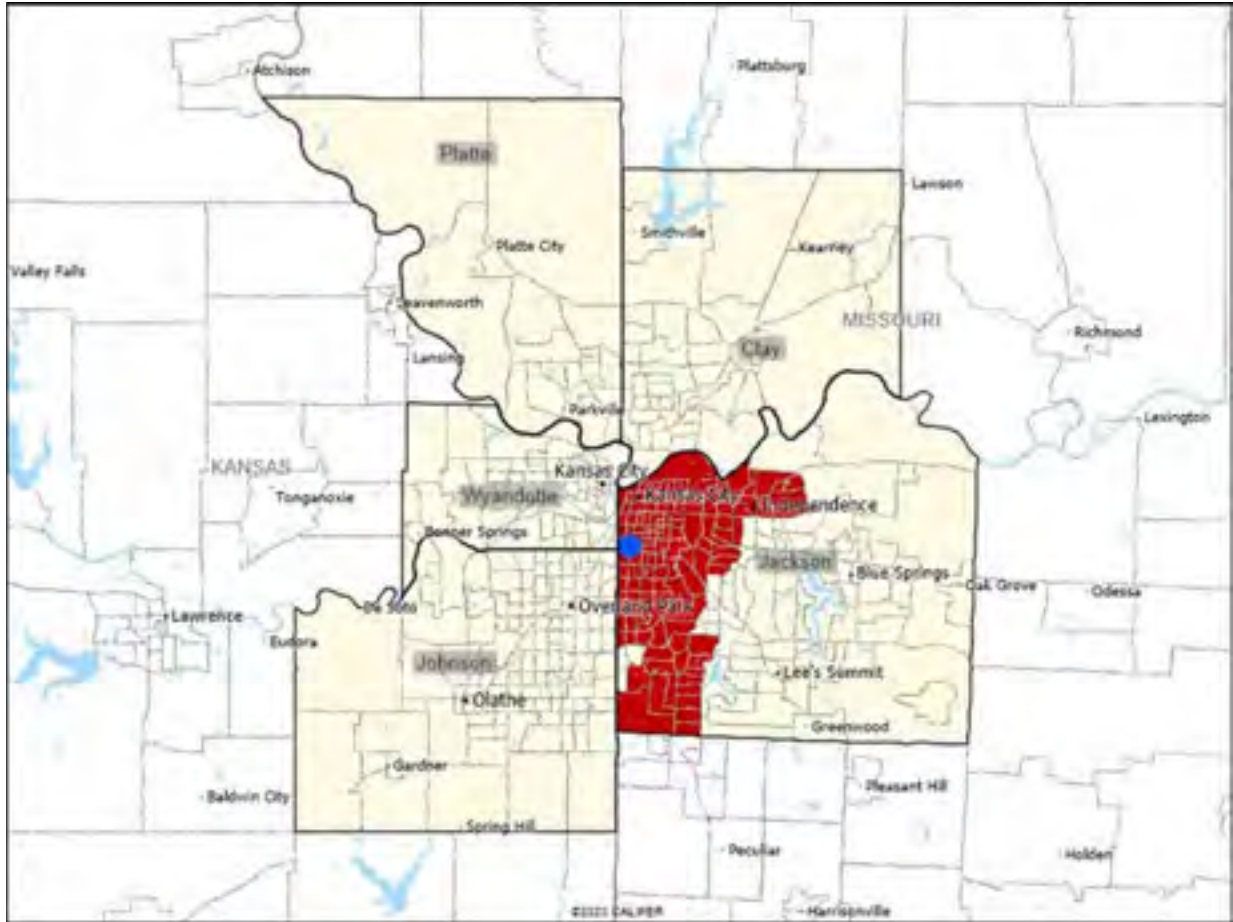- Several census tracts in and proximate to Kansas City have been designated as Medically Underserved Areas.

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[21]*Ibid.*

Health Professional Shortage Areas

Exhibit 53: Locations of Primary Care Health Professional Shortage Areas, 2019

Source: Caliper Maptitude and Health Resources and Services Administration, 2019.

Exhibit 54: Locations of Dental Care Health Professional Shortage Areas, 2019
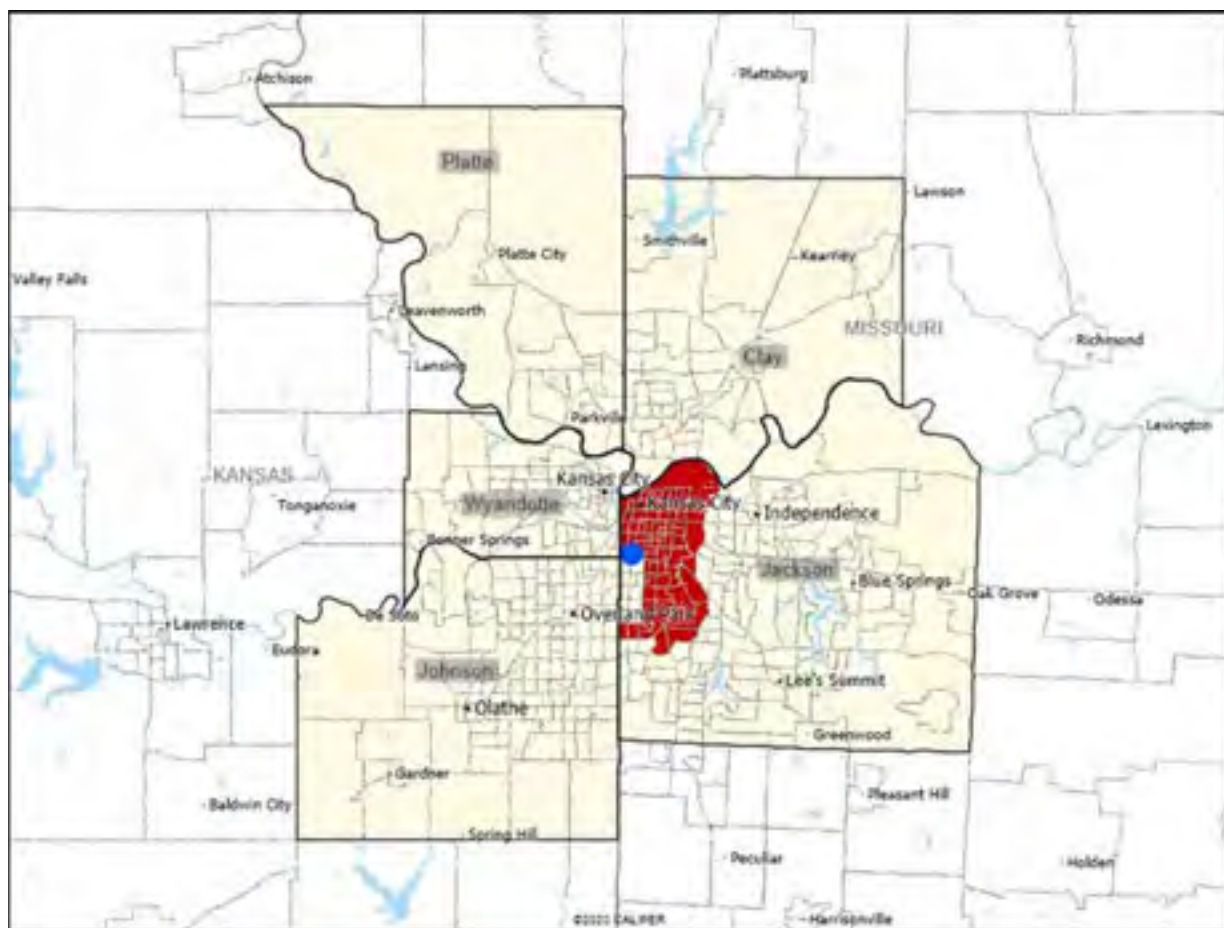
Source: Caliper Maptitude and Health Resources and Services Administration, 2019.

Description

Exhibits 53 and 54 identify the locations of federally designated primary care and dental care Health Professional Shortage Areas (HPSAs).

A geographic area can be designated a HPSA if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."[22]

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[22] U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html

Observations

- Many census tracts in the western area of Jackson County have been designated as Primary Care HPSAs.

- Census tracts in the northwestern area of Jackson County have been designated as Dental Care HPSAs.

- The entire low-income population of Wyandotte County also has been designated as a Primary Care and Dental Care HPSA.

Exhibit 55: Mental Health HPSAs, 2019

HPSA Source Name	HPSA Type Description	County	State
Low Income - Jackson County	Single County	Jackson	MO
Low Income - Platte County	Single County	Platte	MO
Health Partnership Clinic, Inc.	Federally Qualified Health Center	Johnson	KS
Kansas City Care Clinic	Federally Qualified Health Center	Jackson	MO
Samuel U Rodgers Health Center, Inc.	Federally Qualified Health Center	Jackson	MO
Swope Health Services	Federally Qualified Health Center	Jackson	MO
Turner House Clinic Inc.	Federally Qualified Health Center	Wyandotte	KS
Hope Family Care Center	Federally Qualified Health Center Look A Like	Jackson	MO
Southwest Boulevard Family Health Care Services of Greater Kansas	Federally Qualified Health Center Look A Like	Wyandotte	KS
Kansas City Indian Center	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Jackson	MO

Source: Health Resources and Services Administration, 2019.

Description

Exhibit 55 provides a list of federally designated mental health HPSAs.

Observations

- The entire low-income populations of Jackson and Platte counties have been designated as mental health HPSAs.

- Several FQHC sites throughout the five counties have been designated as mental health HPSAs.

Findings of Other Assessments

CDC COVID-19 Prevalence and Mortality Findings

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic represents a public health emergency for the Kansas City region, the nation, and the world. The pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues.

Part of the CDC's work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. Many at-risk people live in the community served by Saint Luke's Hospital of Kansas City. To date, the CDC's work has yielded the following observations.

- People with certain underlying medical conditions are at increased risk for severe illness and outcomes from COVID-19, including the following: [23]

  - Cancer;
  - Chronic kidney disease;
  - Chronic obstructive pulmonary disease (COPD);
  - Immunocompromised state from organ transplant;
  - Obesity;
  - Serious heart conditions, including heart failure, coronary artery disease, or cardiomyopathies;
  - Sickle cell disease; and
  - Type 2 diabetes mellitus.

- Based on what is known at this time, people with other conditions might be at an increased risk for severe illness and outcomes from COVID-19, including:[24]

  - Asthma (moderate-to-severe);
  - Cerebrovascular disease (affects blood vessels and blood supply to the brain);
  - Cystic fibrosis;
  - Hypertension or high blood pressure;
  - Immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines;
  - Neurologic conditions, such as dementia;
  - Liver disease;
  - Pregnancy;
  - Pulmonary fibrosis (having damaged or scarred lung tissues);
  - Smoking;

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[23] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html
[24] Ibid.

- o Thalassemia (a type of blood disorder); and
- o Type 1 diabetes mellitus.

- Older adults and the elderly are disproportionately at risk of severe illness and death from COVID-19. Risks increase with age, and those aged 85 and older are at the highest risk. At present time, eight out of 10 COVID-19 deaths have been in adults aged 65 or older.[25]

- Data thus far indicate that men are more likely to die from COVID-19 than women. While the reasons for this disparity are unclear, a variety of biological factors, behavioral influences, and psychosocial elements may contribute.[26]

- According to the CDC, "Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age." Evidence points to higher rates of hospitalization or death among racial and ethnic minority groups, including non-Hispanic Black persons, Hispanics and Latinos, and American Indians or Alaska Natives.[27]

    - o Non-Hispanic American Indiana or Alaska Native persons incidence rate is approximately five times greater than non-Hispanic White persons.
    - o Non-Hispanic Black persons incidence rate is approximately five times greater than non-Hispanic White persons.
    - o Hispanic or Latino persons incidence rate is approximately four times greater than non-Hispanic White persons.

- In explaining these differences of COVID-19 incidence, the CDC states "Health differences between racial and ethnic groups result from inequities in living, working, health, and social conditions that have persisted across generations."[28]

    - o Living conditions
        - ▪ Racial and ethnic minorities may be more likely to live in densely populated areas.
        - ▪ May be more likely to live farther from grocery stores, medical facilities, or lack access to transportation.
        - ▪ Racial housing segregation is linked to health conditions such as asthma, making these communities more susceptible to poor COVID-19 outcomes.
        - ▪ Those living in multigenerational households and multi-family households may find it more difficult to isolate those who are sick, and this living situation is more common among certain racial and ethnic minority groups.
        - ▪ Some racial and ethnic minority groups are disproportionally in jails, prisons, homeless shelters, and detention center, where it is more difficult to slow the spread of the virus.

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[25] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html
[26] https://www.cdc.gov/pcd/issues/2020/20_0247.htm
[27] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html
[28] *Ibid*.

- o Work circumstances
  - Members of racial and ethnic minority groups are more likely to be classified as an essential worker, and these workers must be at job sites despite virus outbreaks. Industries include but are not limited to health care, meat-packing plants, grocery stores, and factories.
  - Racial and ethnic minority groups are less likely to have sick leave, making them more likely to continue working even if infected.
  - Racial and ethnic minorities, on average, earn less than non-Hispanic Whites, have less accumulated wealth, have lower levels of educational attainment, and have higher rates of joblessness. These socioeconomic factors can have an impact on health outcomes.

- o Health circumstances
  - People may not receive care because of distrust of the health care system, language barriers, or cost of missing work. All of these influence inequities in health and COVID-19 outcomes.
  - Hispanic persons, Latinos, American Indians, and Alaska Natives are almost three times as likely as non-Hispanic Whites to be uninsured, and non-Hispanic Blacks are almost twice as likely.
  - Black populations experience higher rates of chronic conditions at earlier ages and higher death rates overall. These underlying conditions may increase risk for severe illness and outcomes from CVOID-19.
  - "Racism, stigma, and systemic inequities undermine prevention efforts, increase levels of chronic and toxic stress, and ultimately sustain health and healthcare inequities."

Kansas City Health Department Community Health Assessment Dashboard

The Kansas City (MO) Health Department maintains a Community Health Assessment (CHA) dashboard. The data and information in the CHA dashboard are updated periodically and are intended to help health department staff, government officials, and the community understand local health status and needs. The data also guide action plans to improve health. A summary of information in the CHA dashboard is below.

Overall Summary
- A 17-year difference in life expectancy exists in Kansas City communities located less than 3 miles apart.
- The gap in life expectancy between Blacks/African Americans and Whites has increased since 2005 and gaps in life expectancy between women and men persist.
- According to the CHA, racism is the key difference between these neighborhoods.
  - o Kansas City has a long history of racism and segregation, driven by redlining, blockbusting, and disinvestment of Black/other neighborhoods of color that has left a devastating and lasting impact on populations of color.
  - o Those that experience the greatest disparities in health outcomes are also those who experience the most significant social and economic inequities. These

inequities persist due to institutionalized practices that advantage those in power and disadvantage those without power.
- Housing is a significant issue in Kansas City, including affordability.
  - Two-thirds of White householders are homeowners, compared to just over one-third of Black householders.
  - Redlining still exists. Mortgages are denied for people of color (or for houses in neighborhoods of color). Homeowners of color experience higher interest rates than White homeowners.
- Economic disparities also are present.
  - Racial gaps in education, employment, and wealth are experienced by a disproportionate number of Black families at the bottom of the income scale.
  - Persistent labor market discrimination and segregation force People of Color, particularly Black and Hispanic/Latinx workers, into fewer and less advantageous employment opportunities than their White counterparts. Black and brown residents have less access to stable jobs, good wages, and retirement benefits at work — all key drivers by which Kansas City families accumulate savings.
- Residents experience toxic stress which diminishes quality of life.
  - Stressors (housing insecurity, economic disparities, racism) take a toll and become toxic, especially when experienced in childhood (Adverse Childhood Experiences).
  - People with stress have higher risks for chronic disease, struggle with addiction and substance use, and have poorer mental health outcomes. Research suggests that stressors can alter brain functioning and change the structure of DNA, impacting future generations.
- Racial and ethnic disparities in morbidity and mortality are evident.
  - In Kansas City, fewer people of color and with lower incomes rate their health as good or excellent.
  - Black residents are dying at disproportionately higher rates than White residents. From 2014-2018, the age-adjusted mortality rate for Black residents was 965 per 100,000. For White residents the rate was 723 per 100,000. The differential equates to 2,000 deaths for Black residents.

Healthy Foundations (Social Determinants)
- The opportunity to achieving optimal health in Kansas City is uneven. Opportunities are affected by where people live and work, and what resources are accessible.
- Economic mobility is not a reality for about one-half of Kansas City residents.
- Education greatly affects health. Those with high school diplomas have longer life expectancy, improved health outcomes, and higher quality of life. In Kansas City, large education gaps are present between Whites, Blacks, and Hispanic/Latinx residents. Racial and economic separation is entrenched.
- Poverty, unemployment, safe and affordable housing all have an effect on health.

Healthy Beginnings (Maternal and Infant)
- Improving health for mothers and infants targets a critical window of opportunity that can lay the foundation for life-long well-being and success.

- For Black women in America, societal and systemic racism creates toxic physiological stress, resulting in social, environmental, and physical conditions that lead directly to higher rates of infant and maternal death.
- More than 17 percent of Kansas City women ages 19 to 44 are uninsured. This presents barriers to accessing care.
- Mothers cite not being able to get an appointment, not knowing they are pregnant, and costs of care as the top reasons why they did not seek early prenatal care.

Safe Communities (Trauma)
- Residents of high-crime areas may engage in less physical activity, leading to poorer physical health outcomes. Violence and trauma have many impacts on community health.
- In Missouri, 26 percent of children have experienced two or more Adverse Childhood Experiences.
- In Kansas City, only 36 percent of residents report they feel safe.

Staying Healthy
- Social factors, such as income, poverty, education, and economic opportunity are entangled with health behaviors, such as smoking and engaging in physical activity.
- The US health care delivery system has historically engaged in systematic segregation and discrimination of patients based on race & ethnicity, the effects of which persist to this day. Hospitals and clinics that were once designated for Black and Brown patients continue to experience significant financial constraints and are often under-resourced. This results in inequities in access to quality health care and contributes to racial & ethnic health disparities.
- Issues of economic inequality and racism reach everywhere - including our food system. Recognizing racism as foundational in the food system helps explain why people of color suffer disproportionately from its resource inequities and diet related diseases.
  - Not all families who need food assistance can access it. For example, Missouri's SNAP application asks if anyone in the household has been convicted of a federal or state drug felony. If they answer yes, they are deemed ineligible for the program.

Critical Prevention
- Some population groups are more likely than others to be exposed to and experience infectious disease, thereby experiencing a higher burden of disease. Groups who are more vulnerable due to structural inequities are more likely to contract infectious disease, get sicker, and take longer to recover.
  - Access to interventions (vaccinations, STI testing sites, etc.) is not equitable across the city. Very few walk-in vaccination clinics or lead screening clinics are in neighborhoods with a high proportion of carless homes. Few STI centers exist throughout the city at all.
  - Racial disparities in vaccination rates are present. These disparities result from a lack of trust in and engagement with the health care system.
  - Given Kansas City's ingrained racial residential segregation, it should come as no surprise that people of color - especially Black Kansas Citians, who are

disproportionately more likely to live in poor neighborhoods - are at most risk of lead poisoning.

Living Better (Behavioral Health)
- Violent crime not only directly leads to injury - living near areas of high crime may increase rates of depression more than personal stress.
- Poverty is both a cause and a consequence of poor mental health.
- Some geographic areas, populations, and facilities have too few mental health providers and services, designated as Health Professional Shortage Areas by the Health Resources and Services Administration.

End of Life (Mortality)
- Violent deaths (homicide and suicide) are now consistently in Kansas City's top causes of death - something that wasn't the case just a few years ago.
    - The top causes of death for our Black/African American or Latinx residents includes violent deaths; these causes are absent from the top causes of death for White residents, who are living longer and more dying from chronic diseases that are more common later in life.
    - 17,374 per 100,000 Years of Potential Black Male Life Lost compared to 9,202 Years White Male Life Lost

Kansas City Community Health Improvement Plan – 2016-2021

In 2015, a collaboration of the Kansas City Health Commission, Kansas City Health Department, and community partners established the Kansas City Community Health Improvement Plan (CHIP) for 2016 through 2021. The CHIP used a lens of health being an overall state of well-being influenced by many societal factors, not just the absence of disease. Using this lens, the following priority areas and goals were developed:

- Priority Issue 1: Improve health through improvements to our education system.
    - Goal: All Kansas City third-grade students should be able to read at grade level.
        - Increase the proportion of 3 and 4 year-old children who attend high quality early education.
        - Decrease the number of school days missed due to preventable physical, behavioral, disciplinary, or social causes.
        - Increase the number of households with consistent access to a computer with reliable internet access.

- Priority Issue 2: Improve health through the mitigation of violent crime.
    - Goal: Reduce the incidence of violent crime and address racial disparities in incarceration.
        - Create, implement, and sustain a youth and family violence prevention plan by 2021.
        - Increase the priority of violence prevention as a public health issue.

- ▪ Demonstrate incremental progress towards a 90 percent average 4-year adjusted cohort high school graduation rate in Kansas City's most vulnerable schools for African American and Hispanic students by 2021.

- Priority Issue 3: Improve health through improvements in economic opportunity.
  - o Goal: Decrease the income and wealth gap between ZIP Codes.
    - ▪ Increase access to living wage jobs through both supply-side (job skills and vocational training) and demand side (i.e., raising the minimum wage) policies.
    - ▪ Decrease the negative impact of predatory lending on borrowers and increase the access to alternative forms of affordable short-term lines of credit.

- Priority Issue 4: Improve health through increased utilization of mental health care and preventative services.
  - o Goal: Increase utilization of mental health services.
    - ▪ Incrementally decrease HPSA score from current score of 16 for Jackson County and Clay/Platte counties.
    - ▪ Increase the number of health care providers measuring their level of culturally competent care.
    - ▪ Increase number of colleges and universities with health care profession programs that offer a cultural competency course.
  - o Goal: Increase utilization of preventative health services.
    - ▪ Incrementally decrease the number of hospital admissions that are preventable.
    - ▪ Increase the rate of African American mothers receiving prenatal care in their first trimester.
    - ▪ Decrease the rate of chlamydia, gonorrhea, and syphilis, particularly among the adolescent population.

- Priority Issue 5: Improve health through improvements to our built environment.
  - o Goal: Increase the proportion of neighborhoods that are safe, clean, well-maintained, and consistently improved.
    - ▪ Improve the efficacy of blight reduction programs including illegal dumping enforcement, land bank and KC homesteading authority.
    - ▪ Improve access to locally grown, processed, and marketed healthy foods.
    - ▪ Increase the number of multi-unit housing facilities that are completely smoke free.

Eastern Jackson County Community Health Improvement Plan – 2019-2021

The Jackson County Health Department began working on a Community Health Assessment (CHA) of Eastern Jackson County in March 2017 in partnership with the Building a Healthier Jackson County initiative. This process was completed in October 2017 and led to the creation of a Community Health Improvement Plan (CHIP) in 2018 that identified priority issues and included an action plan to address pressing health issues in Eastern Jackson County.

Those priorities and planned actions are as follows:

- Priority Area 1: Mental and Behavioral Health
  - Goal: Improve education and decrease stigma among Eastern Jackson County (EJC) residents and providers to better prevent mental health crises and treat mental health and substance use.
    - Increase the number of first responders who have received trainings on responding to mental, behavioral, and substance use crises by 2022.
    - Increase the percent of EJC residents, including families impacted, who have received mental health crisis training and trauma education by 2022.
    - Increase collaboration among families, mental health and substance use providers, and first responders by 2022.

- Priority Area 2: Overweight and Obesity
  - Goal: Improve youth education on healthy eating and active living.
    - Increase the number of schools with active wellness committees in EJC by 2022.
    - Increase the number of schools that incorporate education for safe walking and biking by 2022.
  - Goal: Increase access to affordable healthy foods.
    - Assess current food environment and policies in EJC to prompt future environment, systems, and policy change regarding healthy food access by 2022.
  - Goal: Increase opportunities for physical activity.
    - Identify and promote programs and policies to increase physical activity among residents by 2022.

- Priority Area 3: Access to Affordable Health Care
  - Goal: Improve access to primary and specialty care, including oral and behavioral health through awareness, education, and coordination.
    - Improve the community's capacity to navigate health coverage and increase health literacy by 2022.
    - Increase access to health services through coordination and system improvements among providers and organizations by 2022.
    - Increase awareness among organizations and providers regarding social determinants of health and health equity by 2022.

Northland Health Alliance Community Health Needs Assessment – 2018

Established in 2014, the Northland Health Alliance (Alliance) is a collaboration of eleven organizations designed to improve the health status of Clay County and Platte County residents through empowering the public health system. The most recent community health need assessment was conducted by the Alliance in 2018.

- The 2018 assessment re-affirmed the three priority issues identified by the Alliance's previous CHNA which was published in 2015.

- o Access to care
  - o Mental health and substance abuse (behavioral health)
  - o Chronic disease
- The 2018 CHNA highlighted pockets of need throughout Clay and Platte counties, and raised questions about income, education, and health disparities being experienced by members of racial and ethnic minorities.
- A community survey was distributed to residents to understand their views regarding significant community health needs. The following needs were identified as most important by respondents, in order of frequency:
  - o Mental health
  - o Chronic diseases
  - o Obesity
  - o Aging problems
  - o Drug abuse
  - o Cancer
  - o Alcohol abuse
  - o Opioid abuse
- The survey also asked community members about health behaviors with the greatest impacts on overall community health. Residents ranked lack of exercise, poor eating habits, and texting and driving as the three most problematic behaviors.
- Medical debt, housing insecurity, unemployment, and inadequate incomes were identified as "top challenges" to being healthy.
- Worsening suicide and mental health concerns were identified.
  - o Suicide rates in both counties exceed the rates in the United States.
  - o For Northland residents 15-24 years old, mental health conditions account for three of the top five reasons patients are hospitalized and are the number one reason for emergency department visits.
- 90 percent of Northland residents do not eat an adequate diet of fruits and vegetables. About 25 percent get no leisure-time physical activity.
- In comparison to all residents of Clay County, those living in Excelsior Springs (ZIP code 64024) have the highest rates of heart disease, diabetes, COPD, smoking, and hypertension. This ZIP code ranks in the bottom quarter of all Missouri ZIP codes.
- Residents of Holiday Hills (ZIP code 64117) have the highest rates of diagnoses for asthma, mental disorder, and obesity-related issues.
- Between 2000 and 2013, non-White populations grew by 113 percent in Clay County and by 96 percent in Platte County – much faster than White populations.
- Unemployment rates for Black populations are nearly double those of White residents in the counties.
- 18 percent of Clay County children and 17 percent of Platte County children are food insecure.

Publication of a Community Health Improvement Plan informed by the 2018 CHNA is imminent.

Johnson County Community Health Assessment Dashboard

The Johnson County Department of Health and Environment (JCDHE) maintains a Community Health Assessment (CHA) dashboard. JCDHE, partners and community volunteers also surveyed over 180 households in 30 neighborhoods throughout Johnson County about issues that affect health. The data and information in the CHA dashboard are updated periodically and are intended to help health department staff, government officials, and the community understand local health status and needs. The data also guide action plans to improve health. A summary of information in the CHA dashboard is below.

- The survey identified the following concerns as highly important or as contributing to low levels of community satisfaction:
  - Health insurance for all residents
  - Mental health status and access to mental health care
  - Affordable housing
  - Addiction to prescription and illicit drugs
  - Resources to meet basic needs
  - Access to dental care
  - Access to transportation
- A 12-year difference in life expectancy exists in Johnson County communities located just five miles apart.
- Poverty is the big difference between these communities. Nearly one in six residents is low income.
- High housing costs are a primary source of financial pressure in Johnson County. In the past decade, housing costs have increased 26 percent for renters and 22 percent for homeowners without a mortgage.
- The cost of living in Johnson County is high. A single parent with two children needs to earn $6,109 per month to maintain an adequate standard of living. A low-income family can only meet about half of these estimated monthly costs; those in poverty can cover less than a third of living expenses.
- Childcare is another financial issue in Johnson County. Kansas is one of 33 states where childcare for an infant is more expensive than college tuition.
- It is estimated that 60,740 residents in Johnson County are food insecure, but 59 percent of these residents make too much money to qualify for nutrition assistance programs.
- Financial challenges cause stress for people across the socio-economic spectrum in the county. Stress can impact both physical and emotional health, resulting in anxiety, depression, weight loss and gain, and lack of sleep, among other effects. When stress becomes chronic, lifetime health can be impacted.
- One in five Johnson County adults has been diagnosed with depression. Mental illness also has a high cost. There is one suicide every four days in Johnson County, and for every person who dies by suicide there are many more who attempt suicide.
- For those without strong social support, loneliness is as damaging to health as smoking. One in eight residents reports not having adequate emotional or social support.

Johnson County Community Health Improvement Plan – 2017-2019

JCDHE, in collaboration with community partners, formed the Community Health Assessment Process (CHAP) to evaluate health in Johnson County, establish priorities, and assess and implement health programs and services. The group conducted a community health review and identified three priority areas. A Community Health Improvement Plan (CHIP) was established for 2017 through 2019.

Priorities and accompanying goals in the review and CHIP are as follows:

- Priority 1: Chronic Disease Prevention and Health Promotion
    - Goal: Physical Activity – Promote physical activity across the community with special focus on meeting the needs of underserved communities.
        - By December 31, 2019, decrease the percentage of adults that have not exercised at all in the past week from 19 percent to 15 percent.
    - Goal: Reduce the burden of tobacco by reducing smoking prevalence and exposure to second-hand smoke.
        - By December 31, 2019 decrease the percentage of adults who smoke cigarettes from 12.6 percent to 12 percent.
    - Goal: Nutrition/Healthy Eating – Increase the opportunities to promote Nutrition/Healthy Eating habits through education focused efforts and activities in the central core of Olathe (66061 ZIP code).
        - By December 31, 2019, decrease the number of adults who report not eating five or more servings of fruits and vegetables on a single day in the past week from 20 percent to 18 percent.

- Priority 2: Access to Care
    - Goal: Health Equity.
        - Reduce the number of people delaying care to less than 15 percent.
    - Goal: Oral Health.
        - Increase the percentage of adults that receive care to more than 82.5 percent.
        - Increase number of elementary schools in Johnson County that participate in screenings.
        - Increase the number of elementary school age children receiving screenings.
    - Goal: Access to Integrated Health Care.
        - Decrease the percentage of people that have problems accessing care for them or their family to less than 10 percent.

- Priority 3: Mental Health
    - Goal: Suicide Prevention.
        - By December 31, 2019, reduce the age-adjusted suicide death rate in Johnson County from 14.1 per 100,000 to 10.2 suicides per 100,000.
    - Goal: Prevent substance abuse and its effects via primary and secondary interventions.
        - Decrease the number of acute drug poisoning (including opioids) deaths from 8.9 deaths per 100,000 to 7 deaths per 100,000.

     o Goal: Address Anxiety and Depression Disorders.
- Decrease the percentage of Johnson County residents who report their mental health is not good 14 days or more from 7 percent to 5 percent.

Wyandotte County Community Health Assessment – 2018

In 2016 – 2017, the Unified Government Public Health Department led the community in a CHA process. Through a series of focus groups, community surveys, and data assessments, seven issue areas rose to the top as most significant:

- Access to healthy food
- Access to medical, dental, and mental health care
- Access to safe and affordable housing
- Childhood trauma/Adverse Childhood Experiences
- Education and jobs
- Infant health and birth outcomes
- Violence prevention

Additionally, due to the impacts of poverty and discrimination on these issues, it was agreed that poverty and discrimination would be used as a lens for deeper examination and prioritization of work. More details from the CHA are summarized below.

- 18 percent of households in Wyandotte County are food insecure and more than a third of households reported they sometimes or often worry about running out of food before there was money to buy more.
- Residents identified access to quality care as a top five problem. One in ten do not have insurance.
- 18 percent of Wyandotte County residents reported that in the past year they needed to see a doctor but did not because of cost, compared to 11 percent state-wide.
- 47 percent of Wyandotte County residents with incomes under $35,000 report they have poor mental health.
- Black and African American adults reported 14 or more "not good" mental health days in the past month, compared to 12,6 percent for White adults and 7.0 percent for Hispanic adults.
- Residents indicate that transportation barriers, a lack of services and providers, poverty and lack of wages, and discrimination contributed most to challenges accessing health services.
- 21 percent of houses in Wyandotte County have one or more severe housing problems, compared to 13 percent state-wide. Additionally, 3 out of 10 houses in Wyandotte are at an elevated risk for lead exposure. A higher proportion of children with elevated blood lead levels reside in ZIP codes with a high density of Black and Latino residents.
- Surveys indicated that 48.5 percent of all children report one or more Adverse Childhood Experience (ACE). 64 percent of all adults in Wyandotte County report one or more ACE. ZIP codes with higher risk for ACE exposure overlap with areas of high poverty.

- Racial and ethnic minorities, especially Latinos, had the lowest rates of educational attainment in Wyandotte County.
- Regarding employment opportunities, residents cited the following causes: a lack of available jobs (leading residents to seek employment elsewhere), a lack of educational resources, schools not adequately training life skills, and employers possibly being less likely to hire employees from certain neighborhoods.
- The teen pregnancy rate in Wyandotte County is 10.4 per 1,000 live births, compared to a Kansas-wide average of 4.5 per 1,000.
- Black infant mortality is 12.9 per 1,000 live births. This compares to 7.9 per 1,000 county-wide, and 6.2 per 1,000 in the state.
- Annually there are 6.2 violent crimes reported per 1,000 people compared to 3.6 per 1,000 people in Kansas.

Wyandotte County Community Health Improvement Plan – 2018-2023

In 2016, community stakeholders convened and formed a steering committee to conduct a Community Health Assessment (CHA) of Wyandotte County. In the fall of 2017, community partners and the University of Kansas Center for Community Health and Development then developed a Community Health Improvement Plan that addressed priority needs. The steering committee's work was supported by the Unified Government Public Health Department (UGPHD).

The steering committee decided that concerns would be the "lenses" through which each of the priority areas was addressed:

1. Poverty
2. Discrimination
3. Adverse Childhood Experiences (ACEs)

Priorities and accompanying goals in the CHIP are as follows:

- Priority Issue: Education and Jobs
    Goals:
    - Increase access to quality and affordable childcare opportunities.
    - Improve accessibility and frequency of public and alternative transportation options.
    - Increase hiring of individuals with criminal history.
    - Increase proficiency in English tailored to industry-specific communication.
    - Increase attainment of post-secondary education/industry-recognized training.

- Priority Issue: Access to Medical, Dental, and Mental Health Services
    Goals:
    - Assure access to health care for all (including by addressing affordability, geographic location of services, hours of operation, technology, consumer education, and health information.).

- o Improve capacity of the health care system so that it is responsive to everyone's health care needs (including by addressing workforce development and service integration, coordination, quality, and cultural humility).

- Priority Issue: Safe and Affordable Housing
  Goals:
  - o Increase quantity of quality housing for low-moderate income people in high opportunity areas (e.g. easy access to transportation, food, recreation, jobs, low-crime, schools).
  - o Reduce the cost of accessing housing and the associated cost of living in the home.

- Priority Issue: Violence Prevention
  Goals:
  - o Foster safer neighborhoods, free from violence.
  - o Foster and promote community connectedness and resident supports.
  - o Address cultural norms that support intervention or prevent violence.

The Wyandotte County CHIP process also includes annual reviews and publications of the progress being made towards each priority issue, goal, and strategy.

Missouri Maternal Child Health Strategic Map – 2017-2020

The State of Missouri receives funding from the MCH Bureau of the U.S. Health Resources and Services Administration for improving the health of women, mothers, and children. This funding is known as the Title V Maternal and Child Health (MCH) Block Grant. The Missouri Department of Health and Senior Services, Division of Community and Public Health, is responsible for administering the MCH Block Grant.

Through this process, the department also conducts statewide needs assessment to identify state maternal and child health priority needs and direct Title V resources to meet these needs through state and local partnerships and collaboration. The strategic map from 2017 to 2020 identified the following as priority areas and goals.

- Women and Maternal
  - o Improve pre-conception, prenatal and postpartum health care services for women of child-bearing age.
  - o Improve maternal/newborn health by reducing cesarean deliveries among low-risk first births.
  - o Decrease percent of women with a recent live birth who reported frequent postpartum depressive symptoms.
  - o Increase percent of women who had a preventive dental visit during pregnancy.

- Perinatal and Infant
  - o Ensure risk appropriate care for high risk infants to reduce infant mortality/morbidity.

- o Improve health outcomes for MO mothers and infants by increasing breastfeeding initiation and duration rates.
  - o Increase percent of infants placed to sleep on their backs.

- Child
  - o Support adequate early childhood development and education.
  - o Reduce intentional and unintentional injuries among children and adolescents.
  - o Increase percent of children age 2 through 17 with problems requiring counseling who received mental health care.
  - o Increase percent of children, ages 1 to 17 years, who had a preventive dental visit in the last year.

- Adolescent
  - o Reduce intentional and unintentional injuries among children and adolescents.
  - o Increase percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day.

- Children with Special Health Care Needs
  - o Ensure coordinated, comprehensive and ongoing health care services for children with and without special health care needs.

- Smoking
  - o Prevent and reduce smoking among women of childbearing age, pregnant women and reduce childhood exposure to secondhand smoke.

- Adequate Insurance
  - o Ensure adequate health insurance coverage and improve health care access for MCH populations.

MCH 2020: Kansas Maternal and Child Health Needs Assessment, Priorities and Action Plan – 2016-2020

The 2016-2020 Kansas Title V Needs Assessment was conducted by the Bureau of Family Health to understand needs and determine priorities for work at the state and local levels to support the health and well-being of women, infants, children, children with special health care needs, adolescents, and individuals over the life course.

The state priorities that emerged are as follows:

- Priority 1: Women have access to and receive coordinated, comprehensive services before, during and after pregnancy.
  - o All women age 15-44 who access Title V services will receive prenatal risk assessments and well-woman visits at least once annually in order to reduce birth complications and risks, while improving women's health.
  - o Women will follow through with recommended referral services 100% of the time by attending all recommended screenings and doctor appointments.

- o There will be an increase in access to services through supplemental resources provided throughout the community to promote education, screening, referral, and treatment for women and families.

- Priority 2: Services and supports promote healthy family functioning.
  - o Healthy relationships and life skills are evident with women and families through an improvement rate of at least 30% on annual Becoming a Mom program evaluations/indicators.
  - o Provide and increase in community resource fairs, trainings, and community events that promote and support informed, engaged, and empowered families evident through an increase in referral and service delivery reported in annual program data.
  - o Increase client access to services through coordination of home visiting programs and expanding services through informing and referring families to services in order to ensure proper linkage.

- Priority 3: Developmentally appropriate care and services are provided across the lifespan of children.
  - o As a result of infants, children and adolescents being in environments where there are safeguards against preventable injury and harm, the infant mortality rate is reduced to a 3-year average of lower than 6.0.
  - o 90% of children receive immunizations according to the recommended schedule.
  - o Multi-sector (individual, health care and social service providers, community-based organizations) approaches are in place to reduce annual SIDS and SUID rates.
  - o To achieve overall good health and desirable outcomes over the life course, preventative oral health services are integrated into existing programs and services for the MCH population starting in the prenatal and infancy periods.
  - o All children receive an age appropriate developmental screening annually with a valid and reliable tool.

- Priority 4: Families are empowered to make educated choices about nutrition & physical activity.
  - o Children and adolescents ages 0-17 years old and older have access to healthy foods and increased knowledge of opportunities for physical activity in order to adhere to and achieve optimum lifelong health.
  - o Parents have access to information and resources on infant nutrition and feeding education in a multifaceted way using existing programs starting in the prenatal period, initiated during the first trimester.
  - o Increased opportunities for regular physical activity for families are provided through structured environments and improved accessibility to facilities that support physical activity.

- Priority 5: Communities, providers, and systems of care support physical, social and emotional health for adolescents.

- o All children and adolescents receive comprehensive preventive health care that addresses social and emotional aspects of health at annual child and adolescent well visits, promoted through a developed cross system partnership (schools, community partners, Health Department).
- o All youth are provided with the support, relationships, and resources they need in order to build and improve coping skills and manage stress through measurable, positive youth development interventions and the implementation of evidence-based practices to prevent suicide.
- o Adults, children, and adolescents are aware of and have access to prevention and intervention programs that educate and empower them to practice protective factors to reduce the impact of bullying through MCH community and school trainings provided annually.

- Priority 6: Professionals have the knowledge and skills to address the needs of maternal and child health populations.
  - o MCH provides on-going support toward the development of a trained and qualified workforce that serves Kansas children and families by providing professionals with up-to-date best practices and evidence-based services using a multi-faceted approach (referral network, mid-level training for home visitors, partnership support).
  - o Annual training and education are delivered to ensure that providers have the ability to promote diversity, inclusion, and integrate supports in the provision of services for the SHCN population into adulthood.
  - o MCH provides and ensures availability to on-going, up to date education and training opportunities that promote consistent messages and curriculums for childcare providers in Kansas aimed at the social-emotional development of children.

- Priority 7: Services are comprehensive and coordinated across systems and providers.
  - o By supporting collaborative efforts of partners (MCO's, primary care providers) toward the timely implementation of a family-centered medical home to help with coordination of care, communication and outreach improves among service providers, individuals, and families.
  - o Systems that support age & are developmentally appropriate, universal behavioral health that increase collaboration efforts through partnerships with existing programs (KDADS, KAIMH) and between primary care and behavioral health providers are continually integrated and reviewed.
  - o A patient-centered action plan that assists and empowers individuals and families is developed, monitored, and evaluated to help navigate systems for optimal health outcomes throughout the life course.

- Priority 8: Information is available to support informed health decisions and choices.
  - o MCH works with existing programs (pediatricians, youth programs, local schools) to increase the number of partnerships that will help parents and youth ages 17 and understand the importance of, and make informed decisions about, healthy choices and regular self-care.

- o Through collaboration with local school districts to implement and provide youth-focused initiatives & curriculums that include progress measures, children and youth ages 17 and under, and families are better equipped to advocate for all needed services, supports, and family/professional partnerships to achieve 100% of successful and healthy transitions.
- o In partnership with local health departments, MCH increases the number of individuals/families with medical insurance by 100% by assisting with locating and enrolling in the appropriate health care coverage, and through outreach by hosting current regional training around service planning, delivery, and navigation of resources to ensure utilization of acquired health care coverage-centered action plan that assists and empowers individuals and families is developed, monitored, and evaluated to help navigate systems for optimal health outcomes throughout the life course.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Exhibit 56: Interviewee Organizational Affiliations

Organization
Boys & Girls Club of Greater Kansas City
Clay County Public Health Center
Crittenton Children's Center
Harvesters - The Community Food Network
Johnson County Department of Health and Environment
Kansas City, Missouri Health Department
Platte County Health Department
Saint Luke's East Hospital
Saint Luke's Health System
Saint Luke's Hospital of Kansas City
Saint Luke's North Hospital
Saint Luke's Physician Group
Saint Luke's South Hospital
Samuel U. Rodgers Health Center
Tri-County Mental Health Services
United Community Services of Johnson County

Exhibit 57: Community Meeting Participants

Organization	Participated	Organization	Participated
American Heart Association	●	Northeast Johnson County Chamber of Commerce	
American Lung Association		Northland Health Alliance	
Artists Helping the Homeless	●	Northland Health Alliance, Health Care Access	
Avenue of Life		Northland Shepherd's Center	●
BikeWalk Kansas City	●	Nurture KC	●
Black Healthcare Coalition - Kansas City	●	Oral Health Missouri	●
Blue Valley School District		Park Hill School District	●
Boys & Girls Club of Greater Kansas City	●	REACH Healthcare Foundation	
Center for Neighborhoods, University of Missouri - Kansas City	●	ReDiscover	●
City of Kansas City, Mayor's Office		Saint Luke's Health System	●
City of Leawood, KS		Saint Luke's Hospital Medicine Specialists	●
Clay County Public Health Center	●	Saint Luke's South Hospital	●
Clay County Senior Services	●	Samuel U. Rodgers Health Center	●
Community Assistance Council	●	Shawnee Mission School District	
El Centro	●	Shepherd's Center of Kansas City, Kansas	
Episcopal Diocese of West Missouri	●	Smithville Area Fire Protection District	
Harvesters - The Community Food Network	●	Smithville Chamber of Commerce	●
Health Partnership Clinic - Olathe		State Representative, Kansas - Member of Committee on Medicaid Expansion	●
Healthy Communities Wyandotte	●	State Representative, Kansas - Member of Health and Human Services Committee	
Hickman Mills School District	●	State Representative, Missouri	●
Hillcrest Transitional Housing of Eastern Jackson County	●	State Senator Missouri	●
Hillcrest Transitional Housing of Kansas City, KS	●	Swope Health Services	●
Hope House	●	The Alliance for a Healthy Kansas	●
Jackson County Health Department	●	The Kansas City Medical Society	●
Jackson County Mental Health Fund	●	Tri-County Mental Health Services	●
Johnson County Mental Health Center		U.S. Courts - Magistrate Judge's Office	●
Johnson County Senior Meals Resource Link		U.S. House of Representatives, Congressman Office	
Kansas City Police Department		Unified Government - Area Agency on Aging	●
Kansas City Public Schools		Unified Government - Office of Fair Housing, Wyandotte County	●
Kansas City, Missouri Health Department	●	Unified Government - Public Health Department	●
Kansas Department for Aging and Disability Services - Community Developmental Disabilities Organization	●	United Community Services of Johnson County	
Kansas Hospital Association	●	United Way of Greater Kansas City	
KC Care Health Center	●	United Way of Wyandotte County	●
K-State Research and Extension	●	University of Missouri - Kansas City Medical School	●
Lee's Summit R7 School District	●	University of Missouri Extension	●
Mattie Rhodes Center	●	University of Missouri Extension, Platte County	●
Metro Organization for Race and Economic Equity	●	Uzazi Village	●
Mid-America Regional Council	●	Wyandotte County Neighborhood Resource Center	
North Kansas City YMCA	●		

APPENDIX D – CHSI PEER COUNTIES

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of "peer counties," so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates. **Exhibit 58** lists peer counties for Jackson County, MO; Johnson County, KS; Clay County, MO; Platte County, MO; and Wyandotte County, KS.

Exhibit 58: CHSI Peer Counties

Jackson County, MO	Johnson County, KS	Clay County, MO
Maricopa County, Arizona	Broomfield County, Colorado	Pinal County, Arizona
Alameda County, California	Douglas County, Colorado	Arapahoe County, Colorado
Orange County, California	Cherokee County, Georgia	Gilpin County, Colorado
San Diego County, California	Forsyth County, Georgia	New Castle County, Delaware
San Francisco County, California	Kendall County, Illinois	Clay County, Florida
Santa Clara County, California	Boone County, Indiana	St. Johns County, Florida
Denver County, Colorado	Hamilton County, Indiana	Seminole County, Florida
Hartford County, Connecticut	Johnson County, Kansas	Floyd County, Indiana
Pinellas County, Florida	Boone County, Kentucky	Leavenworth County, Kansas
Jefferson County, Kentucky	Oldham County, Kentucky	Campbell County, Kentucky
Kent County, Michigan	Charles County, Maryland	Kenton County, Kentucky
Hennepin County, Minnesota	Frederick County, Maryland	St. Tammany Parish, Louisiana
Ramsey County, Minnesota	Howard County, Maryland	DeSoto County, Mississippi
Jackson County, Missouri	Carver County, Minnesota	Clay County, Missouri
Clark County, Nevada	Scott County, Minnesota	Platte County, Missouri
Erie County, New York	Washington County, Minnesota	Strafford County, New Hampshire
Monroe County, New York	Union County, North Carolina	Iredell County, North Carolina
Richmond County, New York	Delaware County, Ohio	Butler County, Ohio
Mecklenburg County, North Carolina	Warren County, Ohio	Cleveland County, Oklahoma
Wake County, North Carolina	Canadian County, Oklahoma	Washington County, Oregon
Franklin County, Ohio	Williamson County, Tennessee	Newport County, Rhode Island
Oklahoma County, Oklahoma	Comal County, Texas	York County, South Carolina
Multnomah County, Oregon	Denton County, Texas	Rutherford County, Tennessee
Allegheny County, Pennsylvania	Fort Bend County, Texas	Sumner County, Tennessee
Davidson County, Tennessee	Kendall County, Texas	Galveston County, Texas
Bexar County, Texas	Montgomery County, Texas	Hays County, Texas
Collin County, Texas	Rockwall County, Texas	Henrico County, Virginia
Tarrant County, Texas	Williamson County, Texas	Prince George County, Virginia
Travis County, Texas	Tooele County, Utah	Chesapeake city, Virginia
Salt Lake County, Utah	Loudoun County, Virginia	Williamsburg city, Virginia
Arlington County, Virginia	Prince William County, Virginia	Clark County, Washington
Alexandria city, Virginia	Spotsylvania County, Virginia	Jefferson County, West Virginia
Virginia Beach city, Virginia	Stafford County, Virginia	Pierce County, Wisconsin
King County, Washington	York County, Virginia	

Exhibit 58: CHSI Peer Counties (*continued*)

Platte County, MO	Wyandotte County, KS
Pinal County, Arizona	San Benito County, California
Arapahoe County, Colorado	San Bernardino County, California
Gilpin County, Colorado	Yolo County, California
New Castle County, Delaware	Adams County, Colorado
Clay County, Florida	Osceola County, Florida
St. Johns County, Florida	Clayton County, Georgia
Seminole County, Florida	DeKalb County, Georgia
Floyd County, Indiana	Douglas County, Georgia
Leavenworth County, Kansas	Gwinnett County, Georgia
Campbell County, Kentucky	Henry County, Georgia
Kenton County, Kentucky	Newton County, Georgia
St. Tammany Parish, Louisiana	Rockdale County, Georgia
DeSoto County, Mississippi	DeKalb County, Illinois
Clay County, Missouri	St. Clair County, Illinois
Platte County, Missouri	Lake County, Indiana
Strafford County, New Hampshire	Wyandotte County, Kansas
Iredell County, North Carolina	Jefferson Parish, Louisiana
Butler County, Ohio	St. Bernard Parish, Louisiana
Cleveland County, Oklahoma	Bristol County, Massachusetts
Washington County, Oregon	Macomb County, Michigan
Newport County, Rhode Island	Camden County, New Jersey
York County, South Carolina	Passaic County, New Jersey
Rutherford County, Tennessee	Orange County, New York
Sumner County, Tennessee	Gaston County, North Carolina
Galveston County, Texas	Yamhill County, Oregon
Hays County, Texas	Colonial Heights city, Virginia
Henrico County, Virginia	Fredericksburg city, Virginia
Prince George County, Virginia	Hampton city, Virginia
Chesapeake city, Virginia	Hopewell city, Virginia
Williamsburg city, Virginia	Newport News city, Virginia
Clark County, Washington	Portsmouth city, Virginia
Jefferson County, West Virginia	Suffolk city, Virginia
Pierce County, Wisconsin	Pierce County, Washington
	Kenosha County, Wisconsin

Note: Clay County and Platte County are in the same peer county group.

APPENDIX E – IMPACT EVALUATION

This appendix highlights Saint Luke's Hospital of Kansas City's initiatives and related impacts in addressing significant community health needs since the facility's previous Community Health Needs Assessment (CHNA) published in 2018. This is not an inclusive list of all initiatives aligned with the 2018 CHNA. Given that the process for evaluating the impact of various services and programs on health outcomes is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. Each Saint Luke's facility continues to evaluate the cumulative impact.

The 2018 Saint Luke's Hospital of Kansas City CHNA identified the following as significant needs and priority areas:

Saint Luke's Hospital of Kansas City
1. Access to Care
2. Behavioral Health
3. Diabetes
4. Congestive Heart Failure
5. Hypertension

Saint Luke's Hospital Crittenton Children's Center
1. Family Engagement
2. Gaps in Behavioral Health Access

Saint Luke's Hospital of Kansas City (SLH)

Priority 1: Access to Care

Goal: Improve affordability of health care services to those served by SLH.
- Initiative: Artist's Helping the Homeless, a non-profit dedicated to providing meals and housing to the **homeless**, collaborated with SLH to secure **post-discharge transportation and housing** through the Bodhi Housing Program for patients over the age of 18 in need of a safe environment to continue healing after discharge.
- Highlighted Impact: In 2019, in partnership with Artist's Helping the Homeless, 160 patients were assisted at discharge and 148 patients received transportation. Bodhi House provided housing for five patients for a total of 270 nights. Harbor Lights provided housing for 11 patients.

- Initiative: **Advocate on key health policy issues** at the state and national level, including Medicaid reform, access to care, and health care financing for the low-income population.
- Highlighted Impact: Continued collaboration with local, state and national partners, such as local chambers of commerce, Kansas and Missouri Hospital Associations, and community-based organizations. Maintained relationships with policymakers, fostering the environment necessary for positive movement on Medicaid reform (such as the recent

expansion of Medicaid in Missouri that to take effect in 2021), health care financing, and preventing punitive actions that would negatively impact priority health issues.

- Initiative: SLH accepts KanCare, the **Kansas Medicaid** program, and **Missouri Medicaid**, in order for low-income patients to receive care. If a patient is not enrolled in a Medicaid program but is eligible, SLH staff will assist patients in completing the Medicaid application.
- Highlighted Impact: SLH continues to serve patients enrolled in Medicaid programs, allowing many residents to receive health care services that may otherwise prove inaccessible or unaffordable. In 2019, SLH had over 5,500 unique patient encounters with individuals enrolled in Missouri Medicaid and 72 unique Kansas Medicaid patient encounters.

- Initiative: SLH continued the **Medication Assistance Program**, assisting all patients in securing medications needed at discharge. The Medication Assistance Program is for patients with no insurance or those under-insured.
- Highlighted Impact: In 2019, 399 patients were enrolled in the Medication Assistance Program. The actual cost of medication dispensed was $24,116. The average cost per patient was $60. Medications are provided through the 340B at-cost savings program.

Goal: Improve availability of health care services to those served by SLH.
- Initiative: In partnership with Hy-Vee Grocery Store chains throughout the Kansas City area, Saint Luke's Health System provided high-quality and affordable primary care closer to where people live and work through **Convenient Care Clinics**. Inside the Hy-Vee Grocery Store chains, patients have access to in-store dietitians and pharmacists, as well as health, wellness, and preventative care services all in one-stop.
- Highlighted Impact: Nine Saint Luke's Convenient Care Clinics are located in the CHNA defined community. In 2019, 47,743 patient visits were made at the Convenient Care Clinics.

Goal: Improve awareness of health care services for those served by SLH.
- Initiative: SLH and partner facilities provided **educational opportunities** for all patients and community members on a wide range of topics. Patients can access the classes in person and online.
- Highlighted Impact: In 2019, SLH provided over 50 class offerings to 730 registrants. Classes included Advanced Stroke Life Support, Newborn Care, Breastfeeding Basics, Childbirth and several support groups. Technology was used to offer some classes online.

- Initiative: SLH established **strong partnerships** with key non-profit organizations in the Kansas City metro area that serve the urban core and/or vulnerable or underserved populations. In addition, with guidance from the **Saint Luke's Health System Diversity and Inclusion Council**, Saint Luke's Hospital selected four key programs to support including: Hope House, Guadalupe Center, KC Care Clinic and Safehome Domestic Violence Shelter. SLH employees had the opportunity to **volunteer** at the four organizations selected in partnership by SLH.

- Highlighted Impact: In 2019, 85 employee volunteer hours were conducted at the Boys and Girls Club of Greater Kansas City. First aid supplies, office furniture, and paint were also donated. Twenty-two employee volunteer hours and 39.5 board and committee hours were served at KC Care Clinic. The Saint Luke's Diversity and Inclusion Council also hosted several events including: Dr. Martin Luther King Birthday Recognition (January), Black History Month Recognition (February), Seven Days of Kindness/Recognition for each day of kindness (May), PRIDE Month (June), Hispanic Heritage Month (September), Veteran's Day/Recognition of Veteran's & American Indian and Alaska Native Heritage Month (November).

Priority 2: Behavioral Health

Goal: Improve access to behavioral health services.
- Initiative: SLH continued to provide a social worker in the **Emergency Department** on a 24/7 basis.
- Highlighted Impact: The SLH Emergency Department QMHP (qualified mental health professional) or social work team performed over 180 interventions weekly. An intervention includes a mental health assessment (and placement if necessary) and connection to resources, among other interventions. In 2019, 9,400 patients were served in the ED at SLH.

- Initiative: The Saint Luke's **Behavioral Access Center (BAC)** continued to provide ongoing collaboration in regards to assessment and placement for both involuntary and voluntary psychiatric admissions for SLH patients.
- Highlighted Impact: BAC continued to provide safety planning for all patients assessed in the Emergency Department and inpatient, also providing information about outpatient resources to address behavioral health concerns when discharged.

Goal: Reduce substance use.
- Initiative: **Kansas City Assessment and Triage Center** (KC-ATC) serves as an assessment and triage center for persons who are experiencing mental health or substance use issues that come in contact with the Kansas City Police Department (KCPD) or an approved Emergency Department.
- Highlighted Impact: Saint Luke's Health System continued to support and collaborate with KC-ATC in order to provide mental health, drug, alcohol and medical detox services in the community. KC-ATC provides 16 beds where patients may stay for up to 23 hours. SLH serves on the metro-wide mental health coalition.

- Initiative: **Advocate on key health policy issues** at the state and national level, involving access to behavioral health services, especially for services related to substance use.
- Highlighted Impact: Continued collaboration with local, state and national partners, such as local mental health organizations, local governments, Missouri Department of Social Services, Kansas and Missouri Hospital Associations, and community-based organizations. Maintained relationships with policymakers, fostering the environment necessary for positive movement on Medicaid reform (such as the recent expansion of

Medicaid in Missouri that to take effect in 2021), behavioral health, and preventing punitive actions that would negatively impact priority health issues.

Priority 3: Diabetes

Goal: Reduce the prevalence of diabetes.
- Initiative: SLH continued to provide patient access to the Saint Luke's Physician Group **Diabetes Education Center**. The Diabetes Education Center offers comprehensive services featuring an integrated care team where patients can access endocrinology specialists, certified nurse educators, and certified diabetes educators all within the same suite.
- Highlighted Impact: In 2019, 875 patients from SLH made 1,400 visits to the Center. Educational offerings include Living Well with Diabetes; managing your blood sugars; diabetes medications and how they work; weight-management support; diabetes prevention; healthy food choices and meal planning; and more.

- Initiative: SLH, through the Muriel I. Kauffman Women's Heart Center, supported the **Food as Medicine Everyday (FAME) program**. FAME is a 12-week series that presents nutritional education and simple, hands-on cooking techniques to prepare nutrient-rich meals. The guiding principles of FAME include promoting whole and low processed foods, promoting a plant-based diet, promoting anti-inflammatory food choices, identifying food choices, and caring about food.
- Highlighted Impact: SLH completed 47 unique FAME program events, classes and presentations. A total of 4,800 individuals were served via classes, events, and presentations (including media).

Priority 4: Congestive Heart Failure

Goal: Reduce the prevalence of congestive heart failure.
- Initiative: SLH has held the **Advanced Certification in Heart Failure** by the Joint Commission since 2014 and Certification in Heart Failure since 2012.
- Highlighted Impact: SLH received the Get With the Guidelines ® (GWG) Gold Plus Target Heart Failure Honor Roll based on 2019 American Heart Association GWG data. SLH met all elements required for continued Certification in Heart Failure by the Joint Commission, pending site visit in fall 2020.

- Initiative: SLH's **Heart Failure Program** maintained a quality initiative to increase appropriate cardiac rehab referrals both from inpatient stays and ambulatory clinics to assist heart failure patients to be as active as possible, and to control other risk factors.
- Highlighted Impact: In 2019, 204 inpatient referrals were made. A cardiac rehab specialist visited with each inpatient referral about the benefits of cardiac rehab as this initiative. Over 370 outpatient referrals to cardiac rehab were made.

- Initiative: SLH convenes quarterly **Heart Failure Support Group** sessions for patients and community members. Informative topics are presented and participants have the

opportunity to share successes and challenges with others who have the same condition. Multidisciplinary members of SLH's staff present and are available during sessions.
- Highlighted Impact: In 2019, four sessions were held. Sixteen staff participated in the four sessions attended by a total of 100 people. The topics included: Traveling with Heart Failure, What Can I Eat, Exercise with Heart Failure, and The Key to Healthy Balance.

Priority 5: Hypertension

Goal: Reduce the prevalence of hypertension.
- Initiative: SLH and Muriel I. Kauffman Women's Heart Center Million Hearts ® Initiative created the **blood pressure project** and implemented a salt reduction program with the goal of creating physical activity opportunities for hospital employees and visitors, and improving nutritious meal and snack choices by working with SLHS Nutrition Services.
- Highlighted Impact: SLH and the Million Hearts ® Initiative were successful in the blood pressure project by completing the following initiatives:
  o Ongoing community-based blood pressure education through media venues and professional and community education presentations. Such education was also provided to SLHS employees through the internal newsletter hospital newsletter "ePulse".
  o SLHS Nutrition Services removed salt shakers from café tables. In addition, Nutrition Services developed an "Eat Well, Be Well" menu offering over 60 menu items with less than 600 mg of sodium per meal and 250 mg per side or snack.
  o 15 blood pressure kiosks were placed throughout Saint Luke's facilities in the region to improve ease of access to care. In 2019, 40,100 screenings were taken at the kiosks, reflecting a 62 percent rate of hypertension.
  o SLH developed the Heart & Sole Walking Course on campus. Following suit, Saint Luke's East Hospital and Bishop Spencer Place also developed walking courses for employees and visitors on their campuses.

Saint Luke's Hospital Crittenton Children's Center

Priority 1: Family Engagement

Goal 1: Increase family engagement with all those served by Crittenton Children's Center.
- Initiative: **Crittenton foster care and adoption** case managers and family recruitment/support personnel continued to work side-by-side with Jackson and Cass County courts, law enforcement, Missouri Children's Division, guardians ad litem, and other associated service providers, as needed, meeting the individual needs of each child in foster care. In addition, Crittenton leaders participated in regional and state-appointed committees to work across systems to address barriers and leverage strengths leading to the highest quality care and outcomes for children in foster care.
- Highlighted Impact: From 2018-2019, Crittenton served 365 youth in foster care with a 39 percent permanency rate. 100 percent did not re-enter care, and 12 exited care as non-permanent. Crittenton has a 100 percent safety rating. The outcomes were so strong that

the Missouri Department of Social Services awarded Crittenton the largest number of foster care cases in the area – 435.

- Initiative: Crittenton's **Intensive In-Home Treatment Program**, provided by licensed social workers and professional counselors at the child's home, provides an opportunity to build healthy relationships within the whole family as well as successful functioning for the child experiencing mental health difficulties.
- Highlighted Impact: In-home treatment is provided in Jackson County and in partnership with Tri-County Mental Health in Clay and Platte Counties. Over 170 families were provided services resulting in a reduction in hospitalizations and disruption placements.

- Initiative: Crittenton Children's Center offers an **Outpatient Clinic** on the main campus to ensure that patients leaving inpatient programs, as well as foster children in Crittenton care, are assured access to timely, high-quality care.
- Highlighted Impact: In 2019, the Crittenton Outpatient Clinic added a therapist and full-time psychiatrist. Crittenton completed 2,000 more clinic visits in 2019 versus 2018 and saw a reduction of no-shows by 10 percent compared to 2018.

Priority 2: Gaps in Behavioral Health Access

Goal: Improve behavioral health access for minors.
- Initiative: Crittenton Children's Center continued to support its nationally acclaimed model, **Trauma Smart ®**, in which communities of children (schools and early childhood education programs) and the adult caregivers that surround them, learn new strategies that improve their competence in the relationships essential for emotional and physical health and resilience to chronic adversity. This model has a specific parent-training portion that gets the family more engaged in a child's treatment and environment.
- Highlighted Impact: Trauma Smart is being used in 69 counties across Missouri and two counties in Kansas. In addition, the program is in NYC and with Head Start agencies in 9 states. 90 percent of clients are satisfied that they chose to contract with the program for additional years and services.

- Initiative: Crittenton Children's Center provided **community educational opportunities** that proactively facilitate learning and discussion about topics such as suicide prevention, depression and anxiety, bullying, resiliency, LGBTQ+, social media, and psychotropic medications.
- Highlighted Impact: Quarterly education programs were held in 2019 for community-based mental health professionals on topics such as suicide prevention, substance use, and impact of trauma. Attendees included educators, therapists, child welfare workers, nurses, etc. An average of 60 people attended each session. In addition, Crisis Intervention Trainings (CIT) were held for local law enforcement. Crittenton also partnered with area schools to provide training and education around suicide prevention.

- Initiative: Crittenton will continue to provide an array of **support groups** related to mental health.

- Highlighted Impact: Crittenton's hospital daily census averages 40 youth during the school year. Support groups are held weekly. The residential program averages 40 youth with an average length of stay of five months. Support groups occur weekly.

Saint Luke's
HOSPITAL OF KANSAS CITY

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