Saint Luke's

Saint Luke's East Hospital
Community Health Needs Assessment

2023

◆ Saint Luke's East Hospital

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EXECUTIVE SUMMARY

Introduction

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

Founded in 2006, Saint Luke's East Hospital is a 238-bed facility conveniently located in Lee's Summit, Missouri. Since the hospital's opening, Saint Luke's East has grown every year to ensure we continue to meet the needs of the community we serve. And with onsite primary care physician offices, we make getting exceptional health care as easy and convenient as possible for you.

In 2022, Saint Luke's East earned a five-star rating by the Centers for Medicare and Medicaid Services based on quality measures including safety, effectiveness, and patient experience. We have been recognized by U.S. News & World Report and received The Joint Commission's Advanced Certification for Total Hip and Knee Replacement. Saint Luke's East maternity care was named in the Top 10% of hospitals in the nation by U.S. News & World Report. Additional information about Saint Luke's East Hospital is available at: [Saint Luke's East Hospital](#).

SLE is part of 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 14 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: [About Saint Luke's](#).

This CHNA was conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessment was also conducted to comply with federal and state laws and regulations.

Community Assessed

For purposes of this CHNA, SLE's community is defined as Jackson County, Missouri. In the calendar year 2022, Jackson County accounted for approximately 74 percent of the hospital's inpatient volumes and 83 percent of emergency department visits.

The total population of the community in 2020 was 689,226.

EXECUTIVE SUMMARY

The following map portrays the community served by SLE and the location of its main campus.
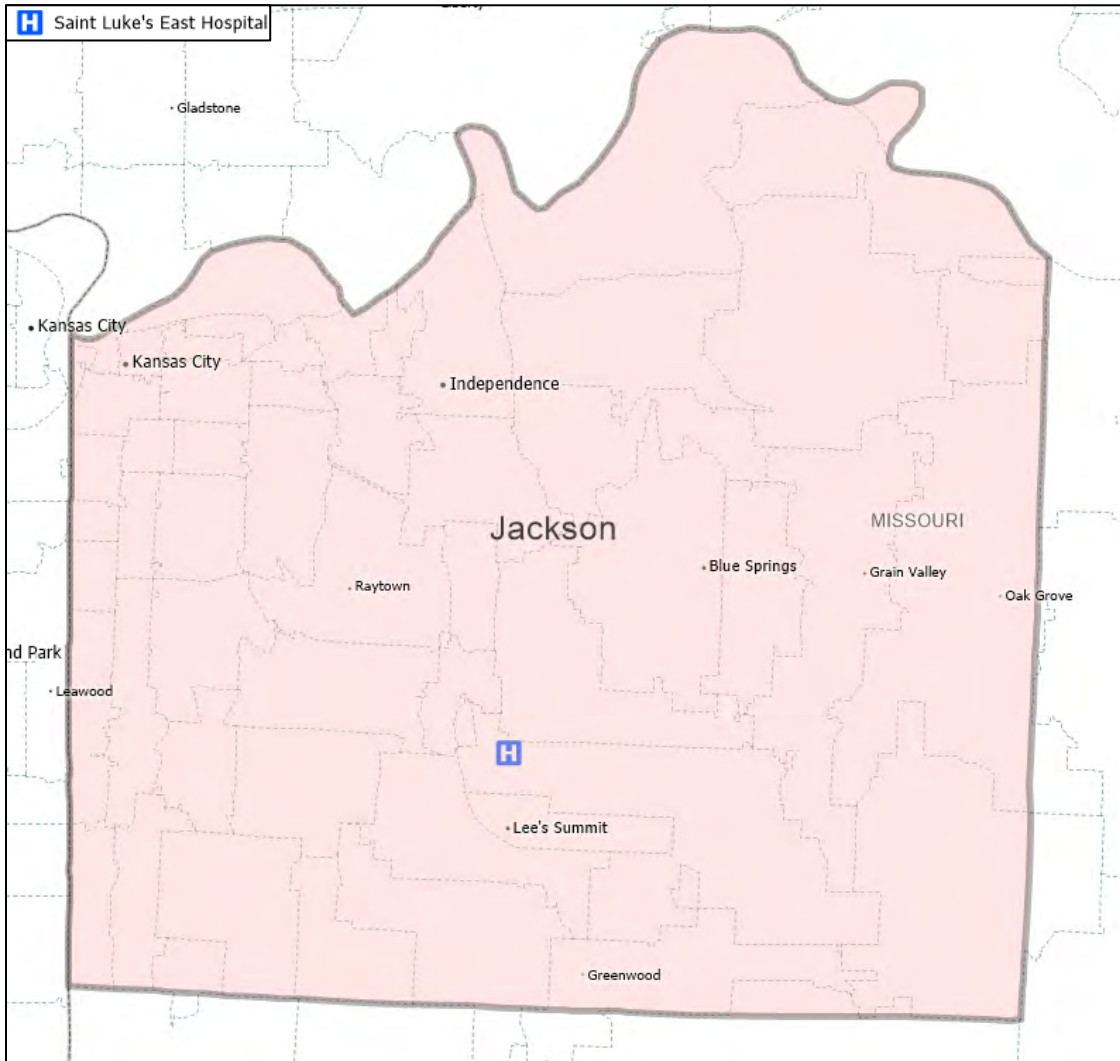
Source: Caliper Maptitude, 2022.

Significant Community Health Needs

As determined by analyses of quantitative and qualitative data, an overarching focus on advancing health equity has potential to improve community health. Within this context, significant health needs in the community served by Saint Luke's East Hospital are:

- Access to Care;
- Alcohol and Substance Use;
- Transportation; and
- Social Drivers of Health.

Significant Community Health Needs: Discussion

Access to Care

Access to healthcare services is critical for achieving optimal health. Accessing health care services is challenging for some members of the community assessed by SLE, especially those with no (or inadequate) health insurance coverage, low-income persons, and members of racial and ethnic minority populations.

Secondary data and community input indicate that more healthcare providers are needed in the community.

- The supply of primary care physicians (measured on a per-capita basis) in Jackson County has been comparatively low.
- The supply of mental health professionals has been below national averages in Jackson County.

The federal government has designated the following areas as Health Professional Shortage Areas (HPSAs):

- Jackson County for low-income residents seeking access to mental health care professionals.
- Central and north Kansas City, Grandview, and Independence for low-income residents seeking primary care services.

When providing input for this CHNA, community partners cited the shortage of healthcare providers, including mental health providers, primary care providers, specialists, and dentists, as problematic. They stated that residents without insurance and those covered by Medicaid are especially challenged to find providers. Other barriers to accessing health services were described, including cost of care (including co-payments), transportation, health literacy, and long wait times for appointments. However, some suggested that focusing on meeting basic needs such as securing affordable housing, childcare, and healthy food may be a more immediate priority than access to care for the most vulnerable members of the community.

Community members indicated that some residents have challenges with navigating the health care system, particularly those with low educational achievement and undocumented residents.

A lack of diversity in medical providers and healthcare staff was identified as an access barrier for some community members. Some experience difficulties when trying to find a provider with whom they feel comfortable.

Healthcare workforce shortages were identified by community input participants as problematic. All types of healthcare positions have been affected. Staffing shortages contribute to challenges with providing quality care in a timely manner.

Several of the Community Health Assessments and Community Health Improvement Plans recently prepared by local health departments identified improving access to affordable care, including primary care, dental care, and mental health care as a priority. According to these reports, access has been particularly challenging for residents who are uninsured, have low-income, and members of racial and ethnic minorities.

Jackson County has had a higher percentage of the population without health insurance than Missouri, and the United States. On August 4, 2020, voters approved Medicaid expansion in Missouri. According to the Centers for Medicare & Medicaid Services (CMS), 275,000 Missourians became eligible for comprehensive health coverage due to Medicaid expansion.

Maternal and child health measures indicate access to care issues. The percentage of women accessing care during the first trimester of pregnancy has been below Missouri averages in Jackson County for all races and ethnicities. Care in the first trimester was significantly lower for Black women in Jackson County compared to all Missouri residents. In Jackson County, the percent of live births with low birthweight has been above Missouri and U.S. averages.

Alcohol and Substance Use

Substance use disorders are linked to many health problems and can lead to overdose and death. Deaths from opioid use disorder have increased dramatically in recent years.[1]

Community members providing input into this CHNA cited substance use, including alcohol consumption, as a significant factor that affects public health. Secondary data substantiate these concerns. Drug poisoning mortality has increased significantly in recent years in Jackson County.

Binge plus heavy drinking has been above U.S. averages in Jackson County. Driving deaths with alcohol involvement have also been above U.S. averages in Jackson County. Binge drinking rates were higher in Missouri for residents with annual incomes of $50,000 and above compared to residents in lower income brackets. Further, in 2020, binge drinking rates were problematic in 43 out of the 53 ZIP Codes located in the community assessed by SLE.

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[1] https://health.gov/healthypeople/objectives-and-data/browse-objectives/addiction

Social Drivers of Health

Social drivers of health, also called social determinants of health, (SDOH), are conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[2] Social drivers of health play an important role in health equity.

Interviewees and community meeting participants identified SDOH, including poverty, food insecurity, safe and affordable housing, crime, access to transportation, education, and health literacy as significant concerns in the community assessed by SLE.

Community input participants noted that people living in low-income households were generally less healthy than those living in more prosperous areas.

Poverty rates in Jackson County have been above Missouri and United States averages. In addition, the percentages of children living in poverty compared unfavorably to state and national averages.

Poverty rates for Black and for Hispanic (or Latino) residents have been substantially higher than rates for White residents.

Many low-income census tracts are present. They have been most prevalent in western parts of Jackson County.

Community input participants stated that safe and affordable housing is a key concern and one that affects residents' overall health and wellbeing. Jackson County has had a higher percentage of households rent burdened (paying more than 30 percent of income for rent) than community and state averages.

The Area Deprivation Index has ranked neighborhoods in the Kansas City area, Independence, and western Jackson County as having high levels of socioeconomic disadvantage.

Access to affordable and reliable transportation was discussed at length by many community input participants. They indicated that the Kansas City metro area lacks adequate public transportation infrastructure. Transportation is particularly difficult for residents living in rural areas surrounding Kansas City.

The CDC's Social Vulnerability Index indicated housing type and transportation vulnerability ZIP Codes are concentrated in Kansas City, Independence, and Lee's Summit.

Food deserts and food swamps[3] were present in each of the counties and have been particularly prevalent in western Jackson County. Community input participants noted that access to

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[2] https://health.gov/healthypeople/priority-areas/social-determinants-health
[3] 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/.

affordable, healthy food is an issue for many residents. Transportation challenges, cost, and availability were all indicated as barriers.

Issues relating to social determinants of health, including education, housing, transportation, crime, and economic opportunity, were identified as priority issues in the Kansas City Community Health Improvement Plan (CHIP, 2017-2022), and the Eastern Jackson County CHIP (2020). The Kansas City Health Department Community Health Assessment noted racial and ethnic disparities in education, economic outcomes, and housing.

Transportation

Access to affordable and reliable transportation was identified as a significant need by community input participants. They indicated that the Kansas City metro area lacks adequate public transportation infrastructure. Transportation is particularly difficult for residents living in rural areas surrounding Kansas City. These restrictions make it challenging for rural residents to attend both in-person or virtual healthcare consultations.

Access to transportation, particularly for low-income and aging residents, is a significant barrier to optimal health in the community. Interviewees stated that transportation barriers contribute to difficulties accessing doctor appointments, preventive health care services, grocery stores, prescriptions, and other necessary services.

Secondary data substantiate these concerns. The CDC's Social Vulnerability Index indicated housing type and transportation vulnerability ZIP Codes are concentrated in Kansas City, Independence, Lee's Summit, and Oak Grove.

DATA AND ANALYSIS

Community Definition

The community that was assessed by Saint Luke's East Hospital (SLE) was defined by considering the geographic origins of the hospital's discharges and emergency room visits in calendar year 2022.

SLE's community was defined as Jackson County, Missouri. This community accounted for 73.6 percent of the hospital's 2022 inpatient volumes and 83.4 percent of its emergency room visits (**Exhibit 1**).

Exhibit 1: SLE Discharges and Emergency Room Visits, 2022

County	Inpatient Discharges	Percent Discharges	ER Visits	Percent ER Visits
Jackson (MO)	10,579	73.6%	28,236	83.4%
Community	**10,579**	**73.6%**	**28,236**	**83.4%**
Hospital	**14,371**	**100.0%**	**33,875**	**100.0%**

Source: Analysis of Saint Luke's Utilization Data, 2022.

The total population of Jackson County in 2020 was approximately 689,000 persons (**Exhibit 2**).

Exhibit 2: Community Population by County, 2020

County	Total Population 2020	Percent of Total Population 2020
Jackson (MO)	689,226	100.0%
Community	**689,226**	**100.0%**

Source: Missouri Office of Admin, Budget, and Planning, 2023.

The hospital is in Lee's Summit, Missouri (ZIP Code 64086). **Exhibit 3** portrays the community and ZIP Code boundaries within Jackson County.

Exhibit 3: Saint Luke's East Hospital Community
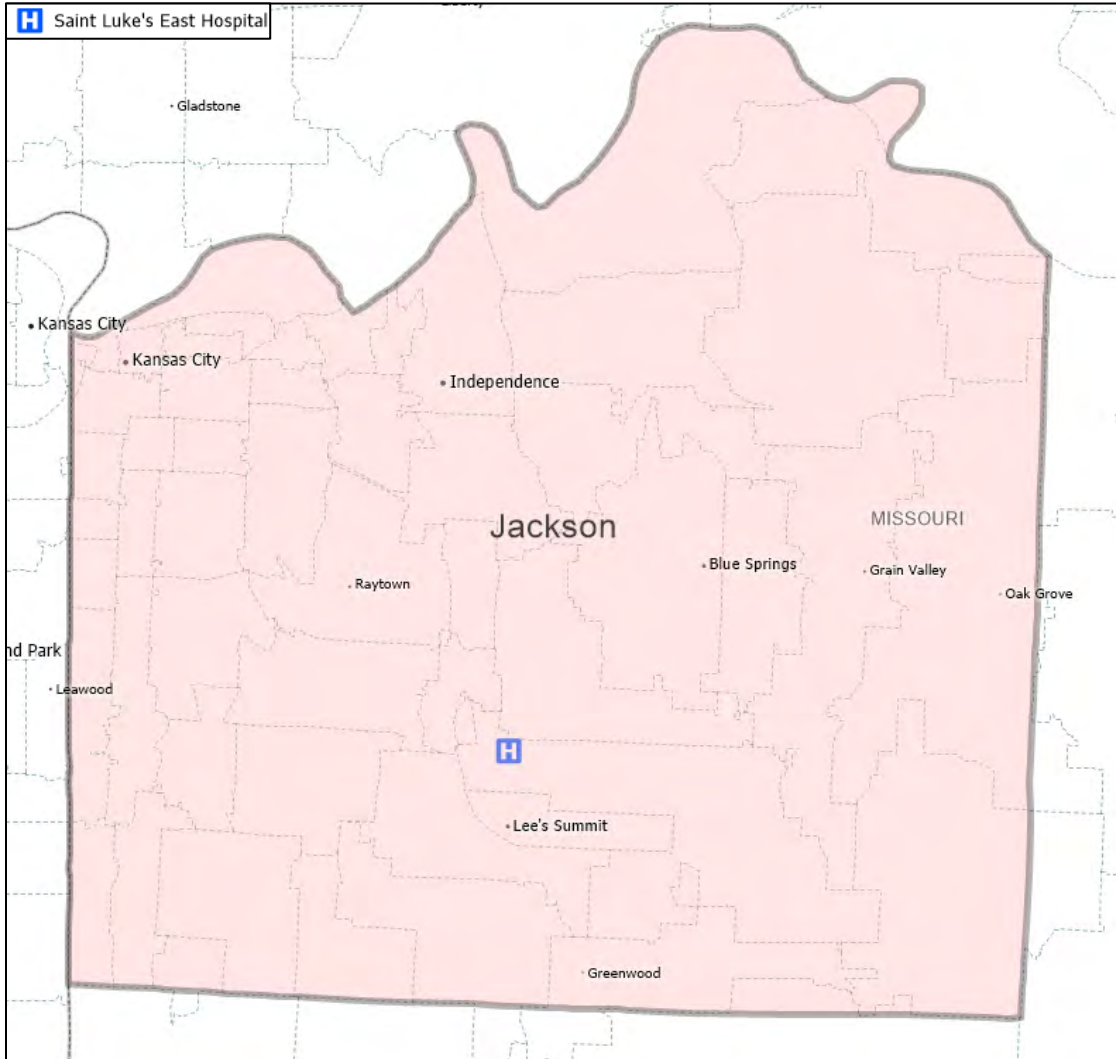
Source: Caliper Maptitude, 2022.

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 by 3.7 percent or 25,200 residents, from 2020 to 2030. The population 65 years of age and older is anticipated to grow much more rapidly, by 26.6 percent or 26,800 persons, during the same time. This development will likely contribute to greater demand for health services, as older individuals typically need and use more services than younger people.

The community has substantial variation in demographic characteristics, including age, race/ethnicity, and income levels, across the three counties.

In 2021, over one-third of the population in 16 community ZIP Codes identified as Black. In two Jackson County ZIP Codes, over 75 percent of the population identified as Black. These ZIP Codes were associated with comparatively high poverty rates and poor health status.

The Kansas City (MO) area have the highest proportion of residents identified as Hispanic (or Latino).

Socioeconomic Indicators

Across the lifespan, residents of impoverished communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.[4]

Significant variation in poverty rates exists across the SLE community. The poverty rate in Jackson County was well above Missouri, and United States averages. Poverty rates in Jackson County were lower in 2017-2021 compared to 2014-2018.

Poverty rates for Black and for Hispanic (or Latino) residents have been substantially higher than rates for White residents in Jackson County, as well as, Missouri, and the United States. In 2017-2021, 8.6 percent of White residents, 23.0 percent of Black residents, 18.2 percent of Asian residents, and 19.0 percent of Hispanic (or Latino) residents lived in poverty.

Low-income census tracts are concentrated in western parts of Jackson County.

Significant disparities in socioeconomic indicators exist between the LGBT community and the straight/heterosexual community. Residents who identify as LGBT individuals are more likely to be unemployed, uninsured, food insecure, and experience low-income than residents who identify as straight/heterosexual.

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[4] https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty

Between 2017 and 2019, unemployment rates in the Kansas City Metropolitan Statistical Area and the United States fell. Due to the COVID-19 pandemic, unemployment rates rose sharply in 2020. In 2021-2022, unemployment rates declined and fell below pre-pandemic levels in both the Kansas City Metropolitan Area and in the United States. The rate in the Kansas City Metropolitan Area was lower in 2022 (2.5 percent) than in 2017 (3.8 percent) and was below the U.S. average.

Jackson County has had a higher percentage of the population without health insurance than Missouri, and the United States. A June 2012 Supreme Court ruling provided states with discretion regarding whether to expand Medicaid eligibility. On August 4, 2020, voters approved Medicaid expansion in Missouri. According to the Centers for Medicare & Medicaid Services (CMS), 275,000 Missourians became eligible for comprehensive health coverage due to Medicaid expansion.

Proportionately more households have medical debt in collections in Jackson County than in the nation. In the SLE community (and Missouri), medical debt has been much more prevalent in communities of color.

Crime rates in Kansas City, Missouri and Independence have been well above national averages. Jackson County had the highest rates of violent crime, murder, robbery, aggravated assault, property crime, burglary, larceny-theft, and motor vehicle theft, as compared to the other counties assessed.

The percentage of households designated as rent burdened in Jackson County has been above state and national averages. ZIP Codes in Independence and Kansas City have had the highest percentage of households designated as rent burdened.

The Area Deprivation Index (ADI) ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality. The highest ADI measures are in Kansas City, Independence, and western Jackson County.

The Centers for Disease Control and Prevention's *Social Vulnerability Index (SVI)* is based on 15 variables derived from U.S. census data and grouped into four themes, including Socioeconomic Status; Household Characteristics; Racial & Ethnic Minority Status; and Housing Type & Transportation. The SVI is available for every U.S. census tract. Census tracts with the highest socioeconomic vulnerability were concentrated in western Jackson County.

Other Local Health Status and Access Indicators

In the 2023 *County Health Rankings*, Jackson County ranked in the bottom quartile of Missouri counties for indicators related to poor mental health days, low birthweight, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, preventable hospital stays, unemployment, children in single parent households, air pollution, and severe housing problems. The county ranked in the bottom half of Missouri counties for composite measures of health outcomes, length of life, quality of life, social and economic factors, and physical environment.

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 County compared unfavorably to peer counties for twenty-seven of the thirty-three benchmark indicators. Jackson County ranked in the bottom quartile compared to peer counties for the following measures:

- Years of potential life lost rate;
- Percent fair/poor health;
- Physically and mentally unhealthy days;
- Low birth weight;
- Adult smoking;
- Obesity;
- Food environment index;
- Physical inactivity;
- Driving deaths with alcohol involvement;
- Sexually transmitted infections;
- Teen birth rate;
- Percent uninsured;
- Preventable hospitalization rate;
- Percent with some college;
- Percent of children living in a single-parent household;
- Injury mortality rate;
- Air pollution; and
- Percent who drive alone to work.

Other secondary data were assessed, including data sets from the Missouri Department of Health and Senior Services, the Centers for Disease Control, the Health Resources and Services Administration, and the United States Department of Agriculture.

Based on an assessment of available secondary data, the indicators presented in **Exhibit 4** appear to be most significant in the SLE community. An indicator is considered *significant* if it was found to vary materially from a benchmark statistic, such as an average value for Missouri, for peer counties, or for the United States. For example, 19.0 percent of Jackson County's adults smoke; the average for peer counties is 13.9 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	Geographic Area	Area Value	Benchmark Value	Benchmark Area	Exhibit
65+ population change, 2020-2030	Jackson County	26.6%	3.7%	Community, All Ages	9
Life expectancy, Black, 2018-2020	Jackson County	71.8	78.5	United States, All Races	10
Poverty rate, 2017-2021	Jackson County	13.4%	12.6%	United States	17
Poverty rate, Black, 2017-2021	Jackson County	23.0%	8.6%	Jackson County, White	18
Poverty rate, Asian, 2017-2021	Jackson County	18.2	8.6%	Jackson County, White	18
Poverty rate, Hispanic (or Latino), 2017-2021	Jackson County	19.0%	8.6%	Jackson County, White	18
Child poverty rate, 2017-2021	Jackson County	19.4%	17.0%	United States	19
LGBT population food insecure, 2019	Missouri	27%	14%	Straight/heterosexual Missouri	21
LGBT population income <$24K, 2019	Missouri	27%	19%	Straight/heterosexual Missouri	21
Percent uninsured, 2017-2021	Jackson County	11.6%	8.8%	United States	23
Medical debt in collections (POC), 2022	Jackson County	28.9%	12.6%	United States, All Races	24
Violent crime rate per 100,000 population, 2019-2021	Kansas City	1,477	379	United States	25
Years of potential life lost, 2018-2020	Jackson County	9,377	7,300	United States	34
Chlamydia rate per 100,000 population, 2020	Jackson County	892.6	481.3	United States	34
Teen birth rate per 1,000 female population, ages 15-19, 2014-2020	Jackson County	28.9	19.0	United States	34
Ratio of population to mental health providers, 2022	Jackson County	361:1	340:1	United States	34
Percent reporting fair or poor health, 2020	Jackson County	16.3%	12.6%	Peer Counties	35
Percent of adults who smoke, 2020	Jackson County	19.0%	13.9%	Peer Counties	35
Percent adults obese (BMI>=30), 2020	Jackson County	36.2%	29.7%	Peer Counties	35
Driving deaths with alcohol involvement, 2016-2020	Jackson County	35.9%	26.8%	Peer Counties	35
Assault (homicide), 2011-2020	Jackson County	19.9	9.6	Missouri	37
Drug poisoning mortality, percent change 2017-2020, per 100,000 population	Jackson County	40.0%	28.2%	United States	39
Suicide rate per 100,000 population, Male, 2016-2020	Jackson County	33.7	22.2	United States	41
Suicide rate per 100,000 population, Non-Hispanic White, 2016-2020	Jackson County	24.3	17.4	United States	42
Percent of mothers who smoked during pregnancy, 2021	Jackson County	7.2%	4.6%	United States	44
Infant mortality rate, per 1,000 live births, Black, 2021	Jackson County	9.9	6.3	All residents Jackson County	45

Source: Verité Analysis, 2023.

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

- Life expectancy,
- Poverty,
- Medical debt,
- Infant mortality,
- Low birthweight births,
- Percent of women beginning prenatal care in the first trimester,
- Mothers smoking during pregnancy,
- Emergency room visits due to asthma (for children under 18),
- Suicide rates,
- Mortality rates due to chronic conditions, and
- Health risk behaviors, healthcare access, and preventive measures.

Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) include thirteen 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."[5] These conditions, also referred to as Prevention Quality Indicators (PQIs), include: 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 indicated that Jackson County residents were discharged more frequently for ACSCs than residents of other counties. SLE had the highest rate of ACSC discharges of the hospitals assessed.

Food Deserts

The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered "food deserts" because they include people with lower income without supermarkets or large grocery stores nearby. Food deserts were concentrated in western Jackson 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." MUA/Ps were concentrated in the Kansas City area.

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

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. The entire low-income population of Jackson County has been designated as a mental health HPSA. The low-income populations in Central Kansas City, Grandview, Independence, and North Kansas City have been designated as primary care HPSAs. Dental health HPSAs were designated for Central Kansas City and North Kansas City.

Findings of Other Assessments

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

Issues frequently identified as *significant* in these other assessments are as follows:

- Access to care;
- Alcohol and substance (drug) abuse – including abuse of opioids;
- Chronic disease prevalence and prevention;
- Educational achievement and opportunity;
- Health 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; and
- Violent crime and violence prevention.

The 2022-2027 Kansas City Community Health Improvement Plan, published and maintained by the Kansas City Missouri Health Department, highlights an 18.2-year difference in life expectancy between the highest life expectancy ZIP Code and the lowest life expectancy ZIP Code in Kansas City, Missouri (KCMO). In KCMO, ZIP Codes with lower life expectancy, had higher percentages of population from minority racial and ethnic groups.

Primary Data Summary

Primary data were gathered through interviews and community meetings. An in-person community meeting was conducted with attendees representing Jackson County. One online meeting was facilitated with Saint Luke's East Hospital staff members. Key community partner and public health informant interviews were conducted in-person and via online video conference.

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

Key Community Partner Interviews

Six (6) interviews were conducted with six (6) community partner participants to gain insight into perceptions about community health issues in the SLE community. Participants included individuals representing public health departments, social service organizations, community health centers, and similar organizations.

Questions focused on identifying and discussing significant health issues in the community and significant barriers to accessing health resources. Interviewees were asked a question about the pandemic's impacts and on what has been learned about the community's health given those impacts. Community partners were also 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.

Interview participants most frequently identified the following issues as current *significant health concerns* in the community:

- **Mental Health.** Mental health was identified as a primary health concern in the community. Mental health was described as presenting as anxiety, depression, and severe and persistent mental illness. Rising rates of suicide were noted as particularly concerning. Factors identified include the following:
  - Undersupply of inpatient and outpatient mental health providers and facilities, resulting in typical wait times of three to six months for mental health services;
  - The undersupply of providers is especially problematic for children, adolescents, and older adults;
  - Stress, a lack of social connectedness, trauma, and Adverse Childhood Experiences (ACEs);
  - Lasting social and economic impacts of the COVID-19 pandemic; and
  - An inadequate workforce supply of behavioral health providers, treatment centers, and foster care service to meet community needs.

- **Substance Use, Opioid Addiction, and Fentanyl Overdoses.** Most interview participants described substance misuse as a significant health issue in the community. Participants identified alcohol misuse, driving under the influence, opioid addiction, and fentanyl use as particularly problematic. Factors identified include the following:

- o First-time drug user overdoses and deaths are an emerging concern in the community, particularly among youth, because a high percentage of street drugs are laced with fentanyl;
  - o Teenagers and young adults have easy access to drug exchanges through digital means and social media;
  - o Social isolation and lack of addiction-focused mental health services contribute to substance misuse; and
  - o Poor mental health and increased substance use are inextricably connected.

- **Basic Needs Instability (Social Drivers of Health).** Transportation availability, stable jobs that provide a livable wage, and housing access were the most identified community health concerns. Inability to find affordable childcare was another barrier to health mentioned during interviews. Rural areas and portions of Jackson County were described as more disadvantaged. Interviewees described Jackson County as experiencing a housing crisis.
  Interviewees stated that the influences of health and basic needs instability have many impacts on health and wellbeing. Factors identified include the following:
  - o Housing challenges are multi-faceted with quality, quantity, and cost as limiting factors;
  - o Access to healthcare is impeded because of lack of reliable, affordable transportation –and public transportation, particularly to more rural areas, is almost nonexistent in the Kansas City area;
  - o Vulnerable residents must choose to use limited resources for either basic needs or health care services;
  - o Numerous barriers impede access to primary care, preventive care, mental health care, and other services;
  - o Affordable housing is difficult to secure in each of the community's counties; and
  - o Food insecurity adds additional complexity for individuals to follow nutritional guidelines for healthy weight.

- **Heart Disease, Diabetes, and Obesity.** Interviewees indicated that hypertension, heart disease, diabetes, and obesity are significant health concerns. Some individuals with chronic conditions may require support to navigate the healthcare system to access needed care. Factors identified include the following:
  - o Poor access to healthy foods due to cost or availability contributes to chronic conditions;
  - o Physical inactivity may be influenced by perceptions of lack of safe exercise areas in communities;
  - o Lifestyle choices contribute to outcomes; and
  - o Severity of chronic conditions can be a separate barrier to accessing health care services.

- **COVID-19.** Community input participants indicated the need for support for individuals and systems for the ongoing impacts of COVID-19.

During community engagement activities, participants identified various populations of concern for health status or access to care issues. These populations of concern include the ones below.

- **Aging Population and Older Adults.** Nearly all community partners mentioned older adults as groups of concern, as well as the increase in the number of older adults. Factors identified include the following:
    o Affordable and accessible services are insufficient for older adults in the Kansas City region;
    o Community members, notably older adults, continue to experience isolation that increased during the COVID-19 pandemic;
    o Older adults are especially prone to transportation challenges and the community has a lack of public transportation; and
    o Dementia prevalence in the community is increasing yet limited available resources are available to provide to support these individuals.

- **Disparities for minority populations, refugees, and immigrant residents.** Interviewees indicated that racial/ethnic minority residents disproportionately experience poor health outcomes. Non-native English speakers were identified as a population of concern when navigating the health system. Factors identified include the following:
    o Comparatively high rates of infant mortality and low rates of prenatal care for Black mothers was described as a significant health disparity;
    o Diabetes, obesity, and hypertension disproportionately affect Black residents; and
    o Factors that contribute to racial/ethnic disparities are numerous and include structural/institutional policies, lack of community trust in public health and healthcare resulting in lack of engagement, socioeconomic factors, and lack of minority representation among healthcare providers.

- **Youth mental health, substance use, and suicide.** Interviewees stated that younger people are experiencing rising mental health challenges. They cited a growing prevalence of youth suicide and substance use in all regions. Factors identified include the following:

    o Drug overdoses are more prevalent among first-time and non-chronic substance users,
    o Outpatient mental health providers serving adolescents and teenagers are insufficient to meet the need, and
    o Inpatient substance-use treatment centers for youth in the region are few in the community, and none are present in Jackson County.

- **Young, low-income families and single parents.** Young families were identified as having greater challenges in receiving preventive and specialty healthcare services. Among young families, interview participants focused on low-income and single-parent households. Factors identified include the following:
    o Affordable childcare contributes to healthcare issues as parents often have no safe options for their children during provider appointments;

- o Time constraints are experienced by parents working multiple jobs and exacerbated by limited financial resources;
- o Health care related costs are particularly problematic for uninsured or under-insured families, due to cost sharing requirements and the costs of basic needs, such as food and housing; and
- o Urgent issues may take priority over scheduled appointments – and wait times associated with appointment availability contribute to the challenges.

- **Adults with disabilities or chronic conditions.** Adults experiencing long-term, chronic, and often disabling diseases may be less able to self-advocate for their healthcare needs. Factors identified include the following:
  - o Coordination of care between different providers can be insufficient or non-existent; and
  - o Knowledge gaps among both patients and providers may contribute to uncertainty about what specialty care is needed to treat or manage complex chronic conditions.

- **Access to healthcare services in Eastern Jackson County.** A few community collaborators expressed challenges in individuals receiving healthcare in Eastern Jackson County.
  - o Blue Springs was indicated as an area of concern for both lack of healthcare services and inadequate transportation options. Residents in Oak Grove often must travel to Blue Springs to find a Medicaid covered provider.
  - o Residents of Eastern Jackson County experience challenges finding public transportation options to appointments.

Community partners were additionally asked to describe *barriers* that community residents experience in accessing healthcare. The following barriers were identified:

- **Inadequate workforce supply.** Nearly all interview participants cited an undersupply of workforce available, as compared to the demand for healthcare services. Factors identified include the following:

  - o Long wait times for appointments are impacting the health of residents –three month waits for primary care appointments are not atypical and waits for specialty care can be longer;
  - o Mental health professionals are needed across the entire Kansas City region –and wait times for mental healthcare appointments can exceed six months; and
  - o Reasons for the undersupply of workforce members include burnout among existing healthcare providers and recruiting challenges due to a low supply of affordable housing.

- **Access to transportation.** Access to transportation, particularly for low-income and aging 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 does not align with residents' needs. Interviewees stated that

transportation barriers contribute to difficulties accessing doctor appointments, preventive health care services, grocery stores, and other necessary services. Geographically, transportation is particularly problematic for residents of rural and suburban areas.

- **Digital divide and knowledge of available resources.** Several interview participants stated that information about healthy living is lacking for many community residents. Factors identified include the following:
  - More health education resources are needed to improve community health – and the currently available resources often do not reach populations in need;
  - Additional community health workers, community resource navigators, and other information sources are needed for the community to achieve better health;
  - Community outreach efforts that "go into the community" are needed to reach underserved people in the community;
  - Many residents are unaware of available resources in the community and also are unaware of where to seek guidance when they are in need;
  - Health care services are not "patient-centered" but are largely driven by provider availability, rather than the patient's need, which contributes to overutilization of emergency rooms.

- **Uninsurance and underinsurance.** Many participants discussed how low-income and uninsured residents have difficulty accessing primary care, specialty care, and mental health care. Participants indicated that Medicaid expansion in Missouri has been delayed. Further, wait-times for appointments for individuals with Medicaid are often long.

- **Crime and safety concerns.** Many participants cited neighborhood violence and safety as concerns that impact residents' physical activity. Factors identified include the following:

  - Gun violence in neighborhoods impacting children's ability to play outside and use green spaces for exercise; and
  - Rising homicide rates increase residents' barriers to engaging in activity.

- **Distrust in public health and healthcare, particularly among minority populations.** Interview participants often cited distrust in the health system as a significant barrier to accessing care. Participants mentioned racial bias, a lack of cultural competency in healthcare services, and poor management of the COVID-19 pandemic as contributing factors to distrust in the community of the health care system.

- **Lack of affordable housing**. Almost all community collaborators discussed housing issues in Jackson County, particularly in the eastern portion of the county. Interviewees stated that there are few resources for housing, and the demand for affordable housing is significantly greater than existing resources. Community collaborators shared the following reflections regarding the housing crisis in Jackson County:

- o "Housing has become increasingly unattainable" – interviewees shared the problems with not having housing that is stable, structured, and safe. Residents are less able to care for basic healthcare needs when housing is unstable.
- o Interviewees spoke of discrimination and systemic racism which have led to structural issues in Kansas City, underlying many housing and transportation issues. Of emphasis, interviewees noted the connection of housing instability among minority populations and Black communities.

Community and Internal Hospital Meetings

Community and hospital staff meetings were conducted across the Kansas City region to obtain input regarding significant health needs of the communities served. Four meetings were comprised of external community partners and public health parties in each of the five surrounding counties[6], and four meetings were comprised of staff from Saint Luke's Health System facilities.[7]

Seventy-two (72) community partners and public health informants participated in the four community meetings. These individuals represented organizations, including local health departments, non-profit organizations, local businesses, health care providers, local policymakers, and school systems.

The following community meetings were facilitated representing the following geographies:

- Tuesday, April 18, 2023 – Jackson County, MO;
- Tuesday, April 18, 2023 – Johnson County, KS and Wyandotte County, KS;
- Thursday, April 20, 2023 – Clay County, MO, and Platte County, MO; and
- Friday, April 21, 2023 – Kansas City Metropolitan Area.

One-hundred-five (105) Saint Luke's Health System staff members participated in the internal meetings. Individuals represented administration, nursing, case management, social services, emergency departments, and other departments. These meetings were held with hospital staff as follows:

- Thursday, April 27, 2023 – Saint Luke's South Hospital;
- Thursday, May 4. 2023 – Saint Luke's North Hospital;
- Monday, May 8, 2023 – Saint Luke's Hospital of Kansas City; and
- Thursday, May 11, 2023 – Saint Luke's East Hospital.

Each meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of community input. Secondary data were presented, along with a summary of unfavorable community health indicators and strengths and resources available in the community.

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[6] These counties were Jackson County, MO; Johnson County, KS; Clay County, MO; Platte County, MO; and Wyandotte County, KS.
[7] These facilities were Saint Luke's Hospital of Kansas City, Saint Luke's East Hospital, Saint Luke's South Hospital, and Saint Luke's North Hospital.

Meeting participants were asked to discuss the top three most significant needs in the community, in small groups for the community meetings and as a single group for staff meetings. Participants were asked to consider scope, disparities and inequities, severity, urgency, and feasibility of possible interventions for each identified need. Participants were also asked to discuss the community members most impacted, barriers to achieving good health, geographic locations most impacted, why the issues and needs exist, and the strengths/resources available in the community. As a final question, meeting participants were asked to identify changes that could be made to improve community health.

From these discussions, the following community input was obtained regarding significant needs, community members most impacted, barriers to good health, geographic locations most impacted, reasons that issues and needs persist, and strengths and resources available to address the needs.

Significant needs in Jackson County identified by participants are as follows:

- Mental health, especially among veterans and residents experiencing homelessness; however, mental health is seen as a widespread concern affecting the entire community;
- Social drivers of health, including transportation, housing, and food security;
- Access to affordable health care services, including trust with providers and generational patterns of health care utilization;
- Substance use disorder and binge drinking, which impacts diverse populations across the community;
- Maternal and infant health; and
- Preventive care and healthy behaviors.

The community members and populations with the greatest unmet needs were identified as minority communities (especially women), low-income residents of all ages, and Black and Hispanic residents. Participants noted that geographic areas with unmet health care needs include the I-49 corridor, areas in Lee's Summit, Independence, the area around Mason Elementary School, and near the airport. Disparities are also particularly evident for minority populations, veterans, homeless individuals, and undocumented residents.
Participants indicated that financial barriers impact health outcomes due to lack of resources to achieve healthy outcomes. These financial barriers delay and restrict access to medical services due to lack of insurance or underinsurance and delays in treatment exacerbate conditions.

Participants indicated that some community members have challenges with navigating the health care system. Navigation is especially challenging for residents with low educational achievement and for undocumented residents who may fear deportation.

Participants noted that a lack of primary care providers and issues with access to primary care is a barrier for many community members to getting care when it is needed. These issues lead to community members delaying care and using emergency care as an alternative.

Participants indicated that siloed systems play a role in why these issues and concerns persist. It was noted that there is a lack of intervention, programming, funding, and staff to address the concerns. Some participants express that fear of repercussion and judgment prevent community members from seeking healthcare and/or help with social issues. Poverty and lack of resources is noted as a key reason that many are unable to achieve wellbeing.

Top strengths and resources in the community were identified as high community involvement with many organizations to be part of. There are good medical providers; although, not enough supply to meet demand. Participants expressed that Jackson County has a healthy living environment, with abundant opportunities and good access to outdoor activities.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

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

Exhibit 5 identifies general acute care hospitals in the community. More information can be found about locations and services via the website address listed for each. **Exhibit 6** identifies other types of hospitals in the community.

Hospitals

Exhibit 5: General Acute Care Hospitals Located in Community, 2023

Hospital Name	Website Address
Jackson (MO)	
Centerpoint Medical Center	https://hcamidwest.com/locations/centerpoint-medical-center/
Children's Mercy Hospital	https://www.childrensmercy.org/
Lee's Summit Medical Center	https://hcamidwest.com/locations/lees-summit-medical-center/
Research Medical Center	https://hcamidwest.com/locations/research-medical-center/
Saint Luke's East Hospital	https://www.saintlukeskc.org/locations/saint-lukes-east-hospital
Saint Luke's Hospital of Kansas City	https://www.saintlukeskc.org/locations/saint-lukes-hospital-kansas-city
St. Joseph Medical Center	https://stjosephkc.com/
St. Mary's Medical Center	https://stmaryskc.com/
University Health Lakewood Medical Center	https://www.universityhealthkc.org/
University Health Truman Medical Center	https://www.universityhealthkc.org/

Source: Missouri Department of Health and Senior Services, 2023.

Exhibit 6: Other Hospital Types Located in Community by Type, 2023

Hospital Name	Hospital Type
Jackson (MO)	
Center for Behavioral Medicine	Psychiatric
Crittenton Children's Center	Psychiatric
Research Psychiatric Center	Psychiatric

Source: Missouri Department of Health and Senior Services, 2023.

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.

Exhibit 7 provides a list of FQHCs in the community. The majority of these operate multiple clinics throughout the community. More information can be found about locations and services via the web address listed for each.

Exhibit 7: Federally Qualified Health Centers Located in Community, 2023

FQHC Name	Website Address
Jackson (MO)	
Hope Family Care Center	https://hfcckc.org/
Live Well Community Health Center	https://hccnetwork.org/
Compass Health, Inc.	https://compasshealthnetwork.org/
Samuel U. Rodgers Health Center	https://samrodgers.org/
Swope Health Services	https://swopehealth.org/
Kansas City CARE Clinic	https://kccare.org/

Source: Health Resources and Services Administration, 2023.

Other Community Resources

Social services and resources are available throughout community counties and the Kansas City region to assist residents. The United Way of Greater Kansas City (UWGKC) 2-1-1 maintains a comprehensive database of thousands of local and national community resources. This database contains organizations from seven counties in Kansas, all of Missouri, and eleven counties in Illinois. The UWGKC 2-1-1 is available 24-hours a day, seven days a week, and has resources in the following categories:

- Housing and Utilities
- Health and Dental Care
- Employment and Public Assistance
- Food, Clothing, and Household Items
- Pregnancy, Parenting, and Family Health
- Consumer, Legal, and Safety
- Transportation
- Mental Health and Addiction
- Education
- Military and Veterans
- Disability Support

Additional information about these resources and participating providers can be found at: United Way GKC.

In addition to UWGKC 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. The Saint Luke's 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: Saint Luke's Resources.

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.[8] 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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[8] Internal Revenue Code, Section 501(r).

facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[9] 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[10] 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 were 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 SLE's previous CHNA process. *See* Appendix E.

Collaborating Organizations

For this community health assessment, Saint Luke's East Hospital collaborated with the following Saint Luke's hospitals: Saint Luke's Hospital of Kansas City, Saint Luke's South Hospital, and Saint Luke's North Hospital. These facilities collaborated through gathering and assessing secondary data together, conducting 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 people representing the broad interests of the community was considered through key informant interviews (6 participants) and community meetings (72 participants).

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[9] 501(r) Final Rule, 2014.
[10] "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 100 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

Demographics and Life Expectancy

Exhibit 8: Change in Community Population by County, 2020 to 2030

County	Total Population 2020	Projected Population 2030	Percent Change 2020-2030
Jackson (MO)	689,226	714,467	3.7%
Community	**689,226**	**714,467**	**3.7%**

Source: Missouri Office of Admin, Budget, and Planning; 2023.

Description: Exhibit 8 portrays the estimated population by county in 2020 and projected to 2030.

Observations

- Between 2020 and 2030, the community's population is expected to grow by approximately 25,200 people, or 3.7 percent.

Exhibit 9: Change in Community Population by Age/Sex Cohort, 2020 to 2030

Age/Sex Cohort	Total Population 2020	Projected Population 2030	Percent Change 2020-2030
0-19	189,536	191,420	1.0%
Female 20 - 44	114,486	117,420	2.6%
Male 20 - 44	118,600	123,622	4.2%
45 - 64	165,525	154,082	-6.9%
65+	101,079	127,923	26.6%
Community Total	**689,226**	**714,467**	**3.7%**

Source: Missouri Office of Admin, Budget, and Planning; 2023.

Description: Exhibit 9 shows the population for certain age and sex cohorts in 2020, with projections to 2030.

Observations

- The population 65 years and older is projected to grow much more rapidly (26.6 percent) than the total population (3.7 percent).
- The growth of the older population is likely to lead to greater demand for health services since older individuals typically need and use more services than younger people.

Exhibit 10: Life Expectancy in Years by Race and Ethnicity, 2018-2020

Race/Ethnicity	Jackson (MO)	United States
American Indian & Alaska Native	82.7	75.5
Asian	84.5	87.0
Black	71.8	74.3
Hispanic	82.2	82.0
White	78.0	78.5
Community (All Races/Ethnicities)	76.6	**78.5**

Source: County Health Rankings, 2023.

Description: Exhibit 10 presents estimated life expectancy by race and ethnicity for Jackson County with the United States referenced as a benchmark. Light grey shading indicates life expectancy below the U.S. average for all races/ethnicities (78.5 years).

Observations

- In 2018-2020, life expectancy for Black residents was significantly lower in Jackson County.
- Life expectancy for all races and ethnicities in the community was also comparatively low.

Exhibit 11: Population by Race, 2020

Race	Jackson (MO)	Missouri	United States
White	60.8%	77.0%	**61.6%**
Black or African American	22.1%	11.4%	**12.4%**
American Indian and Alaska Native	0.6%	0.5%	**1.1%**
Asian	2.1%	2.2%	**6.0%**
Native Hawaiian and Other Pacific Islander	0.3%	0.2%	**0.2%**
Some Other Race	5.0%	2.1%	**8.4%**
Two or more races	9.1%	6.7%	**10.2%**

Source: U.S. Census Bureau, Decennial Census, 2020.

Description: Exhibit 11 presents the percentage distribution of the population by race for Jackson County, Missouri, and the U.S.

Observations

- Jackson County had a higher percentage of the population identified as Black than Missouri and U.S. averages.

Exhibit 12: Life Expectancy by Census Tract, 2020
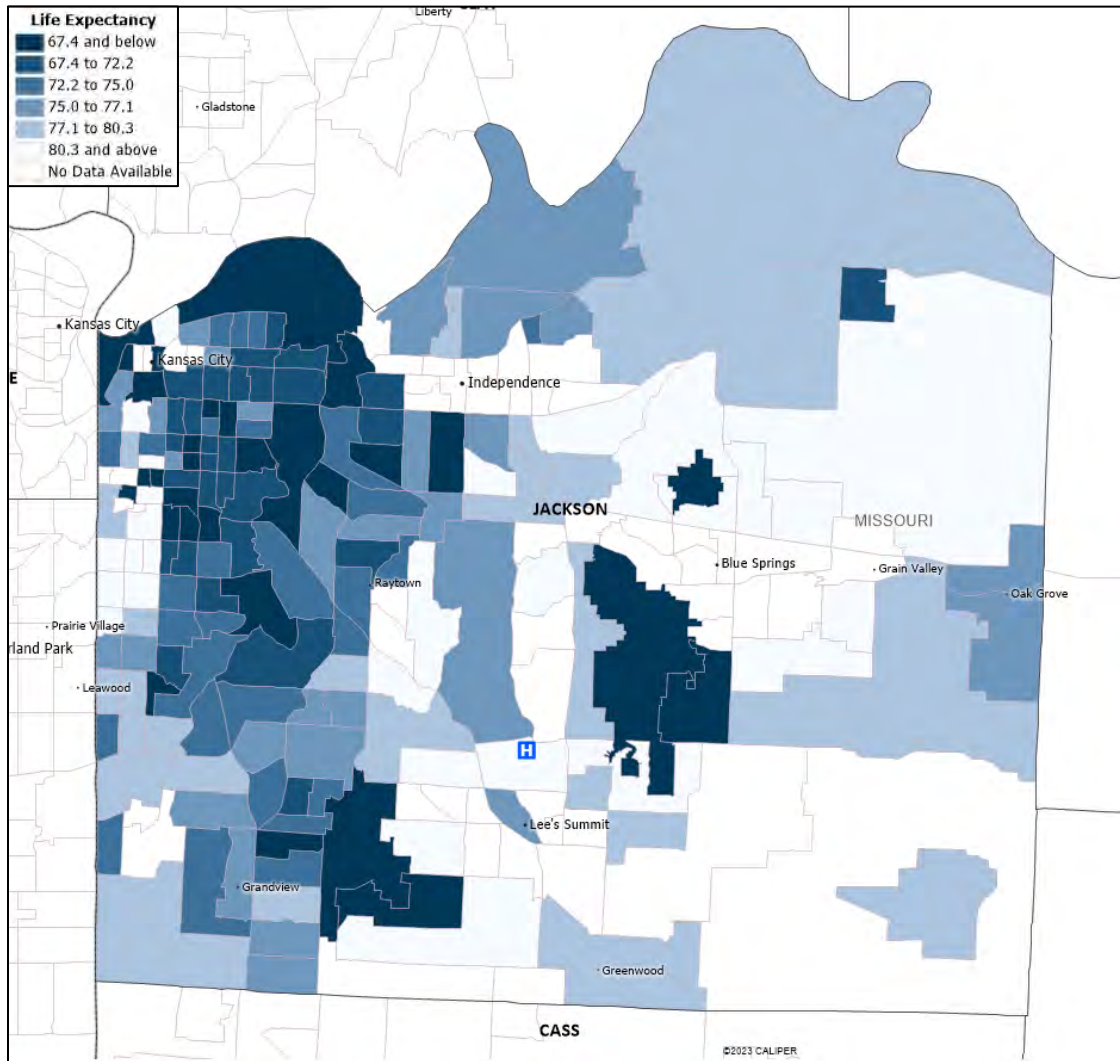
Source: Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics, 2020, and Caliper Maptitude, 2022.
Note: Data not available for small census tracts or those with high standard errors.

Description: Exhibit 12 presents estimated life expectancy by census tract for the SLE community.

Observations

- In 2020, there was significant variation in life expectancy across census tracts in Kansas City, MO.
- Census tracts in western and central Jackson County had comparatively low life expectancy.

Exhibit 13: Percent of Population – Aged 65+ by ZIP Code, 2021
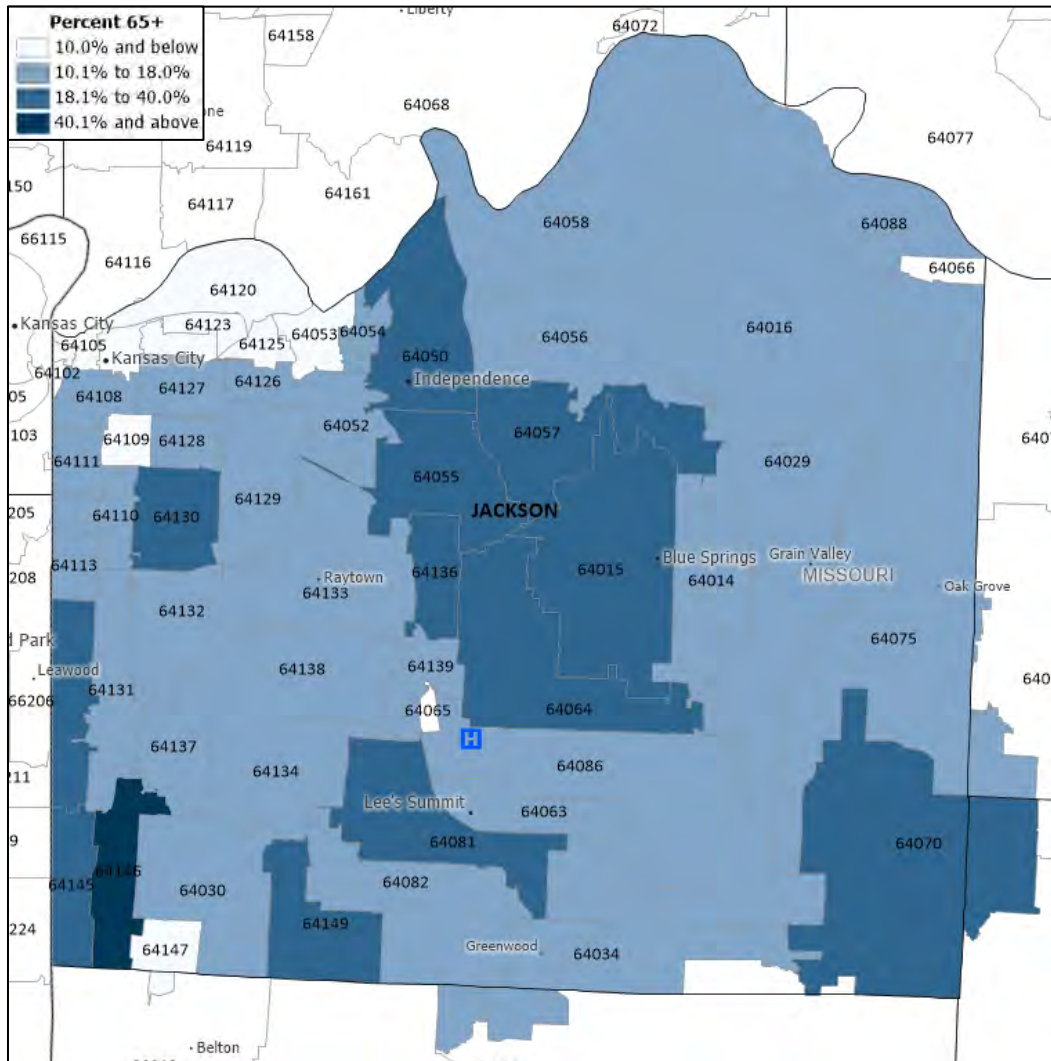
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

Description: Exhibit 13 portrays the percent of the population 65 years of age and older by ZIP Code.

Observations

- In 2021, the highest percentages of population 65 years of age and older were in Independence, and the southwest corner of Jackson County.
- Jackson County ZIP Code 64146 had the highest proportion (41.0 percent) of residents 65 years and older.

Exhibit 14: Percent of Population – Black by ZIP Code, 2021

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

Description: Exhibit 14 portrays the percentage of the population Black by ZIP Code.

Observations

- In 2021, areas in western Jackson County had the highest proportions of population identified as Black.
- Jackson County ZIP Codes 64130 and 64128 had over 75 percent of the population identified as Black (85.8 percent and 76.3 percent, respectively).

Exhibit 15: Percent of Population – Hispanic (or Latino) by ZIP Code, 2021
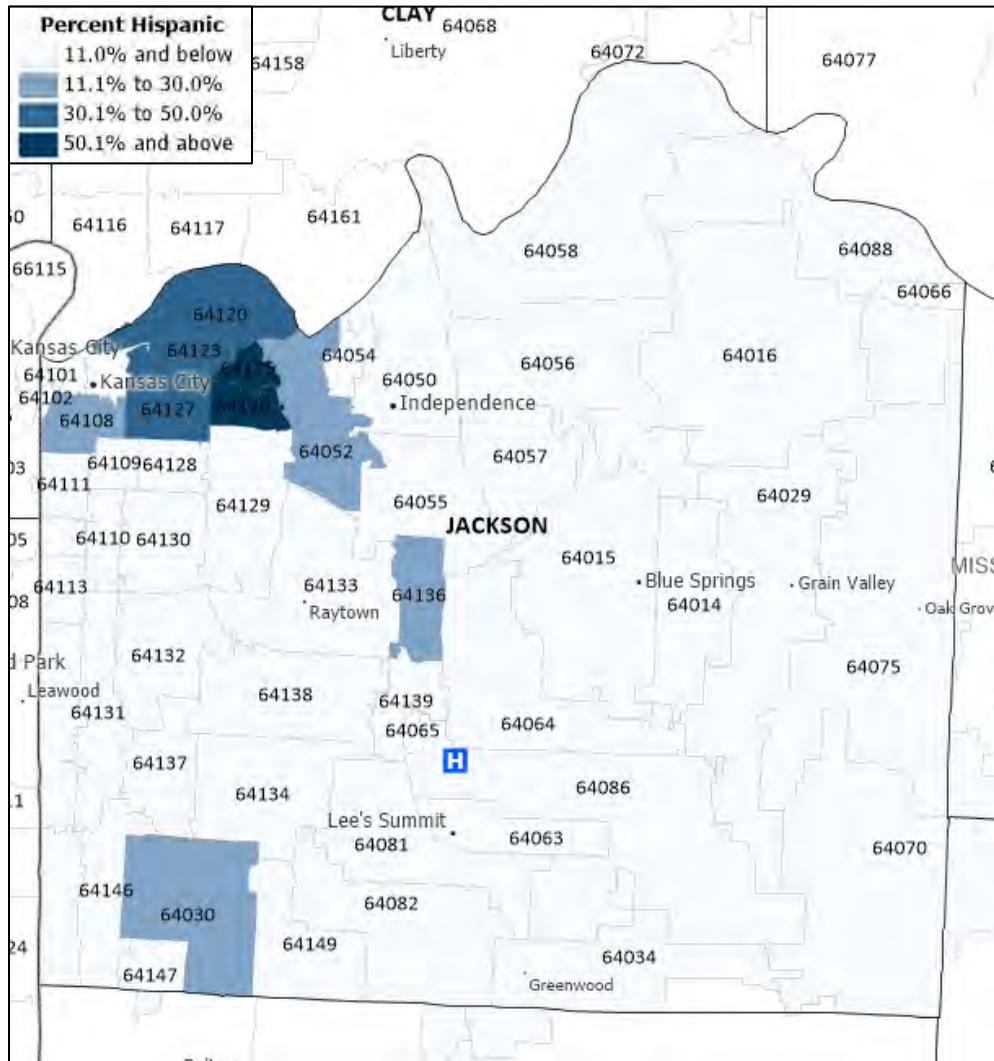
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

Description: Exhibit 15 portrays the percent of the population Hispanic (or Latino) by ZIP Code.

Observations

- In 2021, the Kansas City (MO) area had the highest proportions of population identified as Hispanic (or Latino).
- Two ZIP Codes in Jackson County (64126 and 64125) had more than 50 percent of the population identified as Hispanic (or Latino).
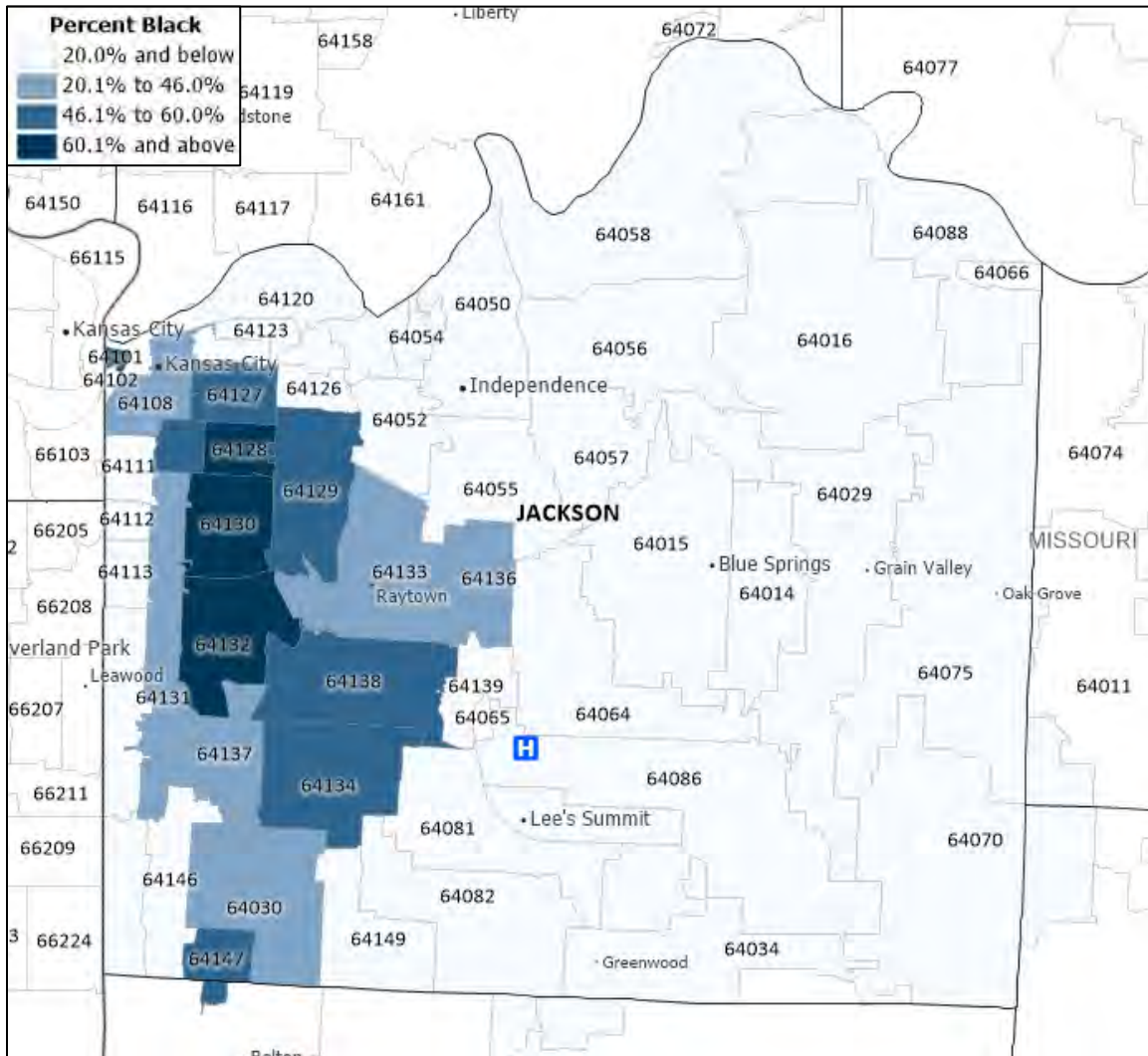
Exhibit 16: Selected Socioeconomic Indicators, 2017-2021
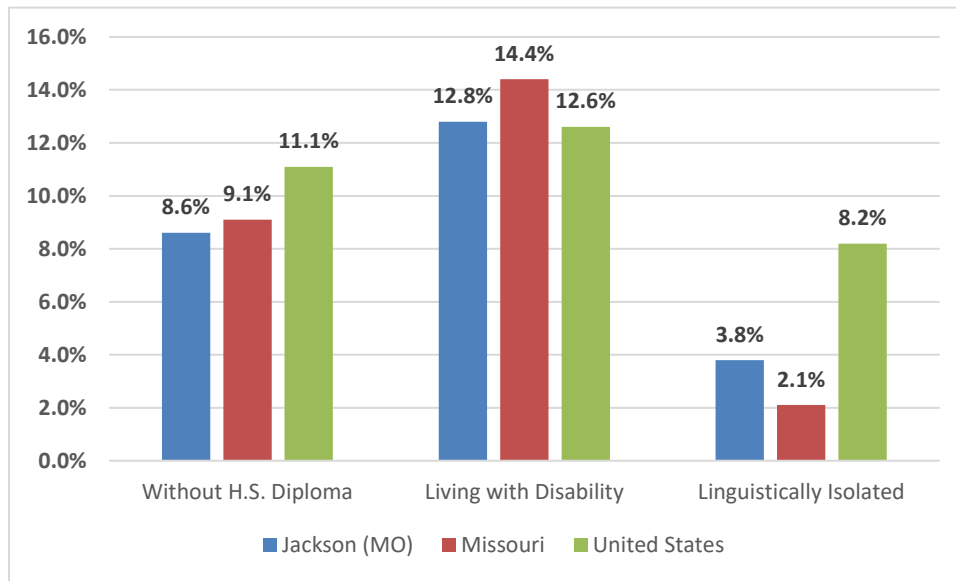
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description. Exhibit 16 portrays the percent of the population: without a high school diploma[11], living with a disability, and linguistically isolated in the counties that comprise the SLE community, 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." Dark grey shading indicates rates 50 percent or more above the U.S-wide average. Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2017-2021, Jackson County had a slightly above average rate of persons living with a disability compared to U.S. averages.

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[11] This is based on the people 25 years of age and older.

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 17: **Percent of People in Poverty, 2014-2018 and 2017-2021**
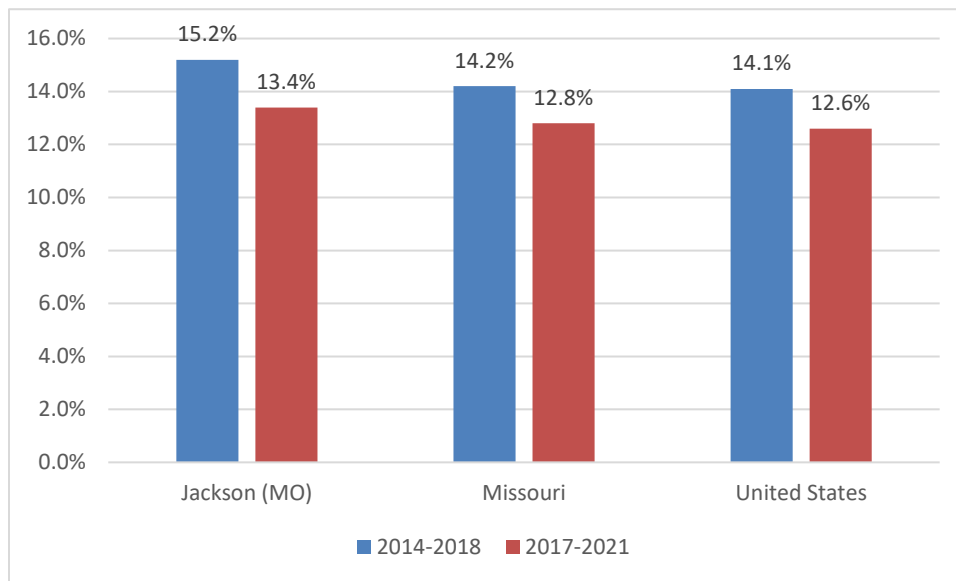
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description: **Exhibit 17** portrays poverty rates by county, in Missouri, and in the United States for 2014-2018 and 2017-2021.

Observations

- Poverty rates in Jackson County have been above Missouri, and United States averages.
- Poverty rates in all areas presented were lower in 2017-2021 compared to 2014-2018.

Exhibit 18: Poverty Rates by Race and Ethnicity, 2017-2021

Area	White	Black	Asian	Hispanic (or Latino)	All Races / Ethnicities
Jackson (MO)	8.6%	23.0%	18.2%	19.0%	13.4%
Missouri	10.7%	23.5%	12.3%	18.3%	12.8%
United States	**9.2%**	**21.7%**	**10.3%**	**17.7%**	**12.6%**

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description: Exhibit 18 portrays poverty rates by race and ethnicity. Dark grey shading indicates rates 50 percent or more above the U.S-wide average (12.6 percent for all persons). Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2017-2021, poverty rates for Black populations in Jackson County were more than 50 percent above the U.S. average for all persons.
- The poverty rate for Asian and Hispanic (or Latino) populations was also comparatively high.

Exhibit 19: Child Poverty Rates, 2017-2021

Area	Child Population (aged 0-17)	Percent of Population (aged 0-17)	Percent Children in Poverty
Jackson (MO)	165,519	23.6%	19.4%
Missouri	1,360,693	22.8%	16.9%
United States	**72,996,065**	**22.7%**	**17.0%**

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description: Exhibit 19 portrays poverty rates for children (aged 0-17). Dark grey shading indicates rates 50 percent or more above the U.S-wide average (17.0 percent for all children). Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2017-2021, the percentage of children in poverty in Jackson County was above state and national averages.

Exhibit 20: Low Income Census Tracts, 2019
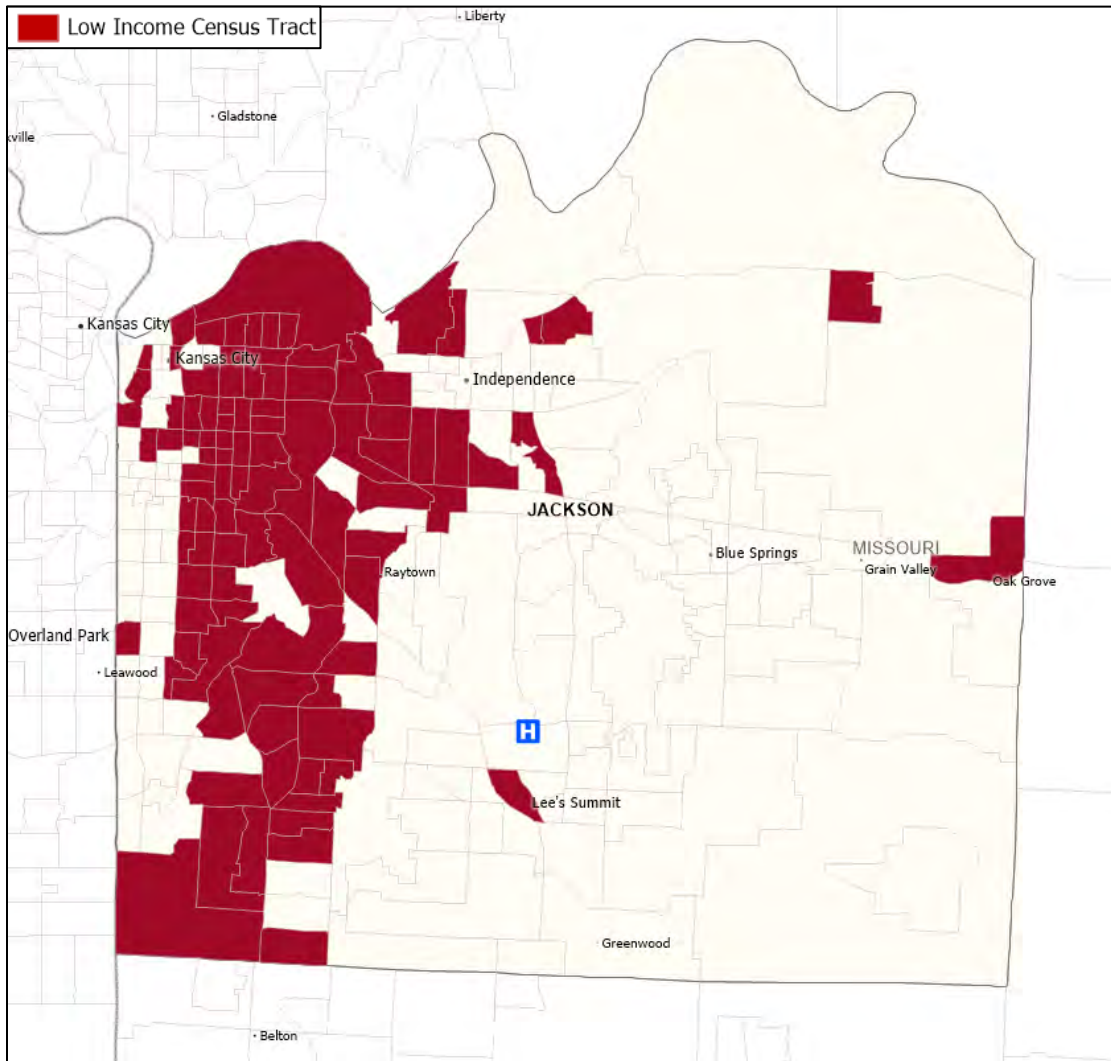
Source: US Department of Agriculture Economic Research Service, ESRI, 2021, and Caliper Maptitude, 2022.

Description: Exhibit 20 portrays the location of federally designated low-income census tracts.

Observations

- In 2019, low-income census tracts were concentrated in western parts of Jackson County, and Oak Grove.

Exhibit 21: Select Socioeconomic Characteristics, Missouri, Lesbian, Gay, Bisexual, or Transgender, 2019
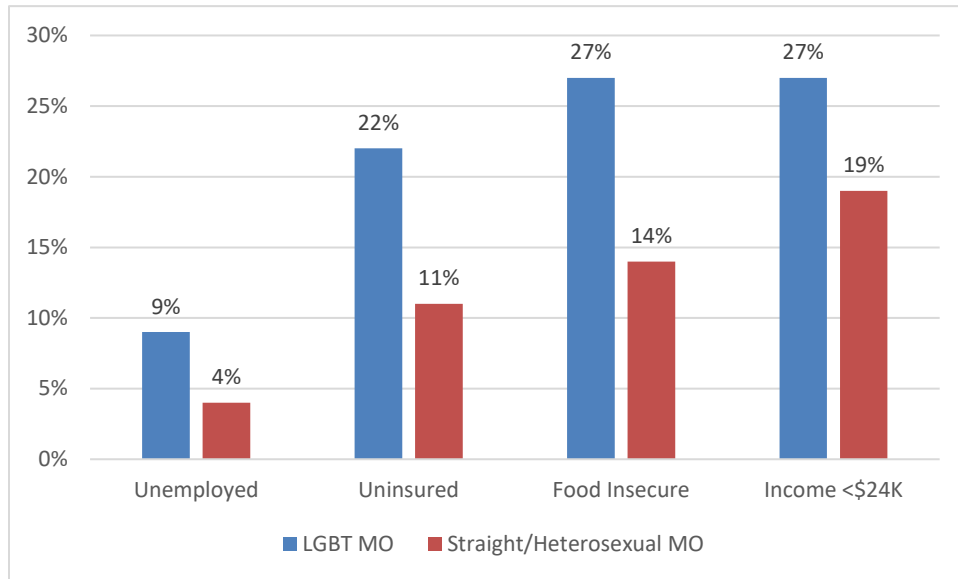
LGBT Demographic Data Interactive, January 2019, Los Angeles, CA: The Williams Institute, UCLA School of Law.

Description

Exhibit 21 portrays socioeconomic indicators for Lesbian, Gay, Bisexual, or Transgender (LGBT) and straight/heterosexual people in Missouri.

Observations

- In 2019 in Missouri, individuals who identified as LGBT were more likely to be unemployed, uninsured, food insecure, and have lower incomes than those who identify as straight/heterosexual.

Unemployment

Exhibit 22: Annual Unemployment Rates, Kansas City Metropolitan Area, 2017 to 2022
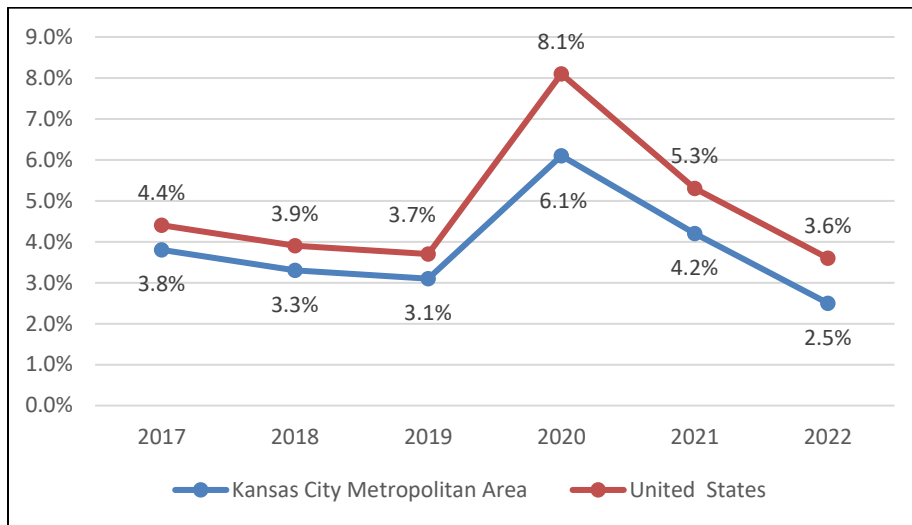
Source: Bureau of Labor Statistics, 2022.

Description: Exhibit 22 shows annual unemployment rates in the Kansas City Metropolitan Statistical Area and for the United States for 2017 to 2022.

Observations

- Unemployment rates declined from 2017 through 2019 in the Kansas City Metropolitan Area.
- Due to the COVID-19 pandemic, unemployment rates rose sharply in 2020. The rate more than doubled between 2019 and 2020 but was below the U.S. average.
- In 2021-2022, unemployment rates declined and fell below pre-pandemic levels both in Kansas City and in the United States.

Health Insurance Status

Exhibit 23: Percent of Population without Health Insurance, 2017 to 2021
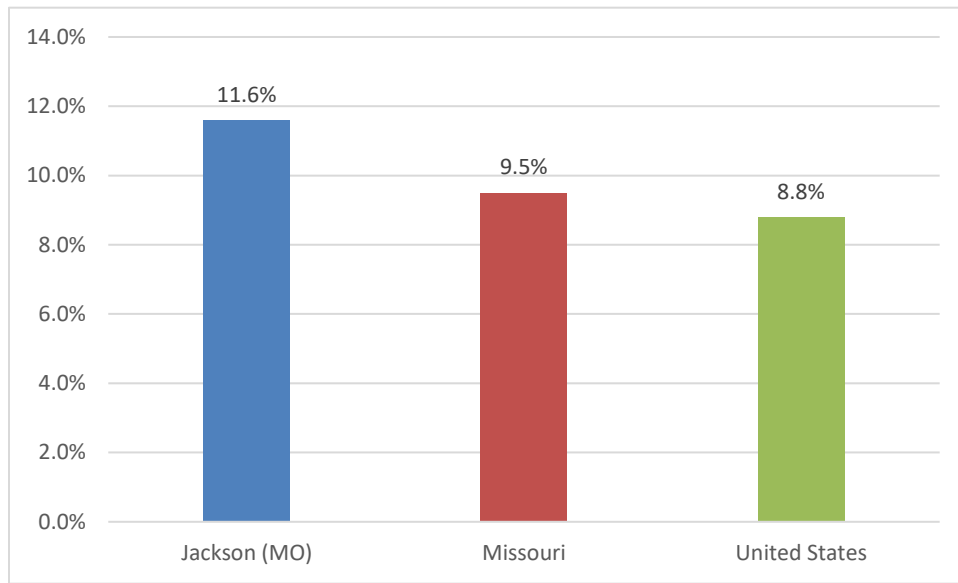
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Description: Exhibit 23 presents the estimated percentage of the population without health insurance.

Observations

- In 2017-2021, Jackson County had a higher percentage of the population without health insurance than Missouri, and national averages.

Medical Debt

**Exhibit 24: Share of People with a Credit Bureau Record
with Medical Debt in Collections, 2022**

Area	Medical Debt in Collections	Medical Debt in Collections (People of Color)	Medical Debt in Collections (Majority White)
Jackson (MO)	19.3%	28.9%	15.1%
Missouri	16.4%	31.0%	14.6%
United States	**12.6%**	**14.7%**	**11.5%**

Source: Alexander Carther, Kassandra Martinchek, Breno Braga, Signe-Mary McKernan, and Caleb Quakenbush. 2021. Debt in America 2022.
Accessible from https://datacatalog.urban.org/dataset/debt-america-2022.

Description: Exhibit 24 portrays the estimated share of the people with a credit bureau records who have medical debt in collections in the three counties, Kansas, Missouri, and the United States. Dark grey shading indicates rates 50 percent or more above the U.S-wide average (12.6 percent for all persons). Light grey shading indicates rates 0-50 percent above the U.S. average.

Observations

- In 2022 and in Jackson County, the share of the population with credit bureau records and with medical debt in collections was more than 50 percent above the U.S. average.
- Medical debt in collections was higher for communities of color than for majority-White communities.
- The prevalence of medical debt has been higher in Missouri than in the nation as a whole.

Crime Rates

Exhibit 25: Crime Rates by Type and Jurisdiction, Per 100,000, 2019-2021

City	County (State)	Violent Crime	Murder	Rape	Robbery	Aggravated Assault	Property Crime	Burglary	Larceny-Theft	Motor Vehicle Theft
Blue Springs	Jackson (MO)	198	4	37	14	144	2,184	184	1,703	297
Independence	Jackson (MO)	577	7	110	78	383	3,751	343	2,556	853
Kansas City	Jackson (MO)	1,477	31	83	242	1,121	4,284	564	2,792	928
Lee's Summit	Jackson (MO)	151	2	22	15	112	1,769	160	1,360	250
Missouri		495	9	48	81	357	2,639	430	1,865	343
United States		379	5	43	82	250	2,110	341	1,550	220

Source: Federal Bureau of Investigation, 2019-2021.
Note: Data presented for selected cities, as available.

Description: **Exhibit 25** provides crime statistics available from the Federal Bureau of Investigation. Light grey shading indicates rates above United States averages; dark grey shading indicates rates more than 50 percent above the national average.

Observations

- In 2019-2021, crime rates in Kansas City were more than 50 percent above national averages for all crime types.
- Crime rates in Independence also were higher than national averages for all crime types except robbery.

Housing Affordability

Exhibit 26: Percent of Rented Households Rent Burdened, 2017-2021

Area	Households Paying Rent	Households Paying >30% of Income for Rent	Percent of Households Rent Burdened
Jackson (MO)	114,784	54,786	47.7%
Missouri	726,672	325,273	44.8%
United States	**40,811,805**	**20,169,402**	**49.4%**

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

Exhibit 27: Map of Percent of Rented Households Rent Burdened, 2017-2021
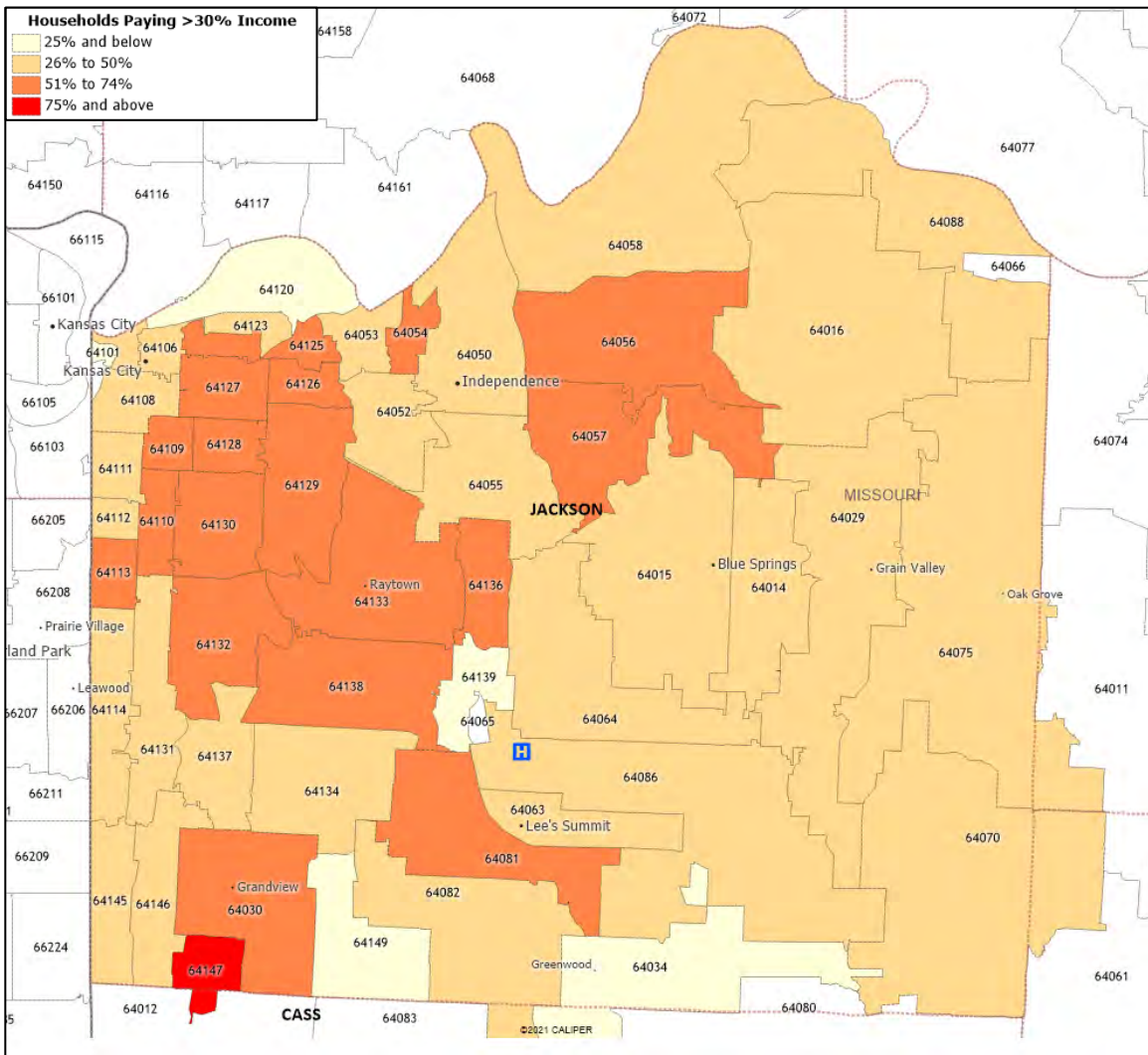
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

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.[12] **Exhibits 26 and 27** portray the percent of rented households that meet this definition. ZIP Codes highlighted in red are where over 75 percent of households have been rent burdened.

Observations

- In 2017-2021, ZIP Codes in Independence, and Kansas City had the highest percentage of households designated as rent burdened.
- ZIP Code 64147 had the highest percentage of population rent burdened.

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

Area Deprivation Index

Exhibit 28: Area Deprivation Index by Census Block Group, 2020
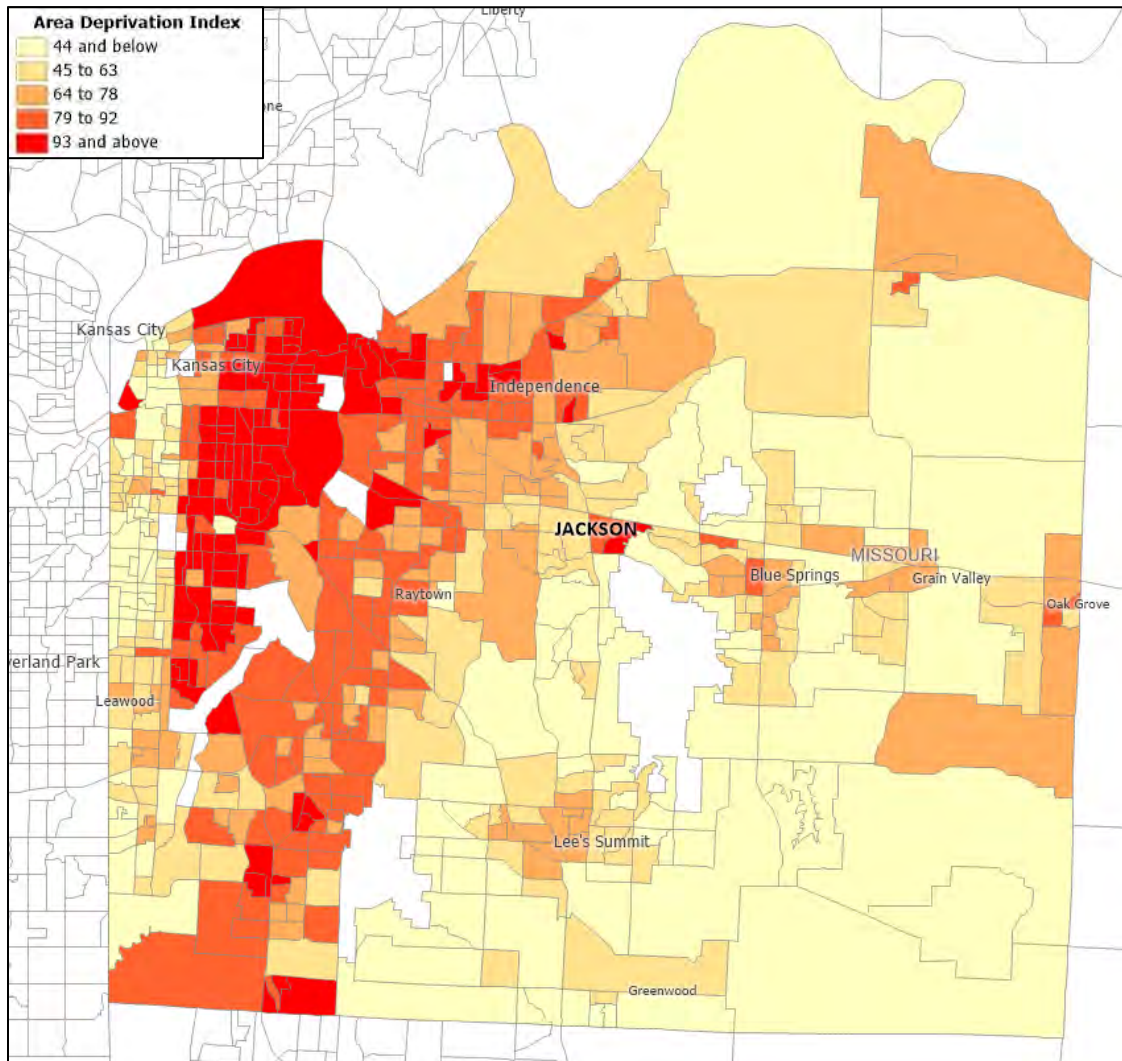
Description: Exhibit 28 presents the University of Wisconsin, School of Medicine and Public Health, Center for Health Disparities Research's Area Deprivation Index (ADI) for the SLE community. The ADI ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality. ADIs are calculated for census block groups in national percentile rankings from 1 to 100. A block group ranking of 1 indicates the lowest level of disadvantage within the nation and an ADI ranking of 100 indicates the highest level of disadvantage.

Observations
- In 2020, the highest ADIs were present in the Kansas City area, Independence, and western Jackson County.

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

Exhibit 29: Socioeconomic Status - Bottom Quartile Census Tracts, 2020
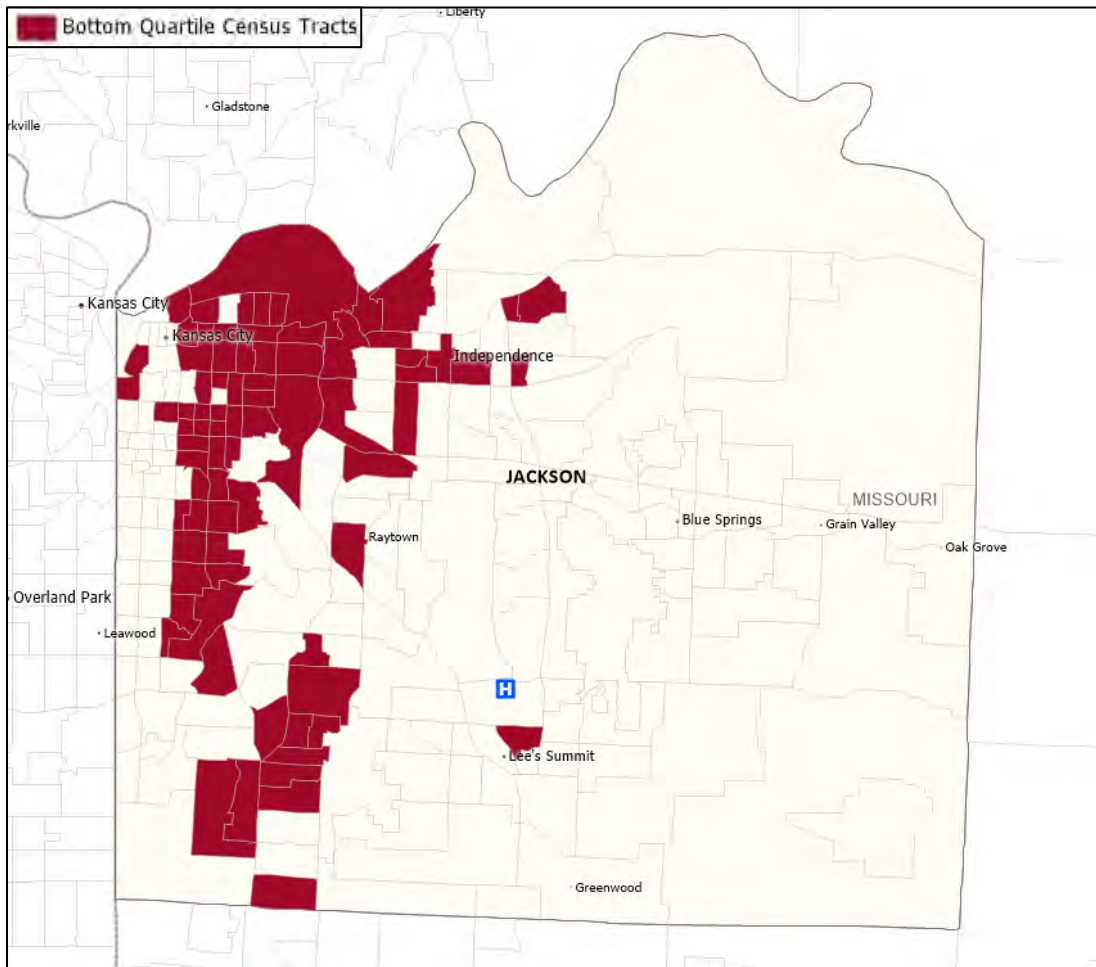
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibits 29 through 32 are maps that show Centers for Disease Control and Prevention's Social Vulnerability Index (SVI) scores by census tract. Highlighted census tracts indicate scores that are in the bottom quartile nationally. The SVI is based on 15 variables derived from U.S. census data and grouped into four themes, including Socioeconomic Status; Household Characteristics; Racial & Ethnic Minority Status; and Housing Type & Transportation. **Exhibit 29** identifies census tracts in the bottom quartile for socioeconomic characteristics.

Observations

- Census tracts with the highest socioeconomic vulnerability were concentrated in western Jackson County, and Lee's Summit.

Exhibit 30: Household Characteristics – Bottom Quartile Census Tracts, 2020
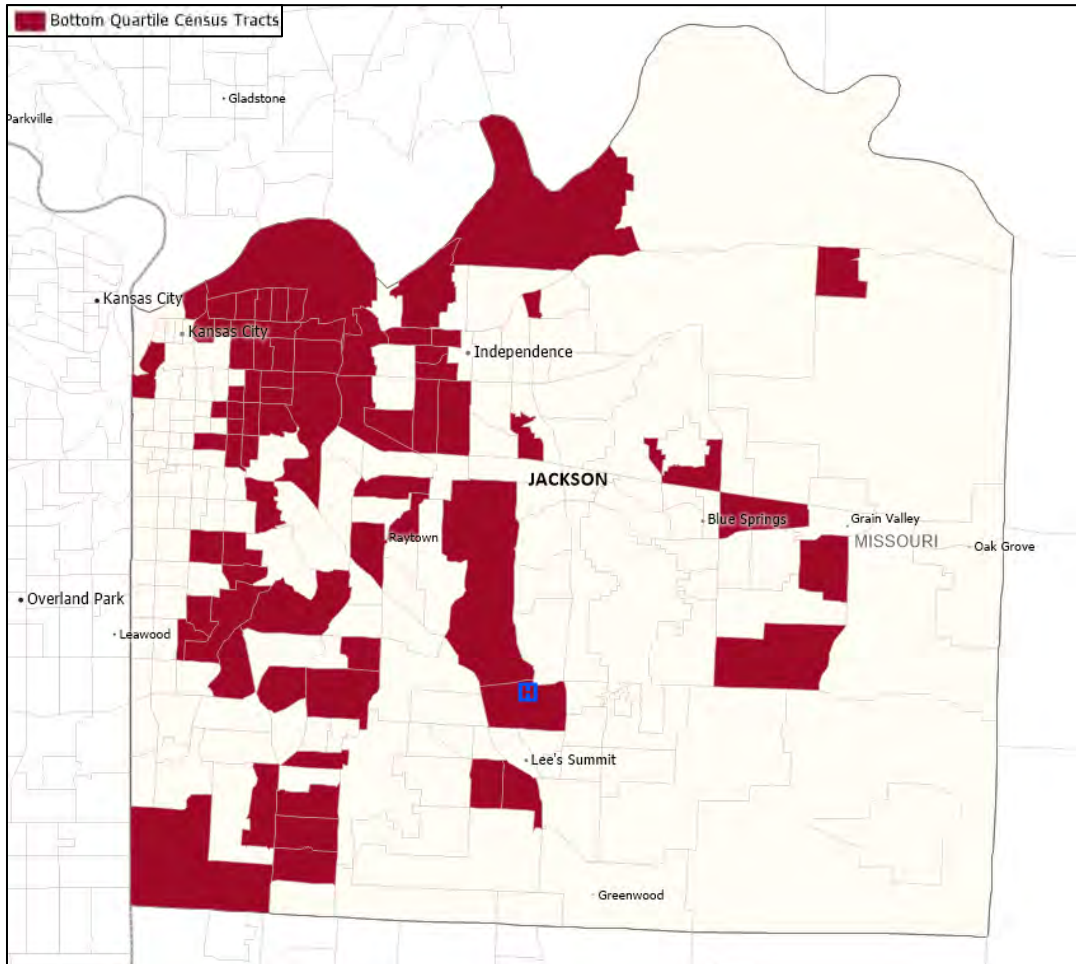
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 30 identifies census tracts in the bottom quartile nationally for "household characteristics" (percent of people 65 years of age or older, 17 years of age or younger, civilian with a disability, single-parent households, and with Limited English Proficiency).

Observations

- In 2020, census tracts with the highest household characteristics vulnerability were concentrated in central and western Jackson County, and Blue Springs.

Exhibit 31: Racial and Ethnic Minority Status – Bottom Quartile Census Tracts, 2020
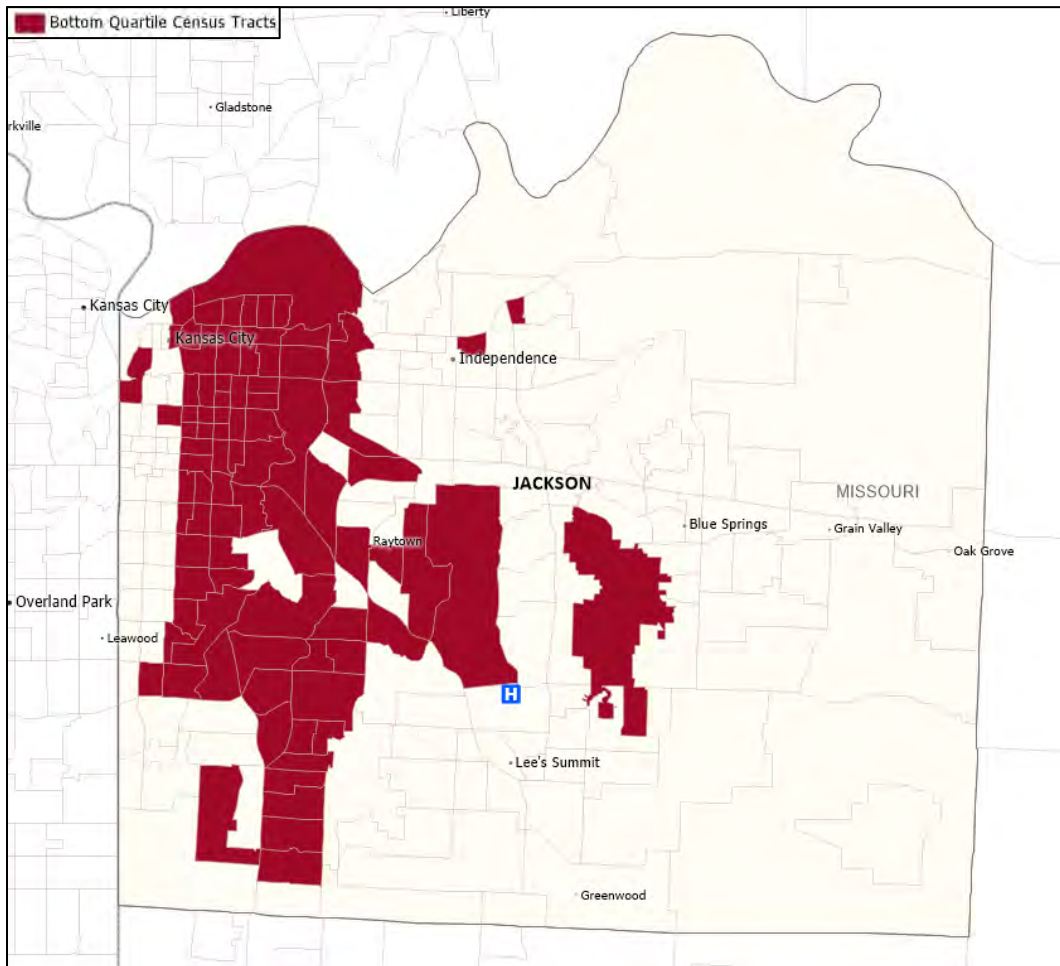
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 31 identifies census tracts in the bottom quartile for "racial and ethnic minority status" (percent of people non-White).

Observations

- In 2020, racial and ethnic minorities were concentrated in the Kansas City area, and central Jackson County.

Exhibit 32: Housing Type and Transportation – Bottom Quartile Census Tracts, 2020
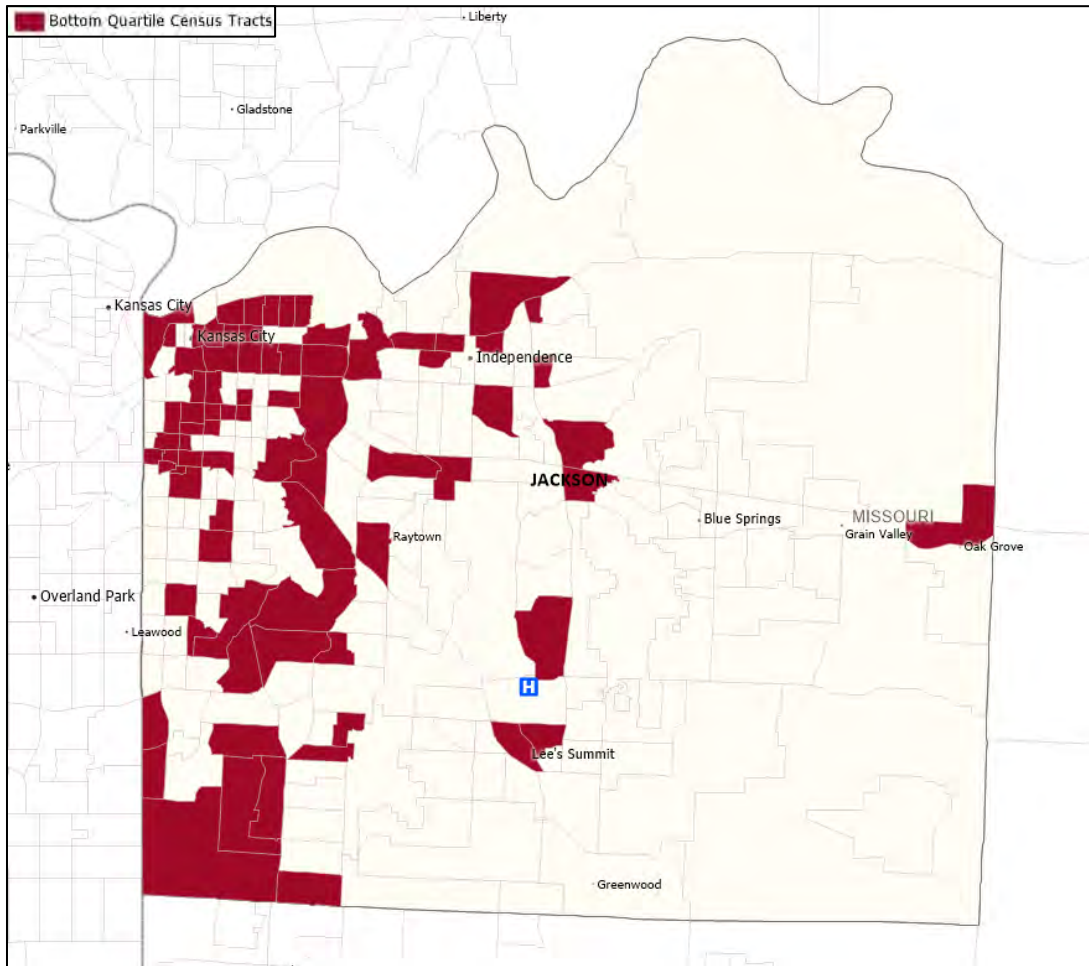
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 32 identifies census tracts in the bottom quartile nationally for "housing type and transportation vulnerability" (people living in multi-unit structures, in mobile homes, in crowded households, in group quarters, and with no vehicle).

Observations

- In 2020, census tracts designated as vulnerable for housing type and transportation were concentrated in Kansas City, Independence, Lee's Summit, and Oak Grove.

Other Health Status and Access Indicators

County Health Rankings

Exhibit 33: County Health Rankings, 2023

Measure	Jackson (MO)
Health Outcomes	79
Health Factors	54
Length of Life	66
Quality of Life	85
Poor or fair health	40
Poor physical health days	29
Poor mental health days	101
Low birthweight	99
Health Behaviors	30
Adult smoking	9
Adult obesity	18
Food environment index	39
Physical inactivity	42
Access to exercise opportunities	3
Excessive drinking	106
Alcohol-impaired driving deaths	97
Sexually transmitted infections	113
Teen births	62
Clinical Care	11
Uninsured	26
Primary care physicians	10
Dentists	2
Mental health providers	13
Preventable hospital stays	93
Mammography screening	16
Flu vaccinations	14
Social & Economic Factors	77
High school graduation	23
Some college	13
Unemployment	105
Children in poverty	34
Income inequality	85

Source: County Health Rankings and Verité Analysis, 2023.
Note: There are 105 counties in Kansas and 114 counties in Missouri.

Exhibit 33: County Health Rankings, 2023 *(continued)*

Measure	Jackson (MO)
Children in single-parent households	109
Social associations	64
Injury deaths	83
Physical Environment	109
Air pollution - particulate matter	113
Severe housing problems	97
Driving alone to work	42
Long commute - driving alone	57

Source: County Health Rankings and Verité Analysis, 2023.
Note: There are 105 counties in Kansas and 114 counties in Missouri.

Description: Exhibit 33 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,[13] social and economic factors, and physical environment.[14] *County Health Rankings* is updated annually. *County Health Rankings 2023* relies on data from 2014 to 2021. Most data are from 2017 to 2021.

The exhibit presents 2023 rankings for each available indicator category. Rankings indicate how Jackson County ranked in relation to all 114 counties in Missouri (and the independent City of St. Louis). 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

- Jackson County ranked in the bottom quartile for the following indicators:
  - Poor mental health days
  - Low birthweight
  - Excessive drinking
  - Alcohol-impaired driving deaths
  - Sexually transmitted infections
  - Preventable hospital stays
  - Unemployment

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[13] 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.

[14] 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.

- o Children in single-parent households
  - o Air pollution
  - o Severe housing problems
- Jackson County ranked in the bottom half for five of the seven composite measures including, health outcomes, length of life, quality of life, social and economic factors, and physical environment.
- Jackson County ranked at the bottom of Missouri's counties for sexually transmitted infections and air pollution/particulate matter (113/114).

Exhibit 34: County Health Rankings Data Compared to State and U.S. Averages, 2023

Category	Indicator	Jackson (MO)	Missouri	United States
Health Outcomes				
Length of Life	Years of potential life lost before age 75 per 100,000 population	9,377.1	8,859.6	7,300
Quality of Life	% adults reporting fair or poor health	16.3%	15.2%	12.0%
	Average number of physically unhealthy days past 30 days	3.6	3.4	3.0
	Average number of mentally unhealthy days past 30 days	5.3	4.9	4.4
	% live births with low birthweight (<2500 grams)	9.3%	8.6%	8.0%
Health Factors				
Health Behaviors				
Adult Smoking	% adults smoking >= 100 cigarettes & currently smoking	19.0%	18.6%	16.0%
Adult Obesity	Percent of adults that report a BMI >= 30	36.2%	34.2%	32.0%
Food Environment Index	Index of factors that contribute to a health food environment, 0 (worst) to 10 (best)	7.5	6.8	7.0
Physical Inactivity	% adults aged 20 and over reporting no leisure-time physical activity	26.5%	24.9%	22.0%
Access to Exercise Opportunities	% population with adequate access to locations for physical activity	91.1%	75.8%	84.0%
Excessive Drinking	% adults reporting binge plus heavy drinking	20.1%	20.0%	19.0%
Alcohol-Impaired Driving Deaths	% driving deaths with alcohol involvement	35.9%	27.6%	27.0%
STDs	Chlamydia rate per 100,000 population	892.6	518.4	481.3
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	28.9	22.7	19.0
Clinical Care				
Uninsured	% population under age 65 without health insurance	13.0%	12.2%	10.0%
Primary Care Physicians	Ratio of population to primary care physicians	1,175:1	1,409:1	1,310:1
Dentists	Ratio of population to dentists	1,088:1	1,617:1	1,380:1
Mental Health Providers	Ratio of population to mental health providers	361:1	433:1	340:1
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3,677	3,052	2,809

Source: County Health Rankings, 2023.

Exhibit 34: County Health Rankings Data Compared to State and U.S. Averages, 2023 *(continued)*

Category	Indicator	Jackson (MO)	Missouri	United States
Mammography Screening	% female Medicare enrollees, ages 67-69, that receive mammography screening	43.0%	40.0%	**37.0%**
Flu Vaccinations	% Medicare enrollees that had an annual flu vaccination	53.0%	49.0%	**51.0%**
Social and Economic Factors				
High School Graduation	% adults ages 25 and over with a high school diploma or equivalent.	91.4%	91.0%	**89.0%**
Some College	% adults aged 25-44 years with some post-secondary education	68.0%	67.2%	**67.0%**
Unemployment	% population age 16+ unemployed but seeking work	5.5%	4.4%	**5.4%**
Children in Poverty	% children under age 18 in poverty	17.3%	16.5%	**17.0%**
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.6	4.5	**4.9**
Children in Single-Parent Households	% children that live in a household headed by single parent	32.2%	24.3%	**25.0%**
Social Associations	Number of associations per 10,000 population	11.0	11.4	**9.1**
Injury Deaths	Injury mortality per 100,000	102.0	95.8	**76.0**
Physical Environment				
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	9.6	7.6	**7.4**
Severe Housing Problems	% households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14.3%	12.9%	**17.0%**
Driving Alone to Work	% workforce that drives alone to work	79.3%	79.4%	**73.0%**
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	33.2%	32.0%	**37.0%**

Source: County Health Rankings, 2023.

Description: Exhibit 34 provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.[15] 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

- Several indicators are especially problematic in Jackson County, including:
  - Percent of adults reporting fair or poor health
  - Chlamydia rate per 100,000
  - Teen birth rate per 1,000 female population, ages 15-19
  - Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees

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[15] 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 35: Community Health Status Indicators, 2023

Category	Indicator	Jackson (MO)	Peer Counties
Length of Life	Years of potential life lost rate	**9,377.1**	6,342.1
Quality of Life	% Fair/Poor health	**16.3%**	12.6%
	Physically unhealthy days	**3.6**	2.9
	Mentally unhealthy days	**5.3**	4.6
	% Births – low birth weight	**9.3**	8.0
Health Behaviors	% Smokers	**19.0%**	13.9%
	% Obese	**36.2%**	29.7%
	Food environment index	**7.5**	8.2
	% Physically inactive	**26.5%**	20.5%
	% Population with access to exercise opportunity	**91.1%**	95.6%
	% Excessive drinking	20.1%	19.4%
	% Driving deaths with alcohol	**35.9%**	26.8%
	Chlamydia rate per 100,000	**892.6**	542.6
	Teen birth rate per 1,000, ages 15-19	**28.9**	16.8
Clinical Care	% Uninsured	**13.0%**	9.3%
	Ratio of population to primary care physicians	1,175:1	1,042:1
	Ratio of population to dentists	1,088:1	1,102:1
	Ratio of population to mental health providers	361:1	235:1
	Preventable hospitalization rate per 100,000	**3,677.0**	2,558.8
	% Mammography screening	43.0%	36.6%
	% Flu vaccination	53.0%	52.9%
Social and Economic Factors	High School graduation rate	91.4%	90.8%
	% Some college	**68.0%**	75.0%
	% Unemployed	5.5%	5.0%
	% Children in poverty	17.3%	14.5%
	Income ratio	4.6	4.5
	% Children in single-parent households	**32.2%**	24.7%
	Social association rate per 10,000	11.0	9.1
	Injury mortality per 100,000	**102.0**	69.9
Physical Environment	Average daily PM2.5	**9.6**	9.0
	% Severe housing problems	14.3%	17.3%
	% Drive alone to work	**79.3%**	68.3%
	% Long commute, drives alone	33.2%	35.4%

Source: County Health Rankings, and Verité Analysis, 2023.

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 35 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 are also 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 County compared unfavorably to peer counties for most of the indicators presented (27/33).

COVID-19 Cases and Deaths

Exhibit 36: COVID-19 Incidence and Mortality (As of February 14, 2023)

Area	Cases	Deaths	Incidence Rate per 100,000	Mortality Rate per 100,000
Jackson (MO)	119,925	1,374	17,124.6	196.2
Missouri	6,126,452	21,334	26,493.2	348.2
United States	**100,577,839**	**1,092,380**	**30,827.3**	**334.8**

Source: Johns Hopkins University, Accessed via ESRI, Additional data analysis by CARES. 2022.

Description: Exhibit 36 presents data regarding COVID-19 incidence and mortality. Light grey shading indicates rates above the United States averages.

Observations

- In Jackson County, COVID-19 incidence and mortality rates were lower than national averages.

Mortality Rates

Exhibit 37: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2011-2020

Condition	Jackson (MO)	Missouri
Major cardiovascular diseases	230.5	248.1
Malignant neoplasms	171.5	170.6
Diseases of heart	176.2	193.2
All other diseases	110.9	90.1
Ischemic heart diseases	82.0	111.4
Other forms of chronic ischemic heart disease	57.4	60.6
Other heart diseases	74.9	69.1
All other forms of chronic ischemic heart disease	39.3	52.5
Chronic lower respiratory diseases	49.1	50.5
Accidents (unintentional injuries)	49.9	55.2
Other chronic lower respiratory diseases	46.0	46.5
Malignant neoplasms of trachea, bronchus, lung	46.4	49.1
Cerebrovascular diseases	40.1	40.6
All other forms of heart disease	42.2	40.6
Nontransport accidents	36.3	39.7
Acute myocardial infarction	23.8	49.7
Heart failure	32.1	27.8
Alzheimer disease	23.5	30.2
Diabetes mellitus	20.3	20.6
All other and unspecified malignant neoplasms	20.1	20.2
Intentional self-harm (suicide)	18.5	17.2
Malignant neoplasms - lymphoid, hematopoietic, related issue	16.2	16.0
Influenza and pneumonia	14.0	16.6
Kidney Disease (nephritis, nephrotic syndrome, and nephrosis)	22.4	19.1
Renal failure	22.2	18.9
Assault (homicide)	**19.9**	9.6

Source: Centers for Disease Control and Prevention, 2021.

Description: Exhibit 37 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 2011-2020 and in Jackson County, rates for 10 of the 26 selected causes of mortality were above the Missouri average.
- Rates of assault (homicide) were more than 50 percent above state averages in Jackson County.

Exhibit 38: Age-Adjusted Cancer Mortality Rates per 100,000 Population, 2015-2019

Type of Cancer	Jackson (MO)	Missouri
All Cancer Sites Combined	163.9	166.3
Lung and Bronchus	42.7	46.4
Female Breast	20.1	20.3
Prostate	18.5	17.8
Colon and Rectum	14.0	14.2
Pancreas	12.4	11.4
Leukemias	6.3	6.5
Ovary	5.5	6.1
Liver and Intrahepatic Bile Duct	7.6	6.5
Non-Hodgkin Lymphoma	4.7	5.3
Brain and Other Nervous System	4.3	4.4
Corpus and Uterus, NOS	5.2	4.9
Esophagus	4.1	4.5
Kidney and Renal Pelvis	4.1	4.2
Urinary Bladder	4.9	4.4
Myeloma	3.3	3.3
Cervix	2.9	2.4
Melanomas of the Skin	2.1	2.5
Oral Cavity and Pharynx	3.4	2.9
Stomach	2.6	2.4
Larynx	**1.7**	1.1
Mesothelioma	0.6	0.6
Thyroid	0.7	0.5
Hodgkin Lymphoma	N/A	0.3
Testis	N/A	0.3

Source: Centers for Disease Control and Prevention, 2021.

Description: **Exhibit 38** provides age-adjusted mortality rates for selected forms of cancer in 2015-2019. Light grey shading indicates rates above state averages; dark grey shading indicates rates more than 50 percent above state averages.

Observations

- In 2015-2019, Jackson County compared unfavorably to state averages for cancer mortality rates for 10 of 23 cancer types presented.
- In Jackson County, the rate for larynx cancer was more than 50 percent above the state average.

Exhibit 39: Drug Poisoning Mortality per 100,000 Population, 2017-2020

Area	2017	2020	Percent Change, 2017-2020
Jackson (MO)	18.0	25.2	40.0%
Missouri	22.4	30.5	36.2%
United States	**21.6**	**27.7**	**28.2%**

Source: Centers for Disease Control and Prevention, 2019-2023, and Verité Analysis, 2023.

Description: Exhibit 39 provides mortality rates for drug poisoning for 2017 and 2020. Light grey shading indicates rates above the United States average; dark grey shading indicates rates more than 50 percent above the United States average.

Observations

- Between 2017 and 2020, drug poisoning mortality rates increased at a significantly higher rate than the national average.
- The drug poisoning mortality rate in Jackson County increased 40 percent (from 18.0 to 25.2 deaths per 100,000).

Exhibit 40: Missouri Chronic Condition Mortality Rates, by Race and Ethnicity, per 100,000, 2019

Condition or Cause of Death	White	Black	Hispanic (or Latino)	All Races and Ethnicities
All chronic conditions	518.6	620.7	247.4	**526.2**
Heart disease	183.1	220.3	74.6	**186.2**
Cancer	157.9	180.9	72.1	**159.3**
Chronic Obstructive Pulmonary Disease	47.8	28.1	10.2	**45.6**
Stroke (cerebrovascular diseases)	35.5	**58.6**	25.7	**37.6**
Alzheimer's disease	34.6	31.2	16.4	**34.1**
Diabetes	19.5	**35.5**	16.9	**20.9**
Kidney disease (nephritis, nephrotic	16.9	**33.4**	12.8	**18.4**
Chronic liver disease & cirrhosis	10.2	8.3	13.7	**10.0**
Other cardiovascular/circulatory	6.7	**10.7**	0.7	**7.1**
Essential hypertension	5.4	**11.0**	4.3	**5.8**
Asthma	0.7	**2.6**	N/A	**0.9**

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

Description: Exhibit 40 presents Missouri-wide mortality rates by race and ethnicity for a variety of chronic conditions. Light grey shading indicates rates above the state averages for all races/ethnicities; dark grey shading indicates rates more than 50 percent above those averages.

Observations

- In 2019 and in Missouri, chronic condition mortality rates for Black residents were higher than for White and Hispanic (or Latino) residents for most causes of death.
- Mortality rates for Black residents for stroke, diabetes, kidney disease, cardiovascular/circulatory conditions, and asthma were particularly high in comparison to other race/ethnicity groups.

Exhibit 41: Age-adjusted Suicide Rate by Gender, per 100,000, 2016-2020
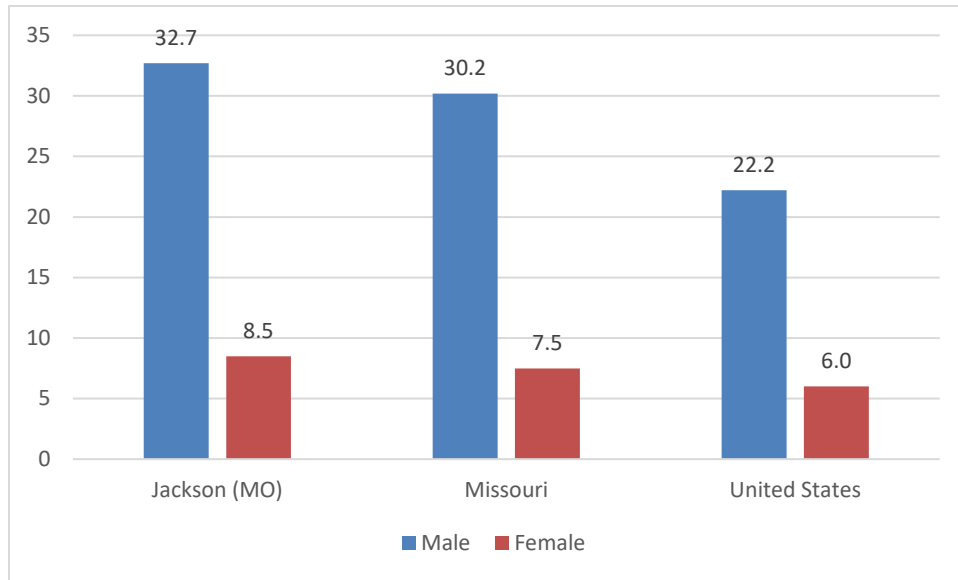
Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.

Description: Exhibit 41 presents suicide rates by gender for Jackson County, Missouri, and the United States.

Observations

- In 2016-2020, the suicide rate for males was more than triple the rate for females in all geographies presented.
- Suicide rates for males and females in Jackson County, and Missouri were higher than U.S. averages.

Exhibit 42: Age-adjusted Suicide Rate by Race and Ethnicity, per 100,000, 2016-2020

County	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino	All Residents
Jackson (MO)	24.3	12.3	10.8	20.1
Missouri	20.5	9.6	10.0	18.6
United States	17.4	7.1	7.2	13.8

Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.

Description: Exhibit 42 presents suicide rates by race and ethnicity for Jackson County, Missouri, and the United States.

Observations

- In 2016-2020, suicide rates for White residents were higher than all other races and ethnicities in all geographies presented.
- Suicide rates for all races and ethnicities in Jackson County, and Missouri also were above U.S. averages.

Communicable Diseases

Exhibit 43: Communicable Disease Incidence Rates per 100,000 Population, 2020

Indicator	Jackson (MO)	Missouri	United States
HIV diagnoses	15.1	6.9	**10.9**
HIV prevalence	499.9	248.7	**379.7**
Tuberculosis	1.3	1.3	**2.2**
Chlamydia	**892.6**	518.4	**481.3**
Early Non-Primary, Non-Secondary Syphilis	19.6	9.1	**13.1**
Gonorrhea	**527.6**	274.6	**206.5**
Primary and Secondary Syphilis	**30.9**	13.5	**12.7**

Source: Centers for Disease Control and Prevention, 2021.

Description: Exhibit 43 presents incidence rates for certain communicable diseases. Light grey shading indicates rates above the United States average; dark grey shading indicates rates more than 50 percent above the United States average.

Observations

- In 2020, communicable disease incidence rates in Jackson County generally were above U.S. averages.
- In Jackson County, chlamydia, gonorrhea, and primary and secondary syphilis rates were more than 50 percent above national averages.

Maternal and Child Health

Exhibit 44: Maternal and Child Health Indicators, 2016-2021

Measure	Jackson (MO)	Missouri	United States
Births to Single Mothers	49.0%	39.9%	40.1%
Mothers Using Tobacco During Pregnancy	7.2%	9.9%	4.6%
Low Birthweight Births (<2,500 grams)	10.5%	8.9%	8.5%
Very Low Birthweight Births (<1,500 grams)	1.6%	1.4%	1.4%
Teen Birth Rate (Age 15-19, per 1,000)	4.9%	4.8%	4.0%
Teen Birth Rate (Age 15-17, per 1,000)	1.2%	1.1%	1.0%
Preterm Births < 32 weeks gestation	2.1%	1.8%	1.6%
Preterm Births 32-33 weeks gestation	2.1%	1.5%	1.2%
Preterm Births 34-36 weeks gestation	9.8%	9.2%	7.7%

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics, 2021.

Description: Exhibit 44 provides various maternal and child health indicators and benchmarks available from the Centers for Disease Control and Prevention. Light grey shading indicates rates above the United States average; dark grey shading indicates rates more than 50 percent above the United States average.

Observations

- In 2016-2021, Jackson County compared unfavorably to national averages for most indicators, including the percent of births to single mothers, the percent of mothers using tobacco during pregnancy, low birthweight births, teen birth rates, and preterm births (32 weeks through 36 weeks of gestation).
- In Jackson County, the percentage of mothers using tobacco during pregnancy and the percent of births preterm (32-33 weeks gestation) were more than 50 percent above national averages.

Exhibit 45: Maternal and Child Health Indicators by Race, 2021

Indicator	All Residents	White	Black
Asthma ER Visits (per 1,000 under 18)			
Jackson County, MO	**14.7**	3.7	**32.2**
Missouri	9.2	4.1	**31.6**
Healthy Live Births (Percent)			
Jackson County, MO	89.1%	92.1%	83.7%
Missouri	89.6%	91.0%	83.2%
Care Began First Trimester (Percent)			
Jackson County, MO	66.5%	74.7%	55.6%
Missouri	71.2%	75.4%	55.7%
Mother Smoked During Pregnancy (Percent)			
Jackson County, MO	9.7%	11.8%	8.2%
Missouri	12.8%	14.2%	9.7%
Low Birth Weight (per 1,000 Live Births)			
Jackson County, MO	9.3	6.9	**14.6**
Missouri	8.7	7.4	**15.1**
Infant Deaths (per 1,000)			
Jackson County, MO	6.3	4.6	**9.9**
Missouri	6.4	5.3	**12.0**

Source: Missouri Department of Health and Senior Services, 2022.

Description: Exhibit 45 provides various available maternal and child health indicators by race. Light grey shading indicates rates above the state average for all residents; dark grey shading indicates rates more than 50 percent above those averages.

Observations

- In 2021, significant disparities were observed for maternal and child health indicators for Black and White residents.
- Asthma ER visits, low birthweight births, care during the first trimester, and infant deaths were unfavorable for Black residents compared to rates for White and all residents.

Behavioral Risk Factor Surveillance System

Exhibit 46: Missouri Selected BRFSS Indicators by Race and Ethnicity, 2021

Category	Indicator	White, non-Hispanic	Black, non-Hispanic	Hispanic	Missouri Overall
Alcohol Consumption	At least one drink of alcohol within the past 30 days	51.7%	51.0%	58.0%	**51.8%**
	Binge drinking	17.1%	13.6%	19.3%	**16.6%**
	Heavy drinkers	7.1%	4.7%	N/A	**6.6%**
Cholesterol	Never had cholesterol checked	10.2%	11.1%	16.1%	**10.6%**
Health Outcomes	Limited in any way in any of your usual activities because of arthritis	13.4%	11.1%	9.0%	**12.8%**
	Ever reported coronary heart disease or myocardial infarction	7.4%	7.4%	5.4%	**7.3%**
	Ever told had a heart attack (myocardial infarction)	5.0%	5.3%	N/A	**5.0%**
	Ever told have pre-diabetes or borderline diabetes	2.4%	2.6%	N/A	**2.4%**
	Ever told have diabetes	11.0%	15.3%	8.0%	**11.3%**
	Ever told have pregnancy-related diabetes	0.9%	N/A	N/A	**1.0%**
	Ever told have kidney disease	2.9%	3.3%	N/A	**2.9%**
	Ever told had any other types of cancer	8.4%	6.4%	N/A	**7.9%**
	Aged 50-75 have never received recommended colorectal screening tests	21.2%	16.6%	N/A	**20.9%**
E-Cigarette Use	Current E-cigarette user	7.3%	5.7%	13.7%	**7.4%**
Nutrition	Consumed vegetables less than one time per day	18.6%	27.1%	23.2%	**19.5%**
Health Care Access	Have no health care coverage	8.3%	13.7%	19.4%	**9.5%**
	Needed to see a doctor in past 12 months but could not because of cost	9.6%	16.4%	20.1%	**11.0%**
	Do not have personal doctor or health care provider	14.9%	17.6%	29.9%	**15.9%**
Health Status	Fair or Poor Health	16.6%	21.4%	24.2%	**17.4%**
	Fair Health	12.2%	15.9%	18.4%	**12.9%**
Hypertension	Told they have high blood pressure	34.9%	41.7%	30.9%	**35.1%**
Overweight and Obesity (BMI)	Obese (BMI 30.0 - 99.8)	36.6%	43.9%	43.2%	**37.2%**
	Overweight (BMI 25.0-29.9)	32.3%	32.6%	26.5%	**32.0%**
Physical Activity	Did not participate in any physical activities in past month	24.9%	30.3%	26.6%	**25.3%**
Prostate Cancer*	Men aged 40+ who did not have a PSA test within the past two years	65.4%	71.0%	N/A	**67.1%**
Tobacco Use	Current smokers	16.8%	19.2%	22.7%	**17.3%**

Source: Behavioral Risk Factor Surveillance System, 2021. *2020 BRFSS Data.

Description: Exhibit 46 presents Missouri-wide selected BRFSS data by race and ethnicity. Light grey shading indicates rates above the Missouri average; dark grey shading indicates rates more than 50 percent above the Missouri average.

Observations

- In 2021 and for White residents, the following BRFSS indicators were comparatively worse:
  - Binge and heavy drinking
  - Limited in usual activities because of arthritis
  - Coronary heart disease or myocardial infarction
  - Cancer
  - Never colorectal cancer screening
  - Overweight
- For Black residents, the following BRFSS indicators were comparatively worse:
  - Never had cholesterol screening
  - Heart attack or myocardial infarction
  - Prediabetes and diabetes
  - Kidney disease
  - Low vegetable consumption
  - No health care coverage
  - No personal doctor or healthcare provider
  - Needed to see a doctor in the past 12 months but could not because of cost
  - Fair and poor health
  - High blood pressure
  - Obesity and overweight
  - Inadequate physical inactivity
  - Men aged 40 plus without a PSA test
  - Tobacco use
- For Hispanic residents, the following BRFSS indicators were comparatively worse:
  - At least one drink of alcohol in the past 30 days
  - Binge drinking
  - Never had cholesterol screening
  - Current E-cigarette user
  - Low vegetable consumption
  - No health care coverage
  - No personal doctor or healthcare provider
  - Needed to see a doctor in the past 12 months but could not because of cost
  - Fair or poor health
  - Obesity
  - Inadequate physical activity
  - Tobacco use

Exhibit 47: Missouri Selected BRFSS Indicators by Annual Income, 2021

Category	Indicator	Less than $15,000	$15,000-$24,999	$25,000-$34,999	$35,000-$49,999	$50,000-$99,999	$100,000-$199,999	Missouri Overall
Health Outcomes	Told they have arthritis	37.1%	38.0%	34.4%	33.4%	29.0%	20.6%	**29.1%**
	Told currently have asthma	**19.9%**	12.9%	10.4%	9.9%	8.2%	5.9%	**9.4%**
	Told they have high blood pressure	44.0%	42.3%	38.8%	40.0%	32.8%	29.6%	**35.1%**
	Ever told have any type of cancer,	10.5%	9.1%	7.9%	9.8%	8.7%	4.8%	**7.9%**
	Had cholesterol checked and told it was	44.1%	37.1%	36.8%	40.3%	35.6%	34.0%	**36.2%**
	Ever told have kidney disease	**6.2%**	**5.2%**	4.1%	2.9%	2.1%	N/A	**2.9%**
	Ever told have COPD	**20.9%**	**17.0%**	10.2%	10.1%	6.0%	3.2%	**8.5%**
	Ever told have coronary heart disease	**7.0%**	5.2%	4.7%	6.0%	3.8%	2.2%	**4.2%**
	Ever told have a form of depression	**39.2%**	31.3%	31.0%	24.0%	19.0%	16.8%	**22.8%**
	Ever told have diabetes	**18.4%**	15.9%	16.8%	15.1%	9.6%	6.3%	**11.3%**
	Obesity	43.1%	39.1%	40.4%	34.5%	N/A	N/A	**34.0%**
	Aged 65+ who have had all natural	**35.7%**	**29.0%**	19.2%	12.7%	N/A	N/A	**17.7%**
	Ever told had a stroke	**8.0%**	**6.2%**	3.6%	3.4%	2.6%	1.0%	**3.5%**
Prevention	Aged 18-64 with no health care	**26.6%**	**24.9%**	**20.2%**	16.5%	8.2%	2.1%	**12.3%**
	Last had a routine doctor visit 5+ years	6.2%	8.6%	8.4%	7.0%	6.8%	4.6%	**6.5%**
	No dental visit in the past year	**56.4%**	**56.2%**	47.0%	41.3%	N/A	N/A	**37.0%**
	Never had cholesterol checked	12.8%	12.3%	12.6%	8.8%	9.8%	6.4%	**10.6%**
	Women aged 50-74 with no	30.5%	30.3%	**35.3%**	30.3%	N/A	N/A	**23.3%**
	Women aged 21-65 with no Pap test in	26.8%	29.3%	**34.8%**	22.9%	N/A	N/A	**21.8%**
	Adults aged 50-75 with no colorectal	10.2%	6.1%	**12.7%**	6.6%	N/A	N/A	**6.9%**
Health Risk Behaviors	Binge drinking	11.7%	11.1%	15.8%	14.9%	21.1%	22.9%	**16.6%**
	Current smoking	**34.9%**	**28.9%**	**26.5%**	21.0%	12.9%	10.1%	**17.3%**
	No leisure-time physical activity	**38.4%**	**43.4%**	33.1%	25.4%	21.3%	14.1%	**25.3%**
Health Status	Fair or Poor Health	**35.7%**	**32.6%**	23.7%	19.7%	12.4%	6.1%	**17.4%**
	Poor Health	**12.3%**	**10.0%**	6.2%	3.4%	2.1%	N/A	**4.5%**
	Fair Health	**23.4%**	**22.6%**	17.6%	16.3%	10.3%	5.2%	**12.9%**

Source: Behavioral Risk Factor Surveillance System, 2021.

Description: Exhibit 47 presents Missouri-wide selected BRFSS data by income level. Light grey shading indicates rates above the Missouri average (all incomes); dark grey shading indicates rates more than 50 percent above the Missouri average.

Observations

- In 2021, residents with annual incomes below $35,000 compared unfavorably for nearly all indicators compared to those who earned $50,000 or more. Indicators were particularly problematic for residents in the two lowest income brackets (under $15,000 and $15,000 to $24,000).
- Residents with annual income $50,000 and above had higher rates of binge drinking than residents in lower income brackets compared to Missouri overall averages.

CDC PLACES

Exhibit 48: Locations of Unfavorable Overall Measures, 2020
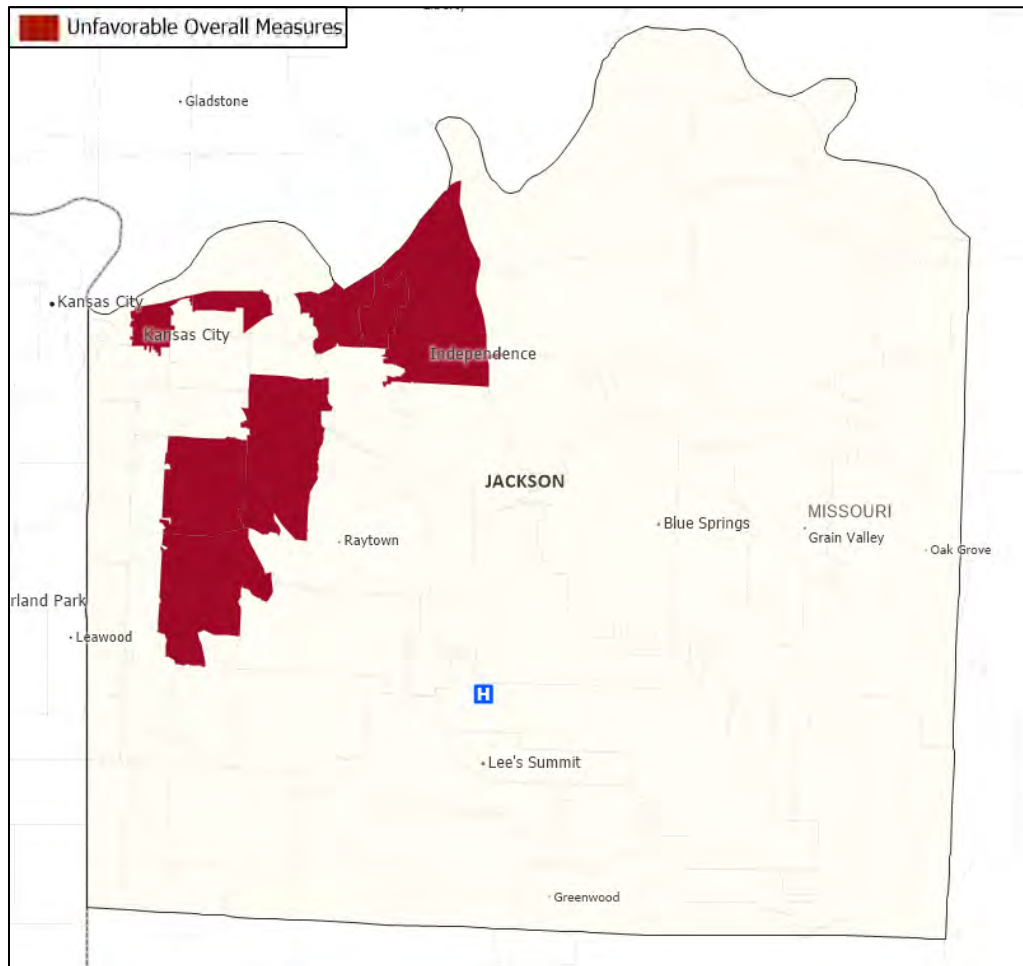
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibits 48 through 52 present Centers for Disease Control and Prevention PLACES data. PLACES data are derived from BRFSS and are available for every U.S. ZIP Code, census tract, county, and state. Thirty measures are grouped into four categories: Health Outcomes (13 measures), Prevention (10 measures); Health Risk Behaviors (4 measures); and Health Status (3 measures).
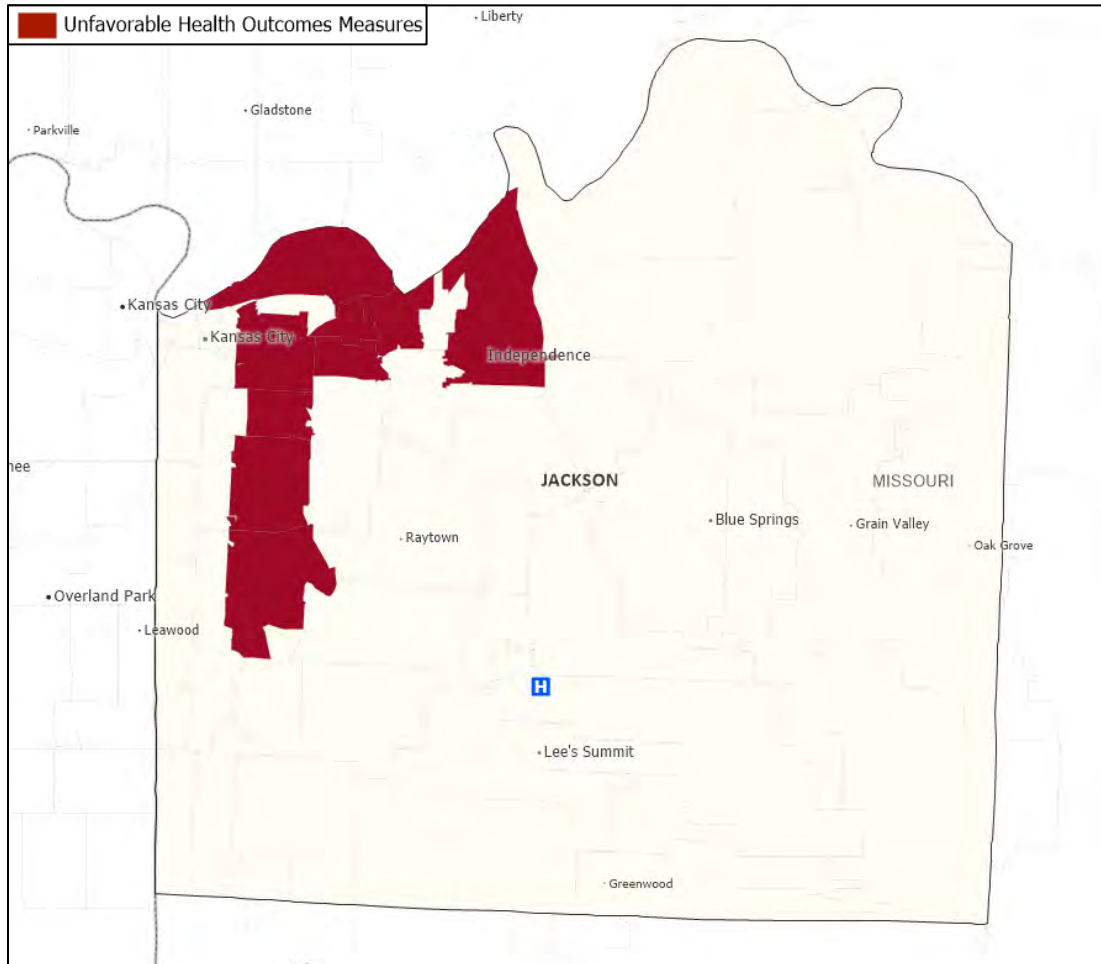
Exhibit 51 identifies ZIP Codes where more than half of the 30 measures were in the bottom quartile nationally.[16]

Observations

- In 2020, more than 50 percent of the 30 PLACES indicators were in the bottom quartile in certain Kansas City, and Independence ZIP Codes.

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[16] https://www.cdc.gov/places/methodology/index.html

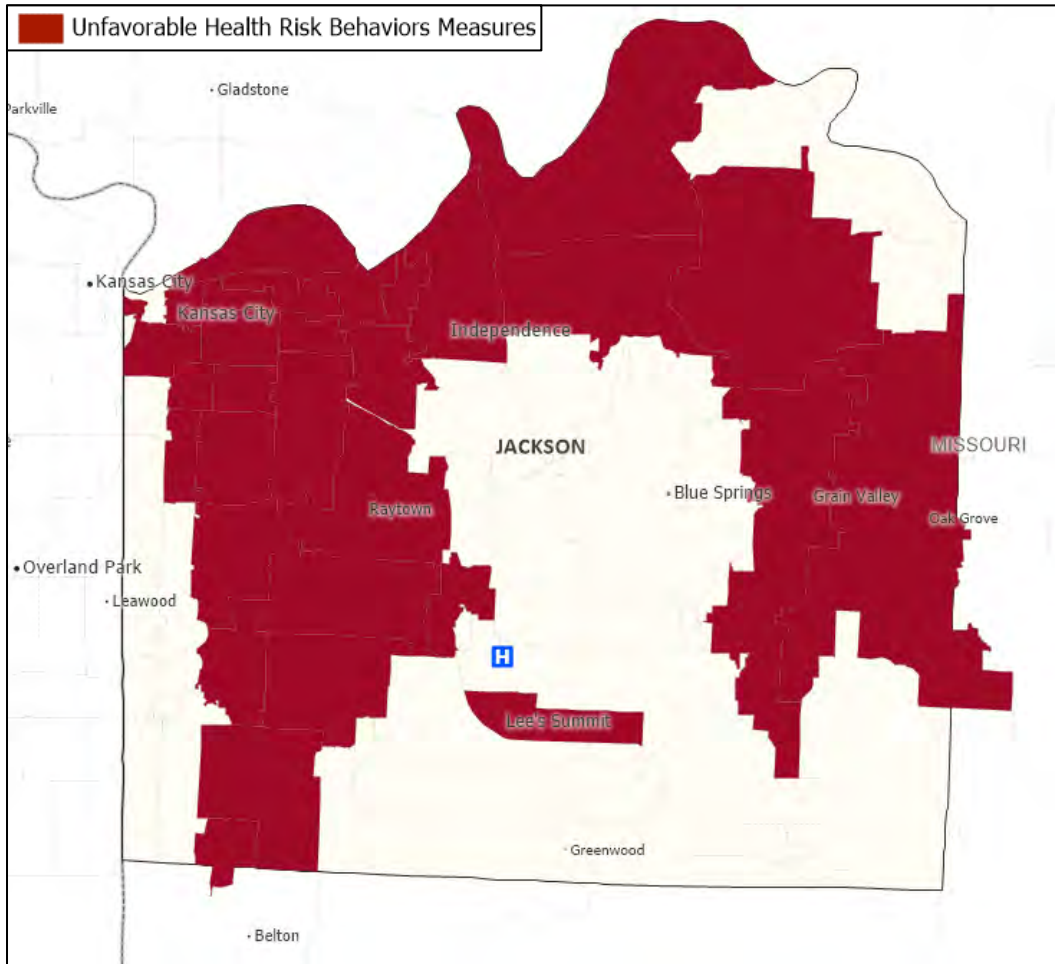**Exhibit 49: Locations of Unfavorable Health Outcomes Measures, 2020**

Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 49 identifies ZIP Codes where more than half of the 13 Health Outcomes measures in PLACES were in the bottom quartile nationally. This category includes indicators regarding the prevalence of certain chronic diseases, depression, obesity, and adult asthma.

Observations

- In 2020, unfavorable Health Outcomes measures were concentrated in certain Kansas City, and Independence ZIP Codes.

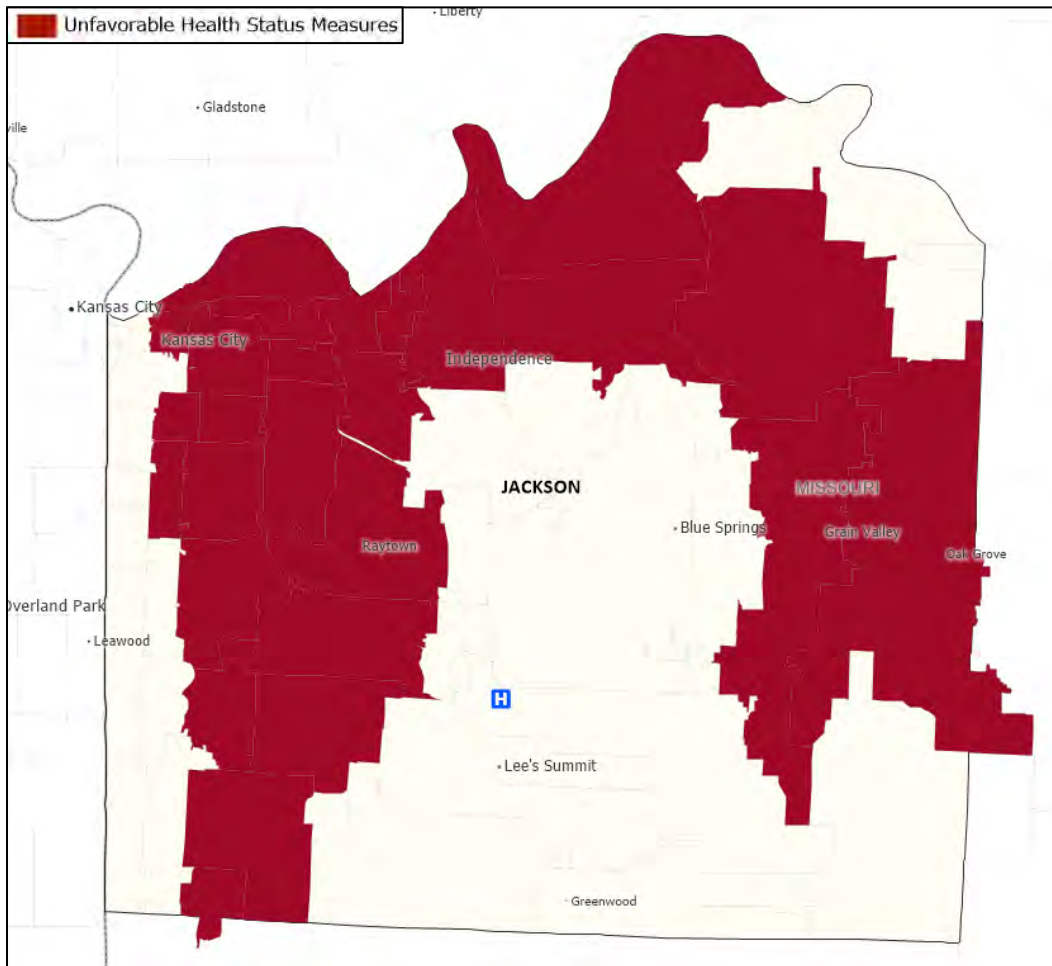**Exhibit 50: Locations of Unfavorable Health Risk Behaviors Measures, 2020**

Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: **Exhibit 50** identifies ZIP Codes where more than half of the four Health Risk Behaviors measures were in the bottom quartile nationally. This category includes indicators for binge drinking, smoking, sleep behaviors, and physical inactivity in the adult population.

Observations

- In 2020, unfavorable Health Risk Behaviors measures were concentrated in Kansas City, Independence, Blue Springs, Lee's Summit, Grain Valley, and Oak Grove.

Exhibit 51: Locations of Unfavorable Health Status Measures, 2020

Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: **Exhibit 51** identifies ZIP Codes where unfavorable Health Status indicators are present. This category includes indicators for self-reported poor mental and physical health.

Observations

- In 2020, unfavorable Health Status measures were concentrated in Kansas City, Independence, Blue Springs, Grain Valley, and Oak Grove.

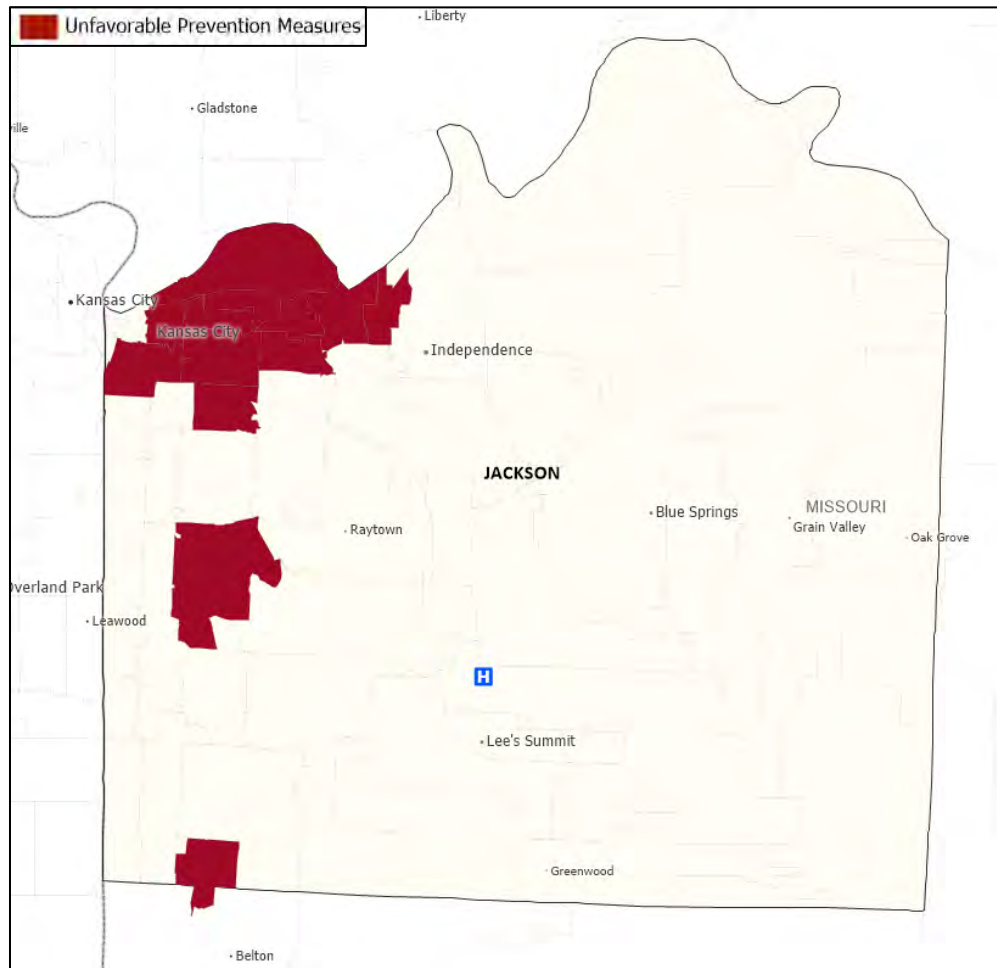**Exhibit 52: Locations of Unfavorable Prevention Measures, 2020**

Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 52 identifies ZIP Codes where more than half of the Prevention measures were in the bottom quartile nationally. This category includes indicators regarding lack of health insurance, lack of routine healthcare access, lack of health screenings and dental visits, and not being up to date on core clinical preventive services among adults.

Observations

- In 2020, unfavorable Prevention measures were concentrated in Kansas City.

Exhibit 53: PLACES Indicators, ZIP Codes in Bottom Quartile by County, 2020

BRFSS Measure	Jackson ZIP Codes (N=53)	
	In Bottom Quartile	Below U.S. Average
Sleep <7 hours	34	48
Binge Drinking	31	43
Mental Health	28	42
Annual Checkup	25	39
Cholesterol Screening	25	31
Health Insurance	23	36
Physical Inactivity	20	30
All Teeth Lost	19	24
General Health	18	26
Cervical Cancer Screening	18	33
Current Smoking	17	26
Obesity	16	26
Depression	16	46
Physical Health	15	24
Dental Visit	14	22
Stroke	13	23
Current Asthma	12	24
Arthritis	12	24
Diabetes	12	24
Core preventive services for older women	11	19
COPD	11	22
Colorectal Cancer Screening	11	22
Chronic Kidney Disease	8	21
Taking BP Medication	8	19
Core preventive services for older men	7	11
Coronary Heart Disease	6	21
Cancer (except skin)	5	13
High Blood Pressure	5	9
High Cholesterol	4	14
Mammography	1	15

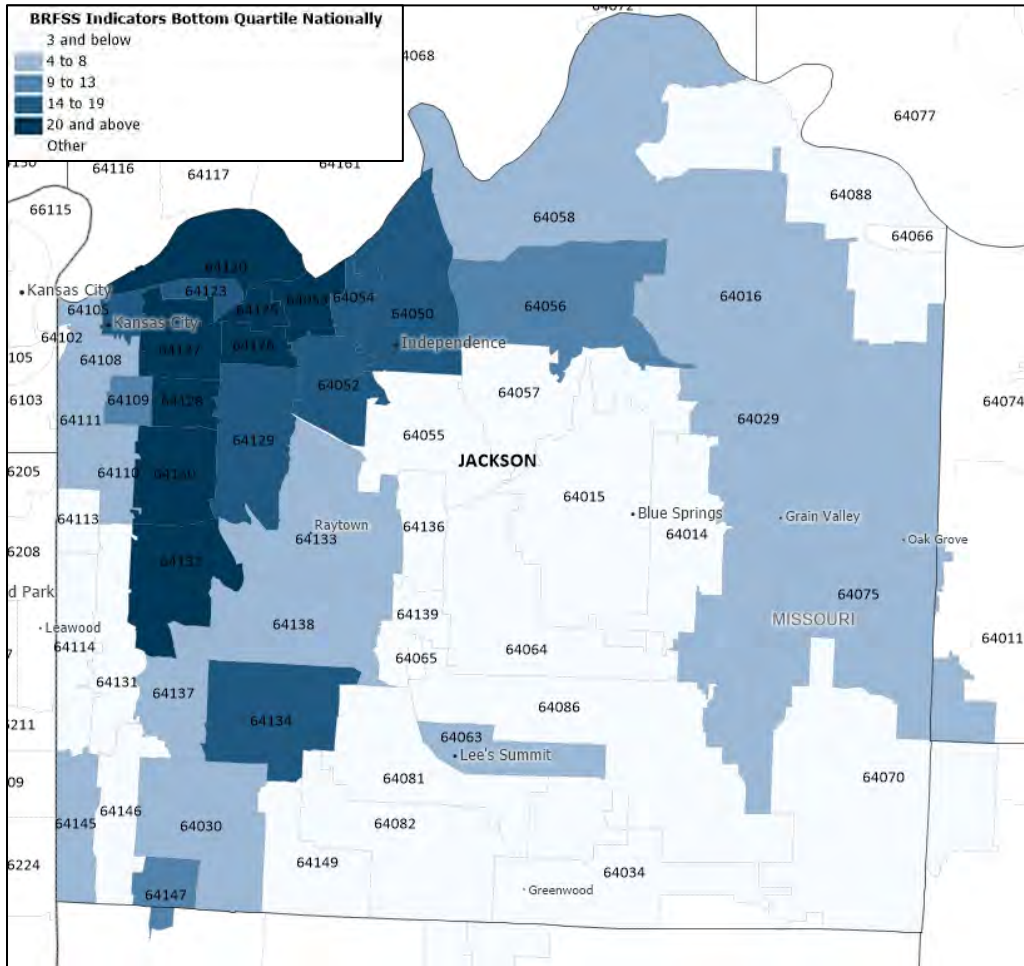Source: Centers for Disease Control and Prevention, 2020.

Description: **Exhibits 53** presents the number of ZIP Codes in the bottom quartile nationally for each PLACES measure and for each county. Jackson County, for example, has 53 ZIP Codes. The rate of binge drinking is in the bottom quartile nationally in 31 of those 53 ZIP Codes.

Observations

- In 2020, lack of sleep was problematic in 34 of the 53 ZIP Codes located in Jackson County. Binge drinking was problematic in 31 of the 53 ZIP Codes.
- The top community health problems based solely on PLACES data are lack of sleep, binge drinking, poor mental health days, people not receiving an annual checkup, cholesterol screening rates, and comparatively low rates of health insurance coverage.

Exhibit 54: Map of PLACES Indicators, ZIP Codes in Bottom Quartile by County, 2020

Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 54 shows the number of PLACES indicators in each ZIP Code in the bottom quartile nationally.

Observations

- In 2020, ZIP Codes in western Jackson County were where 20 or more of the 30 PLACES indicators ranked in the bottom quartile nationally.

Ambulatory Care Sensitive Conditions

Exhibit 55: Saint Luke's Health System ACSC (PQI) Discharges by County, 2022

Condition	Jackson (MO)	Five County Region
Diabetes Short-Term Complications	144	252
Diabetes Long-Term Complications	215	364
Chronic Obstructive Pulmonary Disease (COPD)	282	442
Hypertension	169	253
Lower-Extremity Amputation among Patients with Diabetes	36	72
Heart Failure	1,199	1,832
Bacterial Pneumonia	252	465
Urinary Tract Infection	292	483
Uncontrolled Diabetes	87	120
Asthma in Younger Adults	21	29
Total ACSC Discharges	**2,697**	**4,312**
Total Adult Discharges	19,109	32,351
Percent	**14.1%**	**13.3%**

Source: Analysis of Saint Luke's Health System Discharges, 2023.

Exhibit 56: Saint Luke's Health System ACSC (PQI) Discharges by Hospital, 2022

Condition	SLH	SLE	SLN	SLS	Total
Heart Failure	888	855	321	365	2,429
Urinary Tract Infection	118	234	82	162	596
Bacterial Pneumonia	130	200	101	153	584
Chronic Obstructive Pulmonary Disease (COPD)	142	232	87	88	549
Diabetes Long-Term Complications	187	145	117	55	504
Diabetes Short-Term Complications	96	94	86	53	329
Hypertension	120	107	50	29	306
Uncontrolled Diabetes	47	57	22	21	147
Lower-Extremity Amputation with Diabetes	37	24	28	12	101
Asthma in Younger Adults	16	8	2	6	32
Total ACSC Discharges	**1,781**	**1,956**	**896**	**944**	**5,577**
Total Adult Discharges	17,891	12,382	6,789	6,337	43,399
Percent	**10.0%**	**15.8%**	**13.2%**	**14.9%**	**12.9%**

Source: Analysis of Saint Luke's Health System Discharges, 2023.

Discussion: Exhibits 55 and 56 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."[17] 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

- Jackson County residents were discharged more frequently for Ambulatory Care Sensitive Conditions than residents of the other counties.
- Saint Luke's East and Saint Luke's South hospitals had the highest rates of ACSC discharges.

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

Food Deserts

Exhibit 57: Locations of Food Deserts, 2019
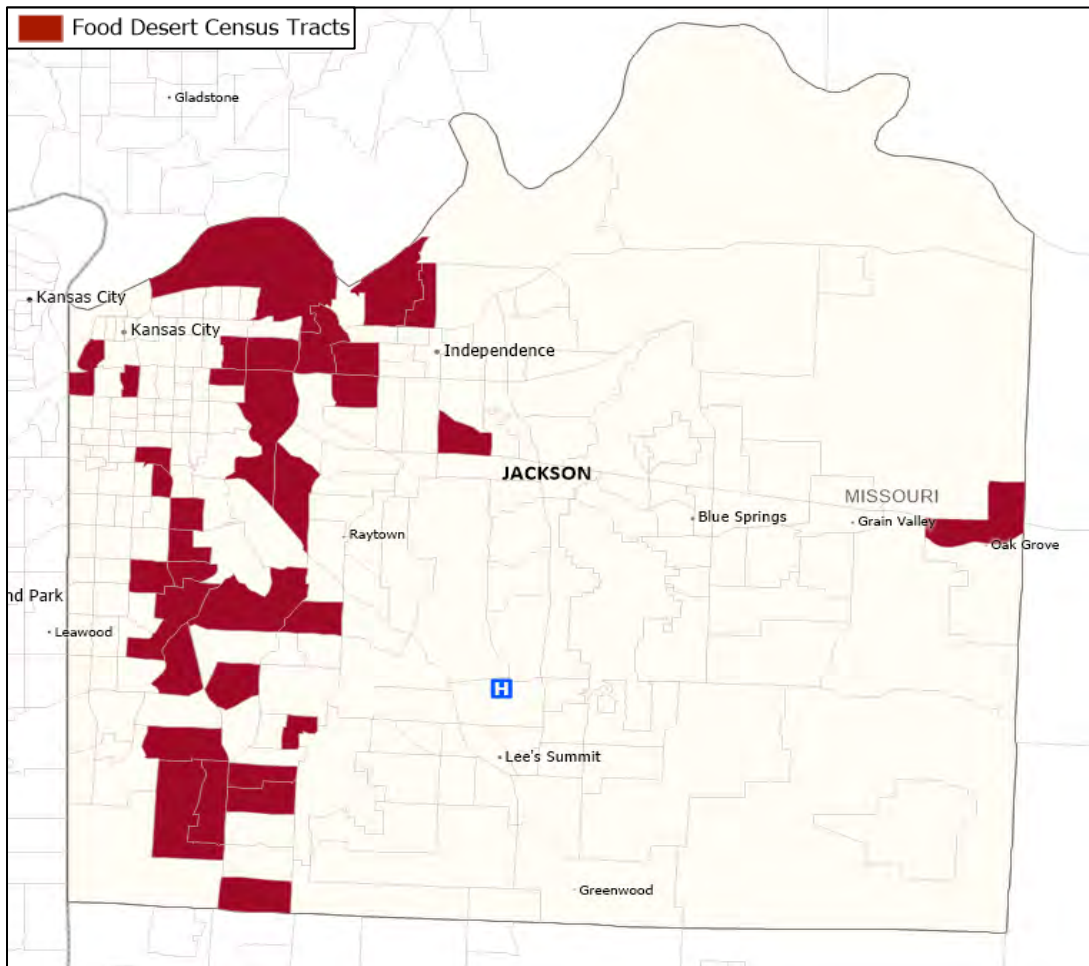
Source: U.S. Department of Agriculture, 2021, and Caliper Maptitude, 2022.

Description: Exhibit 57 identifies where food deserts are present in the 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 initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations

- In 2019, census tracts designated as food deserts were concentrated in western Jackson County and Oak Grove.

Medically Underserved Areas and Populations

Exhibit 61: Locations of Medically Underserved Areas and Populations, 2023
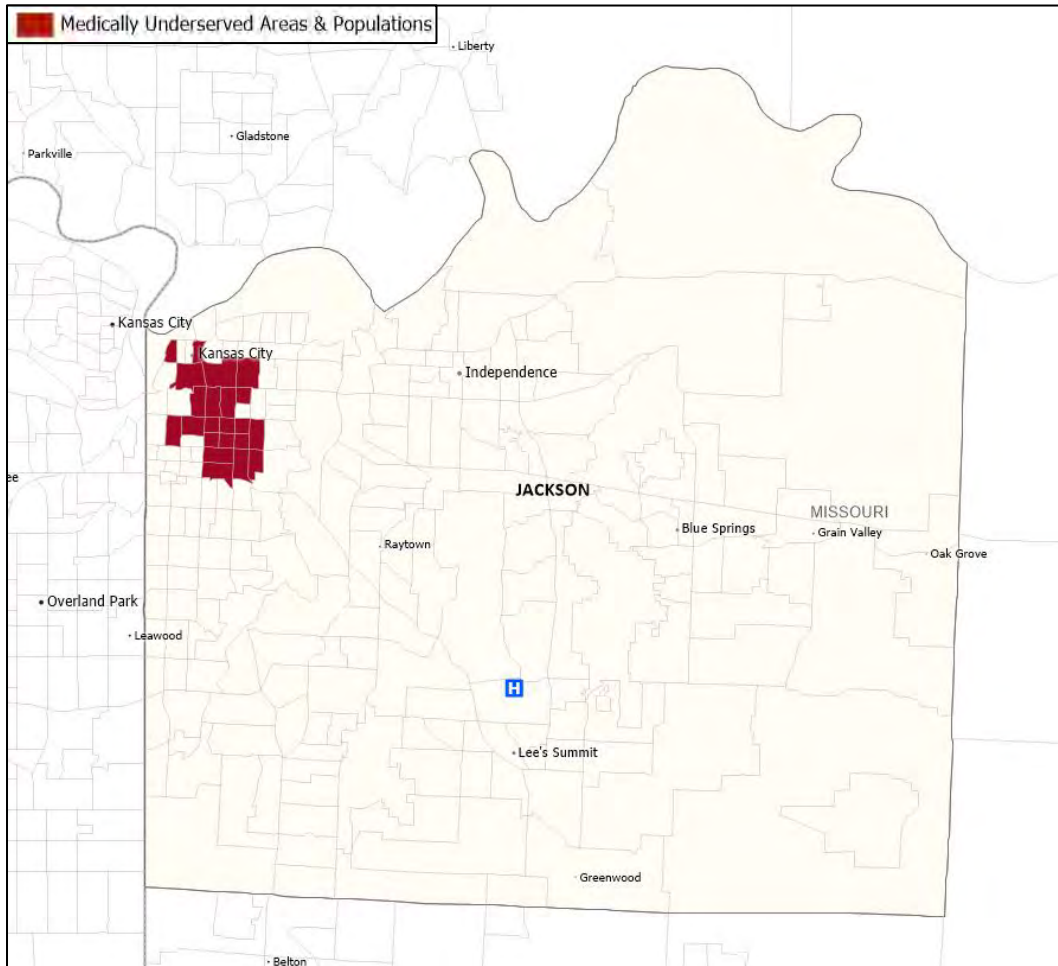
Source: Health Resources and Services Administration, 2023, and Caliper Maptitude, 2022.

Description: Exhibit 61 identifies Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs), based on HRSA's "Index of Medical Underservice"[18] MUP designation includes groups with economic, 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 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."[19]

Observations

- Medically Underserved Areas and Populations are concentrated in Kansas City.

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[18] Heath Resources and Services Administration. The index is based on the 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. See http://www.hrsa.gov/shortage/mua/index.html.
[19]*Ibid.*

Health Professional Shortage Areas

Exhibit 62: Population and Facility HPSA Designations, 2023

HPSA Name	County (State)	HPSA Type Description	Primary Care	Mental Health	Dental Health
Hope Family Care Center	Jackson (MO)	Federally Qualified Health Center Look-a-Like	●	●	●
Kansas City Care Clinic	Jackson (MO)	Federally Qualified Health Center	●	●	●
Low-Income Central Kansas City	Jackson (MO)	HPSA Population	●		●
Low-Income Grandview	Jackson (MO)	HPSA Population	●		
Low-Income Independence	Jackson (MO)	HPSA Population	●		
Low-Income Jackson County	Jackson (MO)	HPSA Population		●	
Low-Income North Kansas City	Jackson (MO)	HPSA Population	●		●
Samuel U. Rodgers Health Center, Inc.	Jackson (MO)	Federally Qualified Health Center	●	●	●
Swope Health Services	Jackson (MO)	Federally Qualified Health Center	●	●	●

Source: Health Resources and Services Administration, 2023.

Description: **Exhibit 62** provides a list of federally designated population and facility Health Professional Shortage Areas (HPSAs) in the community.

Observations

- The low-income population of Jackson County has been designated as a mental health HPSA.
- The low-income populations in Central Kansas City, Grandview, Independence, and North Kansas City have been designated as primary care HPSAs.
- The low-income populations of Central and North Kansas City have been designated as dental health HPSAs.

Findings of Other Assessments

Jackson County Opioid-Related Deaths

The Jackson County Health Department released data on opioid use in Jackson County, MO. Significant findings from the report are as follows:

1. In Missouri, the number of non-heroin opioid deaths almost tripled between 2016 and 2021.
2. In Jackson County, one-in-five drug overdose-related deaths were from children under the age of 15.
3. Drug overdose is the leading cause of death among young adults in Missouri. Approximately 70 percent of those deaths involved opioids. Opioid use is of significant concern for young adults and children under the age of 18.
4. In Eastern Jackson County, there were 2,245 total ER visits from 2013-2020 for opioid misuse. Emergency room visits due to opioid use include visits reported for any opioid-related diagnosis code, not only overdoses.

Suburban Poverty in Eastern Jackson County (EJC) – Jackson County Health Department

In December 2020, the Jackson County Health Department Division of Health Promotion provided a report outlining shifts in economic poverty in suburban divisions of Kansas City, MO. The report outlines initial economic effects of the Covid-19 pandemic, in addition to an already changing suburban economic landscape. The report highlighted the following findings.

1. **The poverty rate for the Kansas City portion of Jackson County is almost double that of Eastern Jackson County.** The poverty rate in the Kansas City portion of Jackson County is 22 percent, while the overall percentage of residents in Eastern Jackson County living in poverty in 2017 was 10.9 percent.[3]
2. **Trends indicate that poverty is growing in the suburbs.** Suburban neighborhoods, particularly those near the region which borders Kansas City, appear to have higher poverty rates.
3. **Poverty is increasing in Eastern Jackson County across racial and ethnic groups, including Black, Hispanic, and non-white populations.** There is a significantly higher proportion of racial and ethnic minority groups living in poverty in census tracks with greater than 20 percent poverty.
4. **The number of high poverty census tracks in Eastern Jackson County has increased since 2010.** In 2020, Eastern Jackson County has eight high poverty census tracks as compared to thirteen in 2017. The report states that one reason for this shift could be changing economic conditions in Kansas City, such as a decline in the number of high-paying manufacturing jobs.

Missouri Maternal Child Health Strategic Map

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 a 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 2020 to 2023 identified the following as priority areas, priority needs, and objectives.

- **Women/ Maternal Health**
  - Priority Need: Improve preconception, prenatal and postpartum health care services for women of childbearing age.
    - Develop/promote strategies to increase the percent of women who had an annual preventive medical visit from 72.9 percent (BRFSS 2018) by 2025.
    - Promote strategies to reduce the incidence rate of severe maternal morbidity from 74.0 per 10,000 delivery hospitalizations (SMM rate based on without blood transfusion, PAS 2018) by 2025.
- **Perinatal/Infant Health**
  - Priority Need: Promote safe sleep practices among newborns to reduce sleep-related infant deaths.
    - Increase the percentage of infants placed to sleep on their backs from 84.0 percent (2018 PRAMS) by 2025.
    - Increase the percentage of infants placed to sleep on a separate approved sleep surface from 39.9 percent (2018 PRAMS) by 2025.
    - Increase the percentage of infants placed to sleep without soft objects or loose bedding from 48.7 percent (2018 PRAMS) by 2025.
- **Child Health**
  - Priority Need: Reduce obesity among children and adolescents.
    - Increase the percentage of children, ages 6 through 11, who are physically active at least 60 minutes per day in the past week from 37.4 percent (NSCH 2017-2018) by 2025.
  - Priority Need: Enhance access to oral health care services for children.
    - Increase the percent of children, ages 1 through 17, who had a preventive dental visit in the past year from 70.9 percent (NSCH 2017-2018) by 2025.
- **Adolescent Health**
  - Priority Need: Reduce intentional and unintentional injuries among children and adolescents.
    - Decrease the rate of hospital admissions for non-fatal injury among adolescents, ages 10 through 19 from 250.2 per 100,000 (PAS 2018) by 2025.
  - Priority Need: Promote Protective Factors for Youth and Families

- Reduce the suicide death rate among youth 10-19 years from 7.8 percent per 100,000 (CY 2019 Vital Statistics) by 2025.
- **Children with Special Health Care Needs**
  - Priority Need: Ensure coordinated, comprehensive, and ongoing health care services for children with and without special health care needs.
    - Increase the percent of children with and without special health care needs, ages 0 through 17, who have a medical home from 50.0 percent (NSCH 2017-2018) by 2025.
- **Cross-Cutting/ Systems Building**
  - Priority Need: Address social determinants of health inequities.
    - Increase the number of DCPH staff and contracted partners working with maternal and child populations who complete core MCH, Health Equity, and Racial Justice training.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Exhibit 63: Interviewee Organizational Affiliations

Organization
Boys & Girls Club of Greater Kansas City
Crittenton Children's Center
Jackson County Health Department
KC CARE Health Center
Saint Luke's East Hospital
Saint Luke's Physician Group
Samuel U. Rodgers Health Center
Tri-County Mental Health Services

Exhibit 64: Community Meeting Participants

Organization
City of Lee's Summit
Hawthorn Bank
Hope House
Jackson County, Representative, 6th District
Lee's Summit R7
Saint Luke's Health System
Saint Luke's East Hospital
University of Missouri Extension

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 65** lists peer counties for Jackson County, MO.

Exhibit 65: CHSI Peer Counties

Jackson (MO)
Maricopa County, Arizona
Alameda County, California
Orange County, California
San Diego County, California
San Francisco County, California
Santa Clara County, California
Denver County, Colorado
Hartford County, Connecticut
Pinellas County, Florida
Jefferson County, Kentucky
Kent County, Michigan
Hennepin County, Minnesota
Ramsey County, Minnesota
Jackson County, Missouri
Clark County, Nevada
Erie County, New York
Monroe County, New York
Richmond County, New York
Mecklenburg County, North Carolina
Wake County, North Carolina
Franklin County, Ohio
Oklahoma County, Oklahoma
Multnomah County, Oregon
Allegheny County, Pennsylvania
Davidson County, Tennessee
Bexar County, Texas
Collin County, Texas
Tarrant County, Texas
Travis County, Texas
Salt Lake County, Utah
Arlington County, Virginia
Alexandria city, Virginia
Virginia Beach city, Virginia
King County, Washington

APPENDIX E – IMPACT EVALUATION

This appendix highlights Saint Luke's East Hospital initiatives and related impacts in addressing significant community health needs since the facility's previous Community Health Needs Assessment (CHNA), published in 2020. This is not an inclusive list of all initiatives aligned with the 2020 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 2020 Saint Luke's East Hospital CHNA identified the following as significant needs and priority areas for the 2022-2023 Implementation Strategy:

1. Access to Care
2. Needs of Growing Senior Population
3. Poverty and Social Determinants of Health

Priority 1: Access to Care
Goal: Increase the number of community members who receive comprehensive, high-quality health care services.

Initiative: Improve health insurance coverage for populations with low-income by advocating for and supporting Medicaid expansion.
Highlighted Impact: Saint Luke's Health System assisted in the successful passage of Medicaid expansion in Missouri, along with the successful implementation as it received full funding in advance of July 1, 2021.

Initiative: Expand access to Medicaid recipients at all SLE locations.
Highlighted Impact: SLE continues to accept and serve patients enrolled in Missouri Medicaid and KanCare, the Kansas Medicaid program, allowing many residents to receive healthcare services that may otherwise prove inaccessible or unaffordable. In 2022, SLE had nearly 1,700 inpatient Medicaid patients.

Initiative: SLE continued providing education and training for the community and for health care providers through mental health support groups, behavioral health education, and other community-based health education.
Highlighted Impact: SLE provided 12 diabetes education courses along with 12 behavioral health courses virtually to over 7,000 registrants. Diabetes basics, plant-based meal planning, and type 1 diabetes management were the topics of choice for the virtual diabetes education courses; while the behavioral health class topics ranged from anxiety to suicide prevention to coping with seasonal depression.

Priority 2: Needs of Growing Senior Population
Goal: Reduce health problems and improve quality of life for older adults.

Initiative: Assist older adult patients with determining eligibility and enrollment in Medicare and Medicaid.
Highlighted Impact: In 2022, focusing on patients age 65+, there were 33 inpatient approvals for Medicaid and seven outpatient approvals utilizing Centauri.

Initiative: Increase access to post-discharge medications for older adults via the Meds-to-Beds program.
Highlighted Impact: In 2022, the expansion of the Saint Luke's East Meds-to-Beds program provided patients aged 65 and older access to prescription medications prior to discharge. This program aims to address financial insecurity by providing the first prescription, as well as temporarily addressing a social determinant, transportation, which can also make access to prescriptions difficult.

Priority 3: Poverty and Social Determinants of Health
Goal: Improve residents' ability to earn steady incomes that allow them to meet their health needs.

Initiative: Increase the hourly minimum wage for Saint Luke's Health System employees, to keep up with a competitive labor market, as well as to support its existing staff.
Highlighted Impact: In November 2021, Saint Luke's Health System established a new minimum base wage of $17.50 for all workers. This was the second hourly minimum wage increase in two years by the health system. The previous year, 2000, SLHS raised the hourly minimum wage to $15.00. SLHS was the first area healthcare provider to raise its hourly minimum wage, with other hospital networks quickly following suit.

Initiative: As an anchor institution in the Kansas City region, Saint Luke's Health System understands the value of expanding partnerships with community organizations and working together to promote programs around workforce development. SLHS is committed to expanding its hiring programs that build pipelines for people of color and local hiring and workforce development programs.
Highlighted Impact: In 2021, Saint Luke's Health System joined the Hispanic Chamber of Commerce of KC, was invited and became a member of the National Association of Asian American Professionals, and became partners with the Heartland Black Chamber and Mid-America Gay & Lesbian Chamber. In addition, SLHS serves on the Diversity & Inclusion Committee for the Kansas City Chamber, Leawood (KS) Chamber. SLHS expanded its work with the historically black colleges and universities in the region – Lincoln University, Langston University, UAPD, and Harris-Stowe State University regarding healthcare careers. Throughout 2021 and 2022, SLHS partnered with many community organizations on valuable programs that promote employment, hiring, writing resumes, mock interviews, careers at all levels of health care, providing guest speakers on health care, and participating in job fairs throughout the region.

Initiative: Saint Luke's Health System physicians and staff visit K-12 schools in districts throughout the Kansas City region to discuss the wide array of careers and positions available throughout a medical facility or on the corporate or leadership side of health care.
Highlighted Impact: Since 2021, Saint Luke's physicians and staff have gone to speak to students about the range of careers available, as well as opportunities for shadowing, at school districts throughout the region including Kansas City Missouri Schools, Kansas City Kansas Schools, North Kansas City Schools, Parkhill School District, University Academy, Cristo Rey, and KC Prep. In addition, Big Brothers Big Sisters and the Boys and Girls Club of Greater Kansas City are also partners that have received programming from SLHS physicians and staff.

Goal: Connect patients and community members with appropriate resources.

Initiative: Utilize Saint Luke's Community Resource Hub to connect patients with appropriate resources through a closed-loop referral system.
Highlighted Impact: Saint Luke's North Hospital patients are screened for food insecurity, transportation, physical activity, housing, and social isolation upon admittance to the hospital and then connected to valuable community resources to address needs. Powered by *findhelp,* the Saint Luke's Community Resource Hub is an online platform listing reduced-cost and free resources in the community.

Initiative: Decrease barriers to accessing health care services by providing transportation to patients in need.
Highlighted Impact: In 2022, SLE provided 125 vouchers for low-income patients who were in need of transportation post-discharge. In addition, 105 Uber/Lyft rides were provided for patients in need. In total, over $10,200 was utilized to transport patients in need post-discharge.

◆ **Contact us**

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Saint Luke's
EAST HOSPITAL

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