



Saint Luke's North-Barry Road
Saint Luke's North-Smithville
Community Health Needs
Assessment
2012

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I. Executive Summary

A Community Health Needs Assessment has been conducted for Saint Luke's Northland Hospital. The hospital primarily serves Clay and Platte counties in Missouri. Demographic and socioeconomic indicators for these counties were evaluated. Current national, state, and local healthcare concerns and focuses were also researched. Additionally, community leaders and stakeholders were beneficial in determining the needs of the entire Northland community.

After reviewing all the data and understanding the opinions of the public health representatives, the increase of breast cancer, the lack of mental health services, and importance of smoking cessation were determined to be the most important focus areas for Saint Luke's Northland.

Breast cancer is the second leading cause of death among women in Clay and Platte counties. This rate is higher than the state average, which is concerning. There is a lower than desired number of mental health service providers in Clay and Platte Counties. Admitting diagnoses for Saint Luke's Northland and statistics from public health data support this idea. Smoking remains a health behavioral issue in Clay and Platte counties. This is costly and attributes to many chronic diseases.

II. Introduction

In March 2010, the Patient Protection and Affordable Care Act (PPACA) was passed by congress and signed into law by President Obama. Section 9007 of the PPACA addresses "Additional Requirement for Charitable Hospitals" and states a community health needs assessment must be completed every three years to comply with the PPACA. In addition, Section 501(r)(3) of the Internal Revenue Code states non-profit organizations may lose their tax-exempt status if they fail to complete the community health needs assessment (CHNA). The penalty for failing to comply with providing a community health assessment is the loss of tax-exempt status and a fine of \$50,000 every year a CHNA is not prepared.

The Internal Revenue Code, Section 501(r)(3) states:

Section 501(r)(3) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet the community health needs identified through such assessment. The CHNA must (1) take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health and (2) be made widely available to the public. Section 501(r)(3)(B).

The Joint Committee on Taxation's Technical Explanation of the Affordable Care Act (Technical Explanation) states that the CHNA "may be based on current information collected by a public health agency or non-profit organizations and may be conducted together with one or more organizations, including related organizations." Joint Committee on Taxation, *Technical Explanation of the Revenue Provisions of the "Reconciliation Act of 2010," as amended, in combination with the "Patient Protection and Affordable Care Act"* (JCX-18-10), at 81, March 21, 2010.

Section 6033(b)(15)(A) requires hospital organizations to include in their annual information return (i.e., Form 990) a description of how the organization is addressing the needs identified in each CHNA conducted under section 501(r)(3) and a description of any needs that are not being addressed, along with the reasons why the needs are not being addressed.

Section 4959 imposes a \$50,000 excise tax on a hospital organization that fails to meet the CHNA requirements of section 501(r)(3). Section 6033(b)(10), as amended, requires hospital organizations to report the amount of the excise tax imposed on the organization under section 4959.

Notice 2011-52 was introduced on July 7, 2011 by the IRS to provide anticipated regulatory guidance related to CHNAs. It requires hospitals to make their CHNAs available to the public and develop an implementation strategy describing how the hospital plans to meet the health needs of the community. In addition, Notice 2011-52 requires the hospital to justify why or why not it is addressing each identified community health need.

This CHNA fulfills the requirement set forth by the PPACA and IRS. The CHNA of Saint Luke's Northland will benefit the population in the Kansas City Northland area by identifying the healthcare needs of this community, healthcare services provided in this area, and recommendations to address the needs of the Northland area. Clay and Platte counties are the primary service areas for Saint Luke's Northland.

III. Methodology

The information was gathered by graduate students obtaining their Master of Health Services Administration degree from the University of Kansas Medical Center as part of a Capstone course. This report addresses the guidelines for conducting a CHNA published by the Missouri Hospital Association (MHA) in addition to the relevant laws and regulations.

IV. Saint Luke's Northland Service Description

Saint Luke's Northland hospital has locations at Barry Road and Smithville. The two campuses offer 175 licensed beds and more than 20 specialized health care services. Saint Luke's Northland offers the following services:

- Acute rehabilitation
- Behavioral health
- Breast center and mammography
- Care Van
- Critical care (ICU/eICU)
- Emergency services
- Fitness center
- Heart and vascular
- Home care and hospice
- Laboratory services
- Maternity and NICU
- Orthopedic services
- Pain management
- Palliative care
- Radiology services
- Sleep disorders
- Spiritual wellness
- Women's health
- Wound care

V. Market/Service Area Description

Saint Luke's Northland serves communities primarily within Clay County and Platte County, but also within Buchanan and Clinton counties in Missouri. The communities (and associated 26 zip codes) that comprise the Primary Service Area are:

- Agency (64401)
- Camden Point (64440)
- De Kalb (64440)
- Dearborn (64439)
- Easton (64443)
- Edgerton (64444)
- Faucett (64448)
- Gower (64454)
- Kansas City (64118, 64151, 64152, 64153, 64154, 64155, 64156, 64163, 64164, 64165, 64166)
- Plattsburg (64477)
- Platte City (64079)
- Riverside (64150)
- Rushville (64484)
- Smithville (64089)
- Trimble (64492)
- Weston (64098)

The communities (and associated 14 zip codes) that comprise the Secondary Service Area include:

- Atchison (66002)
- Excelsior Springs (64024)
- Holt (64024)
- Kansas City (64116, 64117, 64119, 64157, 64158, 64161, 64167)
- Kearney (64060)
- Lathrop (64465)
- Lawson (64062)
- Liberty (64068)

In addition to Saint Luke's Northland, the following other hospitals are key providers within the service area:

North Kansas City Hospital (a non-profit community hospital): 451 licensed beds including a full range of services: inpatient, outpatient observation, home health, hospice care, and accredited chest pain center.

Liberty Hospital (a public, non-profit, community hospital): 250 licensed beds offerings a full range of services including hyperbaric medicine, interventional radiology and robotic surgery.

Excelsior Springs Medical Center (Critical Access Hospital): 105 licensed beds offering emergency room services, cardiopulmonary, surgery, laboratory, home health and hospice.

Other notable health care providers in the community include:

Tri-County Mental Health: Provides recovery-oriented mental health, substance abuse and prevention services for all ages and also work to help all mental health providers in the Northland to better serve the needs of those with mental health disorders.

Creekwood Surgery Center: Specializes in outpatient surgeries including dental/oral surgery, ear, nose and throat, general surgery, gynecology, ophthalmology, orthopedic, pain management, plastic surgery, and podiatry.

VI. Service Area Population Characteristics

Geography¹

The majority of the primary service area is located in Clay and Platte counties in Missouri. Clay County is located in the northwest portion of Missouri. It is included in the Kansas City metropolitan service area. Over half of its population resides in Kansas City, Missouri. The total area of Clay County is 409 square miles. Clay County's population is 89.4 percent urban, compared to an urban population of 69.4 percent in Missouri.

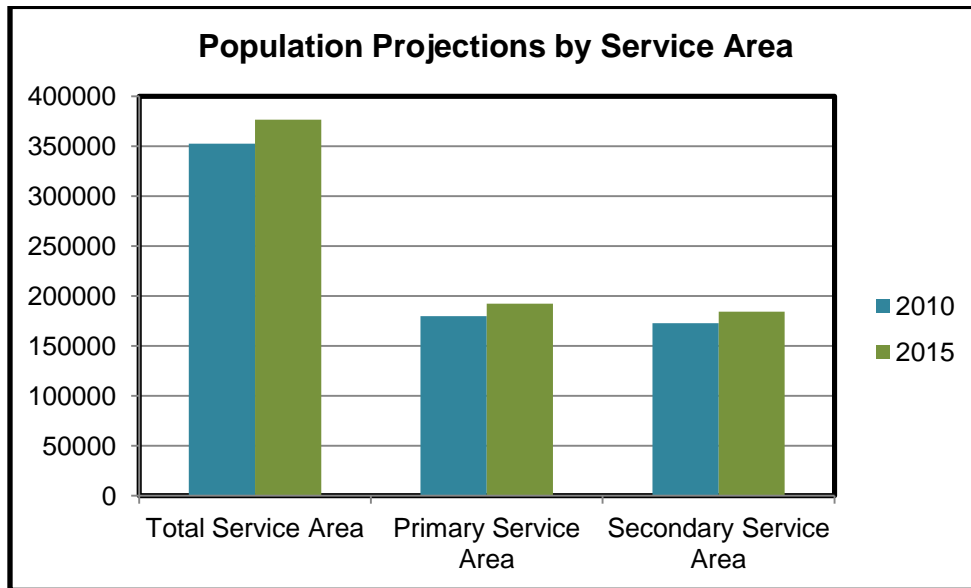
Platte County has a total area of 427 square miles. The county is 20 percent rural and is considered part of the Kansas City metropolitan area. The population density per square mile of land area is 175.7.

Population²

The population of the Total (Primary and Secondary) Service Areas in 2010 was estimated at 352,585. The Primary Service Area represented 51 percent of the overall population, while the Secondary Service Area represented 49 percent. Over the next five years, the population of the Total Service Area is expected to grow by approximately 24,008 individuals or seven percent. The Secondary Service Area is projected to grow slightly less (11,557 people) than the primary area (12,451). The graph below depicts this information:

¹ 2010 US Census Bureau

² HICI Census Data/ZIPskinny.com



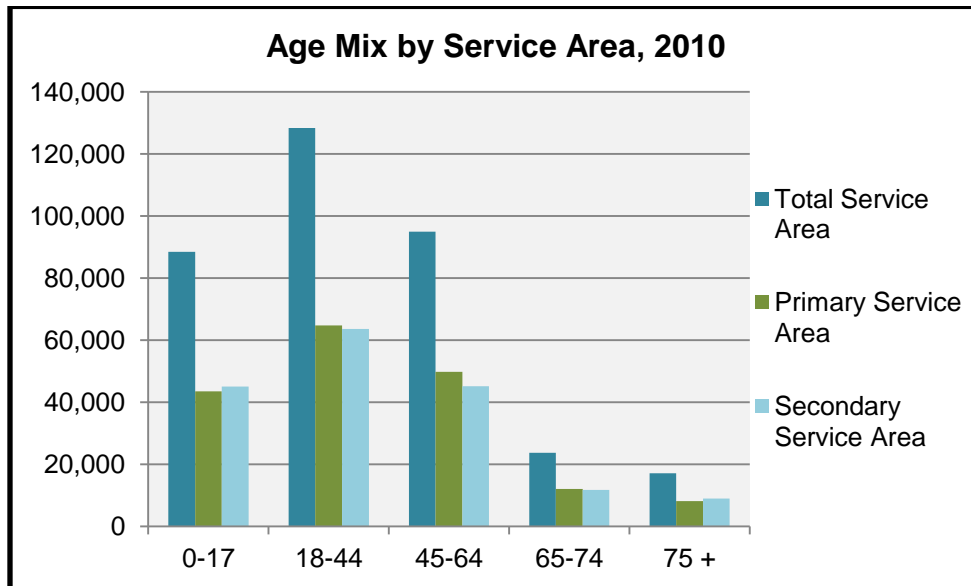
Although the entire populations of all four counties (Clay, Platte, Buchanan, and Clinton) are not currently included in the Primary and Secondary Service Areas, data shows that there are communities and persons within these counties that could be a factor in Saint Luke’s Northland future. The total population of all four counties is 421,205. The current Primary and Secondary Service Areas of Saint Luke’s Northland accounts for 84 percent of this total population.

Gender and Age³

In 2010, the Primary Service Area was comprised of 90,192 females or 51 percent of the population. The number of females between the ages of 18 and 44 years accounted for 50 percent of the female population for the Primary Service Area. Additionally, the median age of the Primary Service Area in 2010 was 39 years. The following graph shows the age distribution in the Primary and Secondary Service Areas for 2010:

Age Mix 2010					
	0-17	18-44	45-64	65-74	75 +
Total Service Area	88,476	128,378	94,940	23,703	17,088
Primary Service Area	43,466	64,759	49,799	12,014	8,114
Secondary Service Area	45,010	63,619	45,141	11,689	8,974

³ HICI Census Data/ZIPskinny.com



Ethnicity

The ethnic mix for the Primary and Secondary Service Areas for 2010 is shown below:

Ethnic Mix 2010			
	Hispanic	Black	White
Total Service Area	3.1 %	2.8 %	90.9 %
Primary Service Area	3.2 %	3.0 %	90.5 %
Secondary Service Area	3.0 %	2.6 %	91.4 %

Clay County - According to the 2000 and 2010 Census for Clay County, data shows an increase in diversity among the population

White

The 2010 Census data shows that 87.5 percent of the population in Clay County is white. While the total number of White persons in the county has increased, this is a decrease from 92.5 percent of the population in 2000. The White population in Clay County is above the average of 82.8 percent for the state of Missouri.

Hispanic or Latino

Hispanics or Latinos accounted for almost 6 percent of Clay County's population in 2010. This is an increase from 3.6 percent of the population in 2000. It is the largest minority group in Clay County, only slightly above Black or African Americans. The Hispanic or Latino population in Clay County is above the average of 3.5 percent for the state of Missouri.

Black or African American

Black or African Americans are the second largest minority group in Clay County, representing 5.2 percent of the population. This is an increase from 2.7 percent of the population in 2000. The Black or African American population in Clay County is well below the average of 11.6 percent for the state of Missouri.

Asian

In 2010, the Asian population maintained its place as the third largest minority group in Clay County, representing 2 percent of county population. This is a slight increase from 1.3 percent of the population in 2000.

American Indian or Alaska Native

The American Indian or Alaska Native population falls well behind the three other minority groups, representing only 0.3 percent of the county's population. This is a slight increase from 0.1 percent of the population in 2000.

Platte County - According to the 2000 and 2010 Census for Platte County, data shows an increase in diversity among the population:

White

The 2010 Census data shows that 87.2 percent of the population in Platte County is White. While the total number of White persons in the country has increased, this is a decrease from 91.5 percent of the population in 2000. The White population in Platte County is above the average of 82.8 percent for the state of Missouri.

Black or African Americans

The Black or African American population is the largest minority group in the county, accounting for 5.9 percent of the population in 2010. This data differs from Clay County where Hispanics or Latinos are the largest minority group. The Black or African American population in the county has increased from 3.5 percent in 2000. The Black or African American population in Platte County is well below the average of 11.6 percent for the state of Missouri.

Hispanic or Latino

The Hispanic or Latino population is the second largest minority group in the county, accounting for 5 percent of the population in 2010. This is an increase from 2.9 percent in 2000. The Hispanic or Latino population in Platte County is above the average of 3.5 percent for the state of Missouri.

Asian

In 2010, the Asian population maintained its place as the third largest minority group in Platte County, representing 2.3 percent of county population. This is a slight increase from 1.5 percent of the population in 2000.

American Indian or Alaska Native

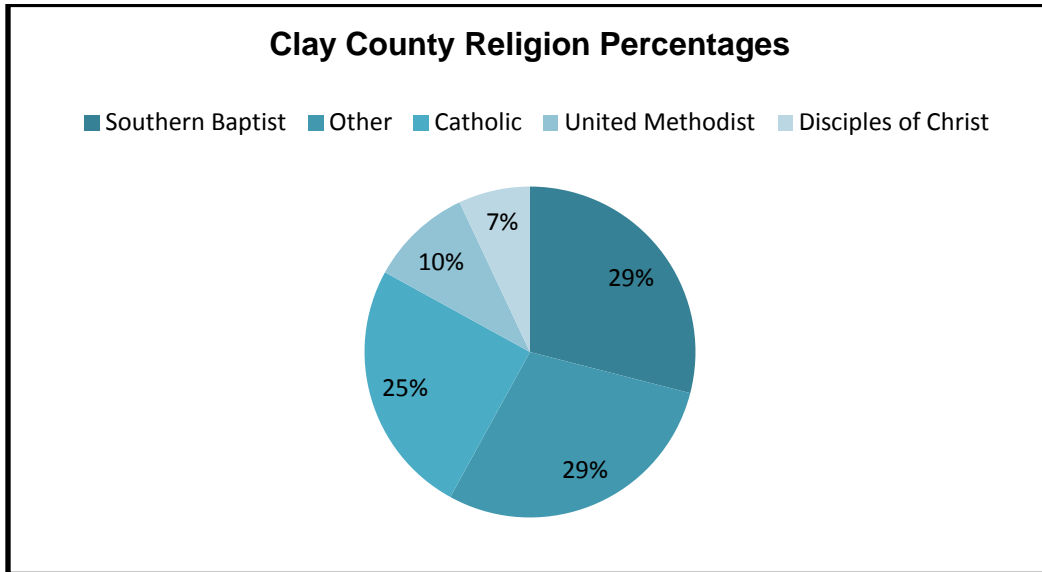
The American Indian or Alaska Native population falls well behind the three other minority groups, representing only 0.5 percent of the county's population. This is a slight increase from 0.45 percent of the population in 2000.

Religion⁴

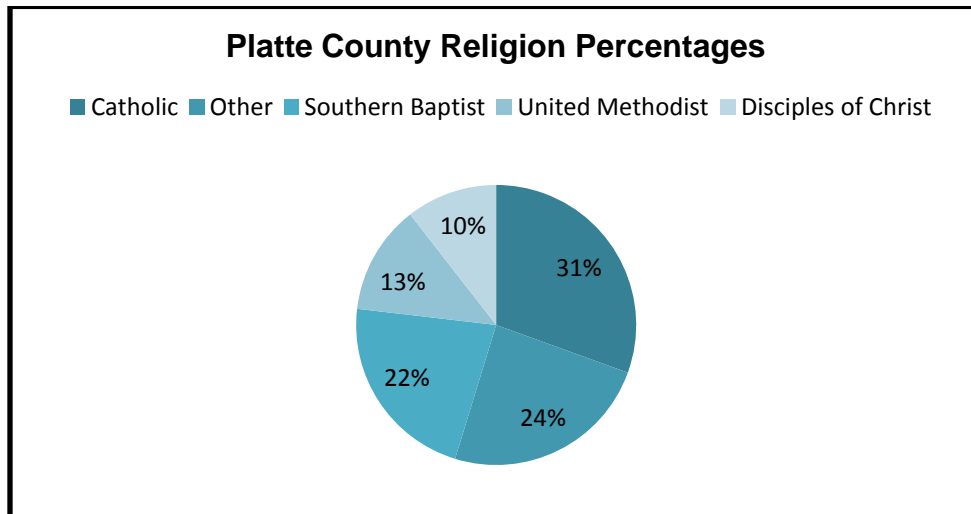
⁴ Jones, Dale, E. et al. 2002. Congregations and Membership in the United States 2000. Nashville, TN; Glenmary Research Center

A breakdown of religion in Clay County shows that the Southern Baptist religion and Other are the largest portions of the population at 29 percent. Catholics represent 25 percent of the population and United Methodist and Disciples of Christ comprise the final 10 and seven percent, respectively.

There are 160 congregations in Clay County with 50.3 percent of the population affiliated with one of these congregations, compared with the national average of 50.2 percent.



The two largest religious groups in Platte County are Catholics and Other representing 29 percent and 23 percent of the population, respectively.



There are 61 total congregations in Platte County with 41.48 percent of the population affiliated with one of these congregations, compared with the national average of 50.2 percent.

Language and Literacy⁵

As of 2003, a total of 3 percent of the Clay County population and a total of 2 percent of the Platte County population are considered not proficient in English compared to the Missouri average of 2 percent. Also, 4.7 percent of the population of Clay County and 4.5 percent of the population in Platte County are considered illiterate compared to a 7.5 percent illiteracy rate overall in Missouri.

⁵ National Center for Education Statistics

VII. Health Status of the Population

Health Behaviors⁶

The following health behaviors of Clay and Platte counties were compared to Missouri state averages:

Health Behavior	Clay County	Platte County	Missouri
Adult Smoking	23%	20%	24%
Adult Obesity	30%	29%	30%
Excessive Drinking	17 %	20%	17%
Motor Vehicle Crash Death Rate	14	12	20
Sexually Transmitted Infections	326	299	422
Teen Birth Rate	36	26	45
Binge Drinking	16%	19%	16%
Physical Inactivity	27%	27%	27%

Health Outcomes⁷

The chart below demonstrates the breakdown of other key health indicators:

Health Outcomes	Clay County	Platte County	Missouri
Premature Death Rate	6,171	5,470	8,043
Those with Poor or Fair Health	15%	10%	16%
Poor Physical Health Days	3.4	3.2	3.7
Poor Mental Health Days	3.8	3.0	3.6
Low Birth Weight Rate	6.7%	6.7%	8.0%
Diabetic Population	9%	9%	8%

Mental Health⁸

In Clay County, the ratio of residents to mental health providers is 44,674:1 compared to the Missouri ratio of 9,561:1. There are a total of five mental health providers in Clay County. Also, in Clay County, the number of poor mental health days was 3.8, compared to the national benchmark of 2.3 and the Missouri state average of 3.6 days. Platte County appears to cover more services with a ratio of residents to mental health providers at 8,118:1. Additionally, the number of poor mental health days was 3.0.

⁶ www.countyhealthrankings.org

⁷ www.countyhealthrankings.org

⁸ Health Resources and Services Administrations' (HRSA) Resource File (ARF)

Preventable Hospitalizations⁹

In 2007, the hospitalization rate for Medicare enrollees was 96 ambulatory–care sensitive conditions per 1,000 in Clay County and 78 ambulatory–care sensitive conditions per 1,000 in Platte County. The Missouri average is 79 and the national benchmark is 52.

Clinical care¹⁰

Clinical care data is included in the chart below:

Clinical Care Indicator	Clay County	Platte County	Missouri
Uninsured Adults under the age of 65	14%	15%	17 %
Ratio of Residents to Primary Care Providers	1,362:1	1,258:1	1,015:1
Medicare Recipients who Receive Diabetic Screening	85%	91%	83%
Mammography Compliance Rate	65%	64%	62%

Safety¹¹

The violent crime rate in Clay County for years 2006-2008 was 834 incidents per 100,000 people. Platte County statistics show 805 incidents per 100,000 people. Both of these are higher than the state average of 516.

VIII. Local Factors Affecting Health^{12,13,14}

Local factors affecting the health of the Primary Service Area residents are included in the chart below:

Health Factors	Clay County	Platte County	Missouri
Unemployment Rate (2010 Annual)	8.8%	8.1%	9.6%
Percent High School Graduate or Equivalent	91%	93.8%	85.6%
Percent Bachelors Degree or Higher	29.4%	36.3%	24.6%
Children Living in Poverty	10.6%	8.6%	20.7%
Children Enrolled in Free/Reduced Price Lunch	27.6%	20.8%	42.0%
Median Household Income	\$57,983	\$65,887	\$45,149

⁹ www.countyhealthrankings.org

¹⁰ www.countyhealthrankings.org

¹¹ Uniform Crime Reporting Program; National Archive of Criminal Justice

¹² Bureau of Labor Statistics, Local Area Unemployment Statistics

¹³ 2008 US Census Bureau

¹⁴ kidscount.org

Environment¹⁴

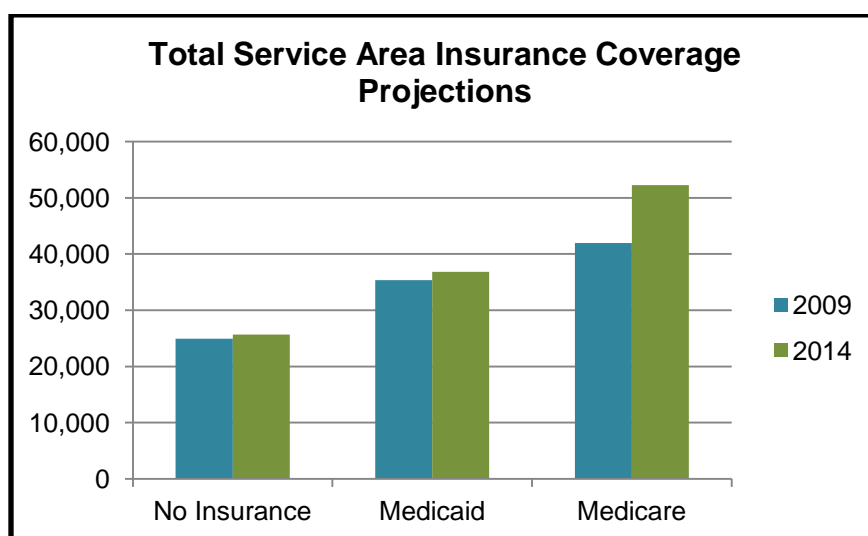
In 2008, Clay County ranked 114th in the state out of 114 counties in Missouri for physical environment whereas Platte County ranked 50th. According to County Health Rankings, the physical environment is defined as air pollution-particulate matter days, air pollution-ozone days, access to healthy foods and access to recreational facilities.

Clay County and Platte County have a 65 percent and 42 percent rate, respectively, of access to healthy foods compared to a 47 percent state average. Clay County also has 9 recreational facilities and Platte County has 17 recreational facilities accessible to 100,000 population compared to a state average of 10 facilities. Clay County had 23 unhealthy air quality days due to ozone while Platte County had four days. The average in Missouri was seven days.

Insurance Coverage¹⁵

The data below represents the insurance coverage of the Primary and Secondary Service Areas in 2009 along with 2014 projections:

Insurance Coverage						
	No Insurance		Medicaid		Medicare	
	2009	2014	2009	2014	2009	2014
Total Service Area	24,934	25,669	35,363	36,841	41,965	52,272
Primary Service Area	11,342	11,789	16,438	17,227	20,401	26,115
Secondary Service Area	13,592	13,880	18,926	19,614	21,564	26,157



¹⁴ US Census Bureau Zip Code Business Patterns

¹⁵ HICI Census Data/ ZIPskinny.com

IX. Current Clay and Platte County Community Resources

Northland Health Care Access (NHCA)

NHCA seeks to ensure timely access to quality health care services for the uninsured and underinsured residents of the Northland for whom such services are unavailable or difficult to obtain. Since 1991, NHCA has invested in over nine million dollars through Northland health care providers to support health care services to Northland residents that are uninsured and underinsured. In 2009, 7,900 patient visits were provided to uninsured residents.

NHCA provides numerous services to the Northland area including the following:

Northland CARE/MetroCARE

Northland CARE/MetroCARE is a volunteer network of private physicians in the Northland who provide primary care services for uninsured Northland residents. MetroCARE provides specialty services for Clay, Platte and Jackson County residents.

Children's Mercy Northland

NHCA provides funding for primary care services, including urgent and same day care, for Northland uninsured children.

Samuel U. Rodgers Health Center, Northland Family Medicine and WIC Services

NHCA provides funds for primary care clinics at the new health center at Vivion Road and North Oak Trafficway. The clinic is provided by Samuel Rodgers within the Clay County Public Health Center.

Heartland Women's Health Care

NHCA funds prenatal care and delivery provided by Heartland Women's Health Care for women without insurance. NHCA screens participants for eligibility in partnership with the Platte County Health Department.

Platte County Health Department

NHCA funds a primary care clinic at the Platte County Health Department in Parkville & Platte City.

Spelman Medical Foundation

The Spelman Medical Foundation is committed to support, assist, and improve the total health care of the individual, family and community. They work closely with Saint Luke's Northland to offer services that nurture medical excellence, add innovative new therapies to their health care services, and ensure that they serve the total well-being of all residents of the Northland.

Programs offered by the Spelman Medical Foundation:

- Wellness programs for women
- Wellness program for the general public
- Health care grants to the community
- Health care grants to Saint Luke's Northland
- Capital projects for Saint Luke's Northland

The Spelman Medical Foundation's biggest project is the opening of the Center for Women's Care. The foundation raised over \$2 million dollars to fund this Center. The Center for Women's Care was designed by women for women. Since it opened in the summer of 2006, five thousand women have received one-stop diagnostic imaging, lab testing, annual physicals, gynecological examinations, and rehabilitation.

Vision North

Mission

Conduct a community needs assessment of Clay & Platte counties in Missouri committed to identifying current and future priorities and then to engage the community in addressing those priorities in effective and measurable ways that improve the quality of life for all those who live in the Northland.

General Information

Vision North started as a collaborative effort between the Northland Community Foundation and Northland United Way Services (NUWS) in 1999. These organizations worked to develop an assessment of the needs and challenges that Clay and Platte County were facing. Taskforces were then put together to address these prioritized needs of the community. Identified priorities that have been a focus in the past include child care, dental services, transportation services, youth programming, affordable housing, health care, the arts, and recreation.

Vision North is working again to update this vision in attempts to positively affect the future of these communities. The information that is gathered from these reports will be essential in the strategic planning of area organizations. At the beginning of 2011, Vision North began its stakeholder discussions to develop prioritized needs and strategies and actions to address these needs throughout the community. Saint Luke's Northland is participating as a stakeholder in Vision North. By doing this, the organization has taken a role in representing the hospital, and also in addressing the needs of the community.

Identified Community Needs

Three major goals were identified in the vision statement in the area of Community Wellness. Goal one is to increase preventive care by providing a coordinated approach to health, including chronic disease management. Goal two aims to increase the awareness of health services that are prevention-based instead of reaction based. Finally, goal three centers around access of care to the community. It aims to ensure there are a sufficient number of providers, including after-hours medical care providers, in the community. It also seeks to ensure adequate transportation for members of the community as well as affordability of services and sufficient timeliness of services.

Clay County Health Department

The following services are offered at Clay County Health Department:

- Immunizations
- Various Workshops
- Women's Health Services

- STD Services
- Tuberculosis Screening
- Speech and Hearing Services
- Dental Services and Referrals
- Women, Infants, and Children Program (WIC)
- Pregnancy Testing
- Lead Screening/Testing
- Blood Pressure Screening/Testing
- Diabetic Screening

Additional Information:

There is no physician on site; the clinic only offers nursing services. Patients needing medical care or diagnoses are referred to the Samuel U. Rodgers Northland Health Center.

Platte County Health Department

The Platte County Health Department has two locations in Platte City & Parkville which offer the following services:

- Birth Control
- Boost Program (provides Boost® for nutritional supplement)
- Communicable Diseases (provides medication for patients with TB and STDs)
- Community Readiness Challenge (community education for disasters)
- Emergency Preparedness (educates public health workers for emergency response)
- Environmental Health (monitors compliance of laws regulating food, water, and the environment)
- Food Inspections (Regularly inspects food establishments)
- Health Education (Education through programs, screenings, community presentations, classroom education, and professional trainings)
- Health Tips (Provides tips for cold weather, hot weather, hand washing, and carbon monoxide poisoning)
- Healthy Kids Challenge (Provides training for elementary and middle school faculty and staff and community leaders)
- Immunizations
- Primary Care (Physician services for Medicaid, Medicare Plus and uninsured)
- Special Deliveries (Education for expecting mothers and child through age 2)
- Sexually Transmitted Diseases (Walk-in clinic and provides immunizations)
- Vital Records (Provides certified copies of birth and death certificates)
- Walk-in clinic (Physician and nursing services)
- WIC (classes on site and on-line)
- Women's Healthcare (Family Planning)

- CPR classes
- Training for child care providers
- Food-handler registration classes
- On-line food safety classes

Community Health Centers

General Information

The community centers and outreach facilities in the Northland were assessed to see how available this type of assistance is to the indigent population served at Saint Luke's Northland. This information is listed below:

- 3 Community Health Clinics in the Northland
- 3 Food Pantry/Soup Kitchens in the Northland
 - Metro Lutheran
 - Harvesters
 - Nazarene Compassionate Ministries

X. Community Opinions of Health Status and Health Indicators

Vision North conducted a survey of the population of Clay and Platte counties to assess community needs. The results of the Regional Civic Index Survey show the following as it pertains to healthcare:

Roles of non-profits are providing adequate care. Approximately three-fourths of the populations agreed that non-profit organizations collaborate well with each other and listen to community members. They also show a willingness to share resources and work well with solving problems in the region. Additionally, residents believe that local businesses partner well with non-profits and play a philanthropic role in the region.

However, the survey revealed about 75 percent of the population does not know how to access information on regional issues, including healthcare. About half of the population does not believe that there are adequate mechanisms for residents to hear about issues, activities, and opportunities to collaborate. Also, about 75 percent of Northland residents believe regional leadership does not learn from their mistakes.

XI. Public Health Official Opinions

The table below identifies the individuals that were interviewed as part of the CHNA. These individuals represent the public health officials' opinions of the health needs of the Northland community. A summary of the communication with some key stakeholders follows:

Person	Organization	Title
Mick Allison	Saint Luke's Health System	Director of Physician Recruitment and Retention
Tom Cranshaw	Tri County Mental Health Center	Chief Executive Officer
Karen Dolt and Rebecca Davis	Northland Health Care Access	Executive Director Care Director
Jill Harper*	Platte County Health Department	Clinic Director
Dean Katerndahl	Mid-America Regional Council	Government Innovations Director
Ronda McCullick	Park Hill School District Food Services	Food Service Director
Scott Sullivan	Children's Mercy Northland	Service Line Director
Gary Zaborac	Clay County Health Department	Director of Public Health
Dr. George Curry	Smithville School District	Superintendent

*This individual was interviewed in 2011 but did not respond in 2012

From the interviews, we learned that chronic disease management should be a focus for the Northland community. Chronic diseases such as obesity, diabetes, hypertension, chronic obstructive pulmonary disease (COPD), and cancer are costly and hard to manage without poorly coordinated efforts between healthcare facilities in the area. Specifically, counties in the Northland have a high COPD rate, and a higher than state rate for breast cancer.

These health disparities can be attributed to a lack of awareness about behaviors contributing to chronic disease. The public health organizations stressed that there is not a big enough focus on the coordination of community wellness. They emphasized that there needs to be a bigger effort from the community, including hospitals and other entities, to provide awareness and accessibility of community wellness and prevention programs and services. This type of approach is needed in chronic disease management in order to maximize resources and eliminate duplication of services.

Representatives from the organizations that were interviewed believed that Saint Luke's Northland is currently making an effort to improve the health of the community by becoming a part of organizations such as Vision North and collaborating with other entities in the community.

Another major need of the community is providing care for the uninsured and underinsured population of the Northland. By donating money, office space and technology to Northland Health Care Access, Saint Luke's Northland is already helping this population.

Regarding physician availability, opinions were that the Northland has done a good job of developing the medical staff over the past five years covering most gaps in provider

availability. From a primary care standpoint, Saint Luke's Northland is doing well to support the growing community by ensuring that these physicians are readily available.

However, across the entire Kansas City metro area there is a shortage for mental health services and providers due to changes made in payment structures and office closures due to program cuts. At this time, Saint Luke's Northland Smithville Campus is one of the only organizations in the Northland area currently providing inpatient mental health services. Saint Luke's Northland has also hired another psychiatrist in the past year in order to support and grow the Northland community mental health needs. In addition, when addressing the health care needs of the population that utilizes service provided by these organizations, mental health issues often need to be addressed before other healthcare problems can be solved.

Finally, the school districts contacted agreed that the percentage of students in the free and reduced-priced lunch programs have been increasing over the last several years. This is concerning for the health of the student population. The districts also mentioned the need for injury prevention, specifically concussion awareness, as it affects students involved in sports and other physical activities. Along these lines, one superintendent identified the need for an athletic trainer to treat students' sports injuries. Children's Mercy Northland is working to meet some of these needs currently but would also like to collaborate more with Saint Luke's Northland in primary care and pediatric services in the area. Another health issue that has consistently been a problem among teens is substance abuse. Educating students about drug and alcohol abuse remains a need in the school districts, particularly as it relates to prescription drug abuse.

Community Leaders and Stakeholders

Mick Allison, Director of Physician Recruitment & Retention for Saint Luke's Health System

Mr. Allison feels that Saint Luke's Northland has done a good job of developing the medical staff over the past five years covering most gaps in provider availability. From a primary care standpoint, they are doing well to support the growing community by ensuring that these physicians are readily available. For example, they have recently hired two endocrinologists that will work to meet the needs of the growing chronic disease concerns related to obesity and diabetes. Mr. Allison has found that changes made in payment structures and office closures due to program cuts have contributed to the shortage of mental health services and providers across the entire Kansas City metro and that all of Kansas City seems to be stretched with services. However, Saint Luke's Northland Smithville Campus is one of the only organizations in the Northland area currently providing inpatient mental health services. Saint Luke's Northland has also hired another psychiatrist in the past year in order to support and grow the Northland community mental health needs.

Tom Cranshaw, CEO of Tri County Mental Health Center

Common health needs found within the Northland community include co-occurring disorders of both mental and chronic conditions. Those who have particular issues with access include the underinsured or uninsured and those with little or no steady or reliable transportation. Mr. Cranshaw believes that Saint Luke's Northland does all that is fiscally possible to meet the needs of the Northland community, but it is difficult,

especially with those who do not have sufficient insurance. He also believes that Saint Luke's Northland and Tri-County Mental Health Center have a strong, ongoing and frequent collaborative relationship for both the physical and mental health concerns of the community population. In addition to smoking cessation, breast cancer, obesity and mental health issues, Mr. Cranshaw believes that substance abuse is another major issue within the community. He named prevention, community education, early diagnosis and effective care in a less restrictive environment as ways to combat these issues. He also discussed the importance of person-centered care with attention to care coordination and treating the whole person in an integrated manner.

Scott Sullivan, Service Line Director, Children's Mercy Northland

Mr. Sullivan discussed that Children's Mercy Northland (CMH) has a good relationship with Saint Luke's Northland, stating that they frequently refer or recommend Saint Luke's Northland's Emergency Department when CMH Northland Urgent Care is closed. He also discussed that he would like to build this relationship more in the future, specifically related to collaborative care with pediatricians and other services. One concern Mr. Sullivan mentioned was the need for more primary care providers in the area. He mentioned that CMH Northland sees around 45 to 50 percent of the disproportionate share, but that there were only 2 to 3 pediatricians in the Northland community that take Medicaid and most of those had restrictions. With health care reform, more patients are getting insurance, but it is useless if they cannot find providers to give them care. He mentioned wanting to work with Saint Luke's Northland to try to meet this growing need.

Mr. Sullivan also discussed that CMH Northland is working to meet some of the needs mentioned by the local school districts, related to healthy food and injury prevention. They have also seen a concern with school-aged children meeting adequate and healthy food requirements. They have been working with the Family Nutrition Education Program (FNEP) from the University of Missouri extension program in order to provide educational programs for parents regarding healthy food choices, learning to prepare budget meals and collaborating with WIC and food stamps to help meet their food needs. CMH Northland also has a Sports Medicine program that is continuously growing in size and stature. He hopes that CMH Northland will be a quality contact in the coming years for these services.

Dr. George Curry, Superintendent of Smithville School District

Dr. Curry views an athletic trainer as an immediate health need of the school district. Sports injuries, particularly concussions, have been a concern at the high school level. Increased education and awareness about concussions would be beneficial for students participating in sports. Dr. Curry also mentioned obesity as a health concern. He would like to continue efforts being made to organize a program for obese students to work one-on-one with a provider after school. He would like to also continue emphasizing physical education's role in reducing obesity by helping educate and promote awareness among children. A more overarching issue at the high school level is substance abuse. Dr. Curry believes it imperative to continue education on this issue. Prescription drug abuse has been a specific concern lately as Dr. Curry has witnessed an increase in these cases among high school students. He would like more efforts in the school system directed at this issue.

Karen Dolt, Executive Director and Rebecca Davis, Care Director at Northland Health Care Access

One of the bigger problems in this area and in healthcare in general is mental health service for patients of any age. Northland Health Care Access acknowledges Saint Luke's Northland for their contributions to this need, but believes more can always be done. In addition, the organization feels that access issues need to be addressed; including providing timely services for the Northland's uninsured, focusing on areas of prescription medications and transportation to and from health care appointments. In addition, they believe that coordination of services is key to providing high quality care. However, this requires many organizations working together which they recognize is can be a very difficult task. The organization appreciates the willingness of Saint Luke's Northland to work with other organizations and looks forward to working together in the future.

Rhonda McCullick, Food Service Director, Park Hill School District

Ms. McCullick's main health concerns for the students of the Park Hill School District are reflected in the number of free and reduced lunches the district provides. This, coupled with the increasing number of students sent home with food on weekends to ensure they are able to eat, show that nutrition is an becoming more of a problem for the students in the district. Some schools in the district even offer cooking classes for students and their parents in order to teach about nutritious eating. Ms. McCullick said that as a district there has been a focus on introducing new, healthy foods to the students' diets.

Gary Zaborac, Director of Public Health, Clay County Health Department

Mr. Zaborac expressed that his main concern and goal in the Northland is to establish a collaborative community effort among all health care providers. A coordinated approach to prevent and treat chronic diseases and conditions, Mr. Zaborac explained, is the best way to improve the community's health. He stated that Saint Luke's Northland cannot achieve this by itself, nor should they. Clay County Health Department's vision is to bring all providers into a public health collaboration, and Mr. Zaborac hopes that Saint Luke's Northland will be an active partner in that process. He also stated that focusing on smoking cessation, breast cancer, and mental health should be the top concerns for Saint Luke's Northland's community efforts.

XII. Key Findings¹⁶

After reviewing demographic and socioeconomic indicators, there are a few key findings in the Service Area:

- The Hispanic or Latino and Black or African American populations are both increasing, making Clay and Platte Counties much more diverse counties than in years past.
- Preventable hospitalizations are much higher in Clay County than the state.
- Clay County has a very low amount of mental health providers and utilizes more poor mental health days than the average for the state.

¹⁶ www.countyhealthrankings.org

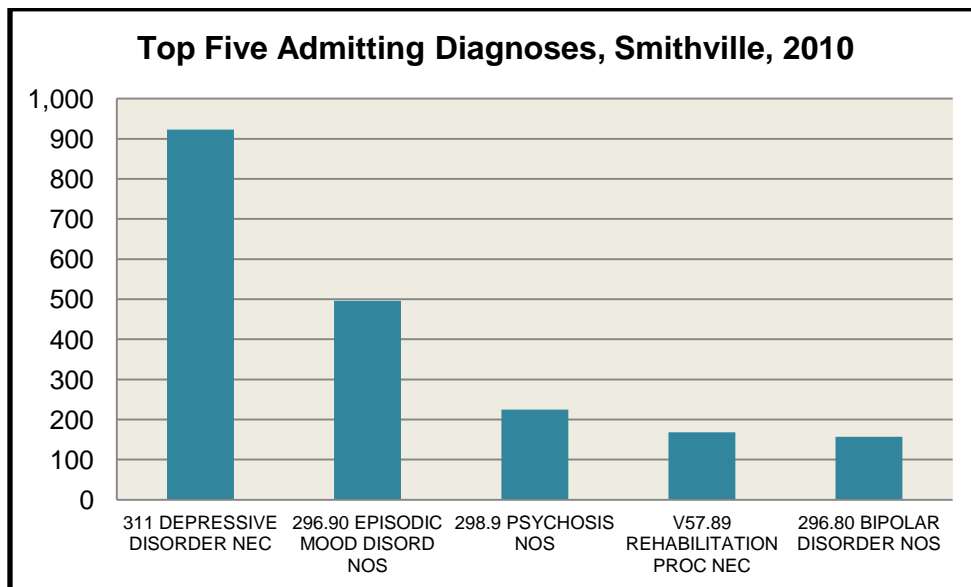
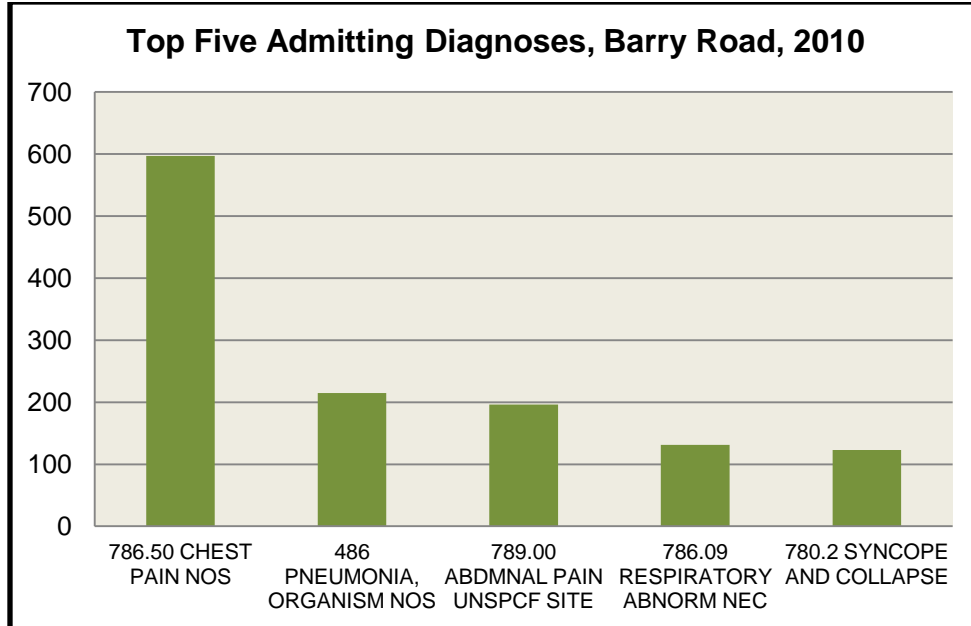
- Violent crime rates are also higher than the state rate.
- Clay County ranks 114th out of 114 counties for physical environment.
- The excessive drinking rate and binge drinking rates were both higher than the state average, while the teen birth rate was much lower than the state rate.
- The premature death rate in Platte County is lower than both the state rate and the national benchmark.
- Platte County has a larger number of mental health providers and a lower number of poor mental health days than Clay County or Missouri.
- The diabetic screening rate and mammography compliance rate are both higher than the state average.

Included is a table that lists the top service area concerns and explains the reasoning behind inclusion or exclusion of community health needs as a focus area. These were determined by analyzing the above data as well as the feedback from community leaders and stakeholders:

Community Health Needs	Focus Area: Inclusion or Exclusion
1. Coordination of Care Throughout Community	While coordination of care among providers in the community is widely recognized as a key issue, Saint Luke's Northland cannot meet this need alone. However, in partnering with Vision North, Spelman Medical Foundation and other community organizations, and addressing other community health needs, Saint Luke's Northland continues to work towards resolving this issue.
2. Mental Health	Included as a focus area; this was mentioned as a problem by many of the public health officials and the data within this CHNA supports the need for increased emphasis on mental health services.
3. Obesity	Obesity is a concern in this population but at this time the rates for Clay and Platte counties are not higher than the state rates and were only mentioned by school district officials as a possible health concern.
4. Breast Cancer	Included as a focus area; this was also mentioned as a problem by public health officials and the data within this CHNA supports the need for increased focus on breast cancer.
5. Diabetes	The rate of diabetes in the service area is higher than the state average. However, the diabetic screening rate is notably higher than the state average in both Clay and Platte County. Other health concerns not currently receiving as much attention were designated as focus areas.
6. COPD	COPD is not always due to the effects of smoking but can be linked to this behavior. An emphasis on smoking cessation can help decrease the rate of COPD and other respiratory concerns.
7. Smoking Cessation	Included as a focus area; this was also mentioned as a problem by public health officials and the data within this CHNA supports the need for increased focus on smoking cessation.
8. Violent Crime	Violent crime is not generally an issue healthcare organizations can directly affect. By focusing attention on mental health conditions, this could decrease the occurrence of violent crime.
9. Preventable Hospitalizations	Preventable hospitalizations are due to a multitude of diseases; however, a high number of preventable hospitalizations are in part due to respiratory problems. The rate of preventable hospitalizations could decrease with an increased focus on smoking cessation.
10. Excessive Drinking and Binge Drinking	Though the rate for excessive drinking and binge drinking is higher in Platte County than the state rates, this is not the case for the entire service area. This was only mentioned as a key issue by one community official.

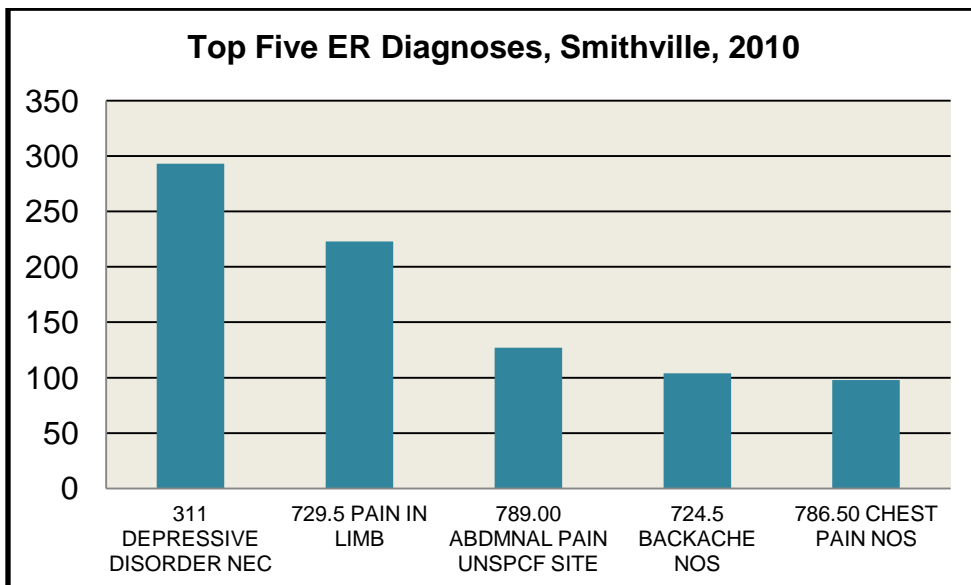
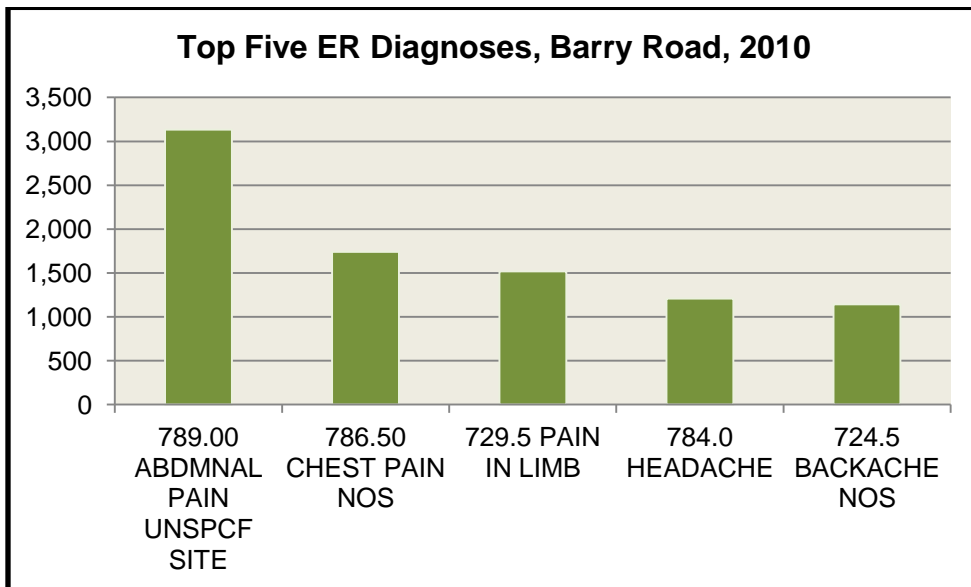
XIII. Hospital Specific Data

The top five admitting inpatient diagnosis for Saint Luke’s Northland (Barry Road and Smithville) are depicted in the following charts:



Of note, the Barry Road Campus shows three of the top five admitting diagnoses are related to respiratory or potentially mental health related issues. The Smithville Campus shows many mental health issues which is expected due to the nature of its services.

The top five Emergency Room diagnoses for Saint Luke’s Northland (Barry Road and Smithville) are depicted in the following charts:



XIII. Health Concerns

General

*Healthy People 2020*¹⁷

Healthy People 2020 is a national collaborative effort used to measure progress for health issues in specific populations, and serves as (1) a foundation for prevention and wellness activities across various sectors and within the federal government, and (2) a model for measurement at the state and local levels.

Following is a list of the topics and objectives for the national Healthy People 2020 initiative:

- Access to Health Services
- Blood Disorders and Blood Safety
- Dementias, including Alzheimer's Disease
- Disability and Health
- Educational and Community-Based Programs
- Family Planning
- Genomics
- Health-Related Quality of Life and Well-Being
- Health Communication and Health Information Technology
- Heart Disease and Stroke
- Immunization and Infectious Diseases
- Lesbian, Gay, Bisexual, and Transgender Health
- Medical Product Safety
- Occupational Safety and Health
- Oral Health
- Preparedness
- Respiratory Diseases
- Sleep health
- Substance Abuse
- Maternal, Infant, and Child Health
- Chronic Kidney Disease
- Diabetes
- Early and Middle childhood
- Environmental Health
- Food Safety
- Global Health
- Healthcare -Associated Infections
- Hearing and Other Sensory or Communication Disorders
- HIV
- Injury and Violence Prevention
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Nutrition and Weight Status
- Older Adults
- Physical Activity
- Public Health Infrastructure
- Sexually Transmitted Diseases
- Social Determinants of Health
- Vision

¹⁷ U.S.Department of Health and Human Services. (2012). Healthy people 2020 objectives. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

The remaining Healthy People 2020 objectives have been described in more detail because they directly relate to the community needs that will be focused on in the following sections:

Adolescent Health

- Reduce the proportion of adolescents who have been offered, sold, or given an illegal drug on school property.
- Increase the proportion of middle and high schools that prohibit harassment based on a student's sexual orientation or gender identity
- Increase the educational achievement of adolescents and young adults
- Reduce adolescent and young adult perpetration of, as well as victimization by, crimes
- Increase the proportion of adolescents who have had a wellness checkup in the past 12 months
- Decrease the proportion of public schools which a serious violent incident.
- Increase the proportion of adolescents who participate in extracurricular and out-of-school activities.
- Increase the proportion of adolescents and young adults who transition to self-sufficiency from foster care
- Increase the proportion of school with a school breakfast program
- Increase the proportion of adolescents whose parents consider them to be safe at school
- Increase the proportion of adolescents who are connected to a parent or other positive adult caregiver

Cancer

- Reduce the overall cancer death rate
- Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines
- Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines
- Reduce the female breast cancer death rate
- Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis
- Reduce late-stage female breast cancer

Tobacco Use

- Reduce tobacco use by adults
- Reduce the initiation of tobacco use among children, adolescents, and young adults
- Increase recent smoking cessation success by adult smokers
- Increase smoking cessation attempts by adolescent smokers
- Reduce the proportion of non-smokers exposed to second hand smoke
- Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites
- Increase the Federal and State tax on tobacco products
- Reduce tobacco use by adolescents
- Increase smoking cessation attempts by adult smokers
- Increase smoking cessation during pregnancy
- Increase tobacco cessation counseling in health care settings
- Eliminate State laws that preempt stronger local tobacco control laws
- Increase the proportion of persons covered by indoor worksite policies that prohibit smoking
- Reduce the illegal sales rate to minors through enforcement of laws prohibiting that sale of tobacco products to minors

Mental Health and Mental Disorders

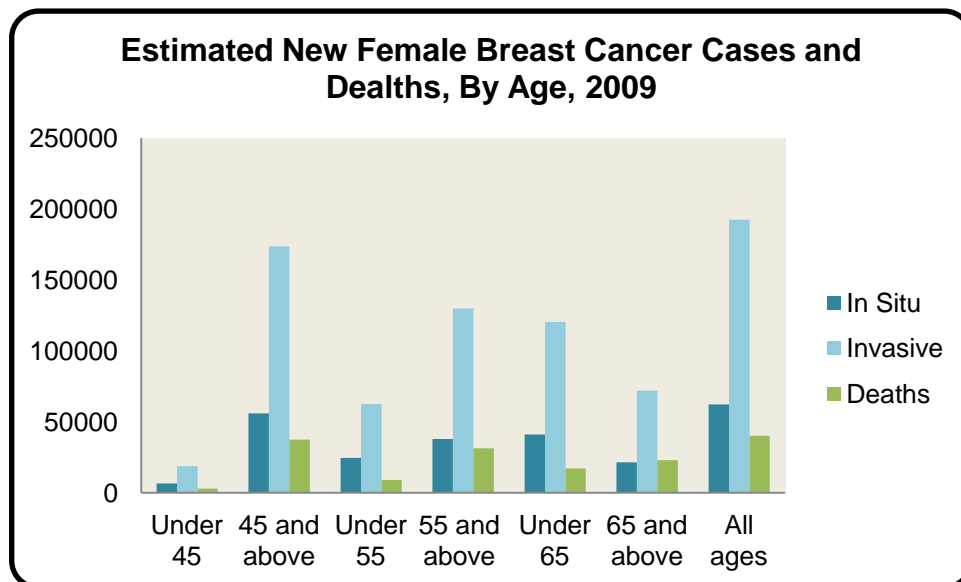
- Reduce the suicide rate
- Reduce the proportion of persons who experience major depressive episodes
- Increase the proportion of children with mental health problems who receive treatment
- Increase the proportion of homeless adults with mental health problems who receive mental health services
- Increase the proportion of adults with mental disorders who receive treatment
- Reduce suicide attempts by adolescents
- Increase depression screening by primary care providers
- Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral
- Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders

XV. Saint Luke's Northland Focus Areas

a. Breast Cancer

i. National Information¹⁸

Data from The American Cancer Society demonstrates the in situ, invasive, and death rates caused by breast cancer among women in America.



Below is a list of controllable risk factors determined by the American Cancer Society:

Obesity

Obesity, as well as weight gain during adulthood, increases the risk of postmenopausal breast cancer. A recent study found that women who gained 55 pounds or more after age 18 had almost 50 percent greater risk of breast cancer compared with those who maintained their weight. Alternatively, those who lost at least 22 pounds after menopause and maintained the weight loss showed a lower breast cancer risk. Many women in the US are overweight or obese so strategies to maintain a healthy body weight are important to reduce the risk of both developing and dying from breast cancer.

Physical activity

It is possible that those who regularly partake in physical activity have decreased chances of having breast cancer. Although most studies find reduced risk in women who exercise vigorously for 45 to 60 minutes on 5 or more days per week, one study suggests that regular physical activity, regardless of intensity, may reduce the risk of breast cancer in postmenopausal women. There is a protective effect of physical activity that is greatest among postmenopausal women and women with normal BMI. The reasons behind this are not yet known, but the belief is that the benefit may be due to the effects of physical activity on body mass, hormones, and energy balance.

¹⁸ The American Cancer Society retrieved from <http://www.cancer.org/Cancer/BreastCancer/DetailedGuide/breast-cancer-risk-factors>

Alcohol consumption

In 2007, the International Agency for Research on Cancer concluded that there was sufficient evidence that alcohol consumption causes breast cancer in women. Studies show that the equivalent of 2 drinks a day (or 24g of alcohol) may increase breast cancer risk by 21 percent. Recent studies have also reported that even low to moderate alcohol consumption (3-14 drinks per week) is associated with a slight increase in the risk of breast cancer. At this time, it is not believed that the type of alcohol makes a difference. Reducing alcohol intake may be a useful strategy for reducing breast cancer risk among regular consumers of alcohol.

Menopausal hormones

Use of estrogen and progestin increases the risk of developing breast cancer and may run a higher risk of late-stage diagnosis due to increases in breast tissue density making it harder to read mammograms.

ii. State Information¹⁹

As of 2007, the rate for invasive breast cancer in women in the state of Missouri is 114.6 per 100,000 in the population. The chart below contains comparative data for this rate.

Region	Breast Cancer Rate per 100,000 population
Arizona (Ranked 51st)	99.9
Missouri (Ranked 40th)	114.6
Kansas (Ranked 19th)	123.9
Rhode Island (Ranked 1st)	139.2
United States	120.4

The state of Missouri has a slightly lower incidence rate than the national average for the incidence of breast cancer. It is ranked 40th out of 50 states and the District of Columbia.

iii. Local Information²⁰

Though the mammography compliance rate is higher than state average, a Community Health Assessment conducted in 2007 among 200 women in Clay County showed that more than 21 percent of women ages 40 and over have not had a mammogram screening in the past year. Over five percent of women in this age range have never had a mammogram screening.

Also, in 2006 and 2007 the breast cancer hospitalization rate was lower in Clay County than the state of Missouri but increased in 2008 to match the state rate. The rate for both Missouri and Clay County were at 3.9 hospitalizations per 100,000 in 2008. Currently, there are several breast cancer screening service providers in Clay County for insured women:

¹⁹ www.statehealthfacts.org <http://www.statehealthfacts.org/comparemaptable.jsp?ind=469&cat=10>

²⁰ Missouri Department of Health and Human Services

- North Kansas City Hospital – Northland Cancer Center – *Breast Care Program*
- Northland Women’s Center – *Women’s Imaging Services*
- Liberty Hospital – *Breast Diagnostic Center*
- Excelsior Springs Hospital – *Diagnostic Imaging Services*
- Diagnostic Imaging Centers, PA – *Breast Imaging*
- Medical Imaging – *Breast Health Care*

b. Mental Health Services

i. National Information

Medicaid Funding for Behavior Health Services²¹

In a recent report released by the Kaiser Family Foundation, funding for behavioral health care services is analyzed. Important facts from the report include:

- Behavioral health problems encompass a broad range of illnesses. Nearly a third of adults and a fifth of children had a behavioral health problem within the past year.
- Though utilization of behavioral health services has increased over time, significant numbers of people who need services do not receive treatment.
- The largest federal program dedicated to financing behavioral health services is the Community Mental Health Services Block Grant (MHBG).
- While spending on behavioral health services has grown over time, growth in spending for behavioral health care in the United States has been slow relative to growth rates for other health services.
- The 2010 Affordable Care Act (ACA) has significant implications for financing behavioral health services. An expansion of coverage could lead to an increase in individuals accessing behavioral health services through Medicaid or private insurance.

Substance Abuse and Mental Health Services Administration (SAMHSA)²²

There are grants available that help institutions enhance their mental health services through SAMHSA. The newest available grants can be found at <http://www.samhsa.gov/grants/>.

National Survey on Drug Use and Health²³

A national survey conducted by the US Department of Health and Human Services through the Substance Abuse and Mental Health Services Administration shows a tremendous need for mental health services nationwide. More information can be found at <http://oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf> .

²¹ Kaiser Family Foundation; Mental Health Financing in the United States: A Primer
<http://www.kff.org/medicaid/upload/8182.pdf>

²² www.samhsa.gov/grants

²³ www.samhsa.gov

ii. State Information²⁴

The state of Missouri Child Health Profile showed that the leading causes of death of individuals between the ages of 15 and 19 were unintentional injuries, motor vehicle deaths, homicide and suicide.

iii. Local Information^{25,26}

Clay County currently has five mental health providers and Platte County has 11.

There are several existing programs in Clay County that target adolescent health and behaviors:

- Alcohol and other Drugs – Northland Coalition, Teen Outreach Program
- Injury and Violence – MADD, also covered by many school run safety programs, Teen Suicide Prevention Grant
- Tobacco – Maternal and Child Health grant, Health Foundation grant on Tobacco
- Nutrition – Mother and Child Coalition on Weighing In, Personal Health Inventory, Kid Power, Eat Small (Portion Distortion), Label Reading
- Sexual Activities – Children’s Trust Fund, Adolescent Health Risk grants, Abstinence Only Education (AOE), Teen Outreach Program

Saint Luke’s Northland (Smithville) provides multidisciplinary mental health services as well as on-site emergency services 24 hours a day, seven days a week. They offer services for adolescents (12 and older), adults and geriatric patients. The emergency department is also staffed with a psychiatric emergency assessment team that consists of:

- Drug and alcohol counselors
- Licensed professional counselors
- Mental health technicians
- Physicians
- Psychiatrists
- Registered nurses
- Recreational therapists
- Social workers

Additionally, Saint Luke’s Northland (Smithville) is working to expand their mental health department by five beds to a total of 45.

²⁴ DHSS Community Health Profile Data, Child Health
<http://health.mo.gov/data/mica/ASPsChildHealth/header.php?cnty=929>

²⁵ www.countyhealthrankings.org

²⁶ Clay County Public Health Department

c. Smoking Cessation

i. National Information²⁷

A 2010 Surgeon General's Report provided information about smoking-attributable diseases. The chemicals and chemical compounds in tobacco smoke are carried in the blood to all parts of the body. Smoking can cause cancer, heart attack, stroke, asthma attacks, COPD, emphysema, and chronic bronchitis. These effects are also seen in those who only occasionally smoke or are exposed to second-hand smoke. Smoking also exacerbates the health issues resulting from diabetes. Individuals with diabetes who smoke are at higher risk for heart and kidney disease, amputation, eye disease causing blindness, nerve damage and poor circulation.

Facts about smoking:

- In 2010, 45.3 million or 19.3 percent of adults 18 years of age or older currently smoke cigarettes.
- The percent of high school students who smoked cigarettes in the past month was 19.5 percent in 2009.
- Smoking is more common among men than women; 21.5 percent of men are smokers versus 17.3 percent of women in 2010.
- Cigarette smoking is the leading cause of preventable death in the United States accounting for approximately 443,000 deaths, or 1 in every 5 deaths, each year.

Successful Prevention and Cessation Programs

The Centers for Disease Control and Prevention (CDC) reported that California, with the nation's longest-running prevention and cessation programs, has reduced lung and bronchus cancer rates four times faster than the rest of the U.S. A CDC study concluded California's program saved \$86 billion in health care costs in its first 15 years, which is nearly 50 times what the state spent.

ii. State Information²⁶

Spending on Tobacco Prevention and Cessation Programs

The state of Missouri currently spends \$2.13 billion dollars in annual health care costs directly caused by smoking; however, in FY 2010, they only spent \$1.2 million on tobacco prevention. This was only 1.6 percent of the CDC's recommended spending of \$73.2 million. So far in FY 2011, Missouri has only spent 0.1 percent, or \$60,000 of this recommended spending. For the same time period of FY 2011, tobacco-generated revenue has totaled \$245 million. This leaves Missouri at 48th among the states in funding tobacco prevention and cessation programs.

According to the CDC, Missouri is receiving \$9.9 million in federal funds dedicated to tobacco prevention and control. A breakdown of these funds is below:

- \$1.2 million from the U.S. Centers for Disease Control and Prevention in a 12-month grant for the period beginning April 2010 (from annual appropriations).

²⁷ www.cdc.gov

- \$8.6 million in dedicated tobacco control funds from the American Recovery and Reinvestment Act (ARRA) including \$1.0 million for telephone quit lines and \$7.6 million for community initiatives. These funds were awarded in March 2010 and are to be spent over a 24-month period. (Missouri also received \$891,160 in stimulus funds to work on physical activity, nutrition and tobacco control, but the exact amount spent on tobacco control is unclear).
- \$80,807 from the Prevention and Public Health Fund in the new health care reform law. These funds are to be used to motivate smokers to quit.

Cigarette Tax

Currently, Missouri has the lowest cigarette tax in the country. At 17 cents per pack, this is significantly lower than the \$1.46 per pack average across the United States. The CDC states that a \$1.00 tax increase on cigarettes would have multiple benefits for the state including a \$338.5 million increase in annual revenue. The following table represents immediate five year and long-term health savings due to a \$1.00 tax increase.

Missouri benefits from a \$1.00 per pack cigarette tax increase	
5 year health savings from fewer smoking-affected pregnancies, heart attacks, and strokes *	\$42.3 million
Long-term health savings from adult & youth smoking declines**	\$1.4 billion
Percent decrease in youth smoking	16.4%
Current adult smokers who would quit	38,700

*The immediate heart-stroke & pregnancy cost reductions represent only the tip of the saving iceberg, as smoking declines from a \$1.00 rate increase would immediately begin to reduce numerous other smoking-caused health costs as well.

**Long-term savings accrue over lifetimes of persons who stop smoking or never start because of a tax increase.

iii. Local Information

Although cigarette smoking for Clay and Platte counties has decreased from 2003-2007 according to the Behavioral Risk Factor Surveillance System, tobacco use is still an issue in these counties.

*Clay and Platte Counties*²⁸

The percent of currently smoking adults age 18 or older is 23 percent for Clay County and 19 percent for Platte County.

*Northland*²⁹

Many of the health issues that the Northland population experiences can be directly attributed to smoking and tobacco use:

- 85 percent of lung cancers are attributable to tobacco use. Cancer is the second leading cause of chronic disease death in Clay County. The leading causes of cancer deaths in 2008 for Clay and Platte counties for both males and females were tracheal, bronchus, and lung cancers.
- In Clay County, Chronic Lower Respiratory Disease (CLRD) is the third leading cause of chronic disease death, for which smoking is a risk factor. Death rates from CLRD from 1999-2008 remained higher than state rate, although most of these deaths are not from asthma, emphysema or bronchitis.
- Smoking is a risk factor for stroke, which is the fourth leading cause of chronic disease death in Clay County.
- Exposure to tobacco smoke also contributes to asthma. In Clay County, ER visits for asthma have increased steadily from 2005-2008. In Platte County, ER visits for asthma increased from 2005-2007 then decreased slightly in 2008.
- Low birth weight, which can sometimes be attributed to smoking, is above the target value of 6.1 percent for both Clay and Platte counties. Clay County is 6.9 percent of live births with an error margin of 6.6-6.3 percent. Platte County is 6.3 percent of live births with an error margin of 5.8-6.9 percent.

XVI. Conclusion

In this CHNA, the health needs of the Northland community have been identified through data analysis and discussions with community leaders and stakeholders. The three focus areas for Saint Luke's Northland are Breast Cancer, Mental Health Issues and Smoking Cessation. A separate Implementation Strategy will address these focus areas and describe the steps Saint Luke's Northland will take over the next three years to improve the health needs of the community.

²⁸ CountyHealthRankings.org

²⁹ Missouri Department of Health and Human Services

XVII. Author Credentials

Kory Barrett is a Master's of Health Services Administration (MHSA) student at the University of Kansas Medical Center (KUMC). He currently works as a Radiologic Technologist, BSRT (R) at Lee's Summit Medical Center and was an administrative intern at Kindred Hospital, Kansas City. He received his Bachelor of Science in Radiologic Science and minor in Business Administration from Avila University.

Nicole Jeffries is a Master's of Health Services Administration (MHSA) student at the University of Kansas Medical Center (KUMC). She currently works for University of Kansas Cancer Center in Regulatory Compliance and was an administrative intern at Northeast Regional Medical Center in Kirksville, Missouri. She received her Bachelor of Science in Biology and minor in psychology from Truman State University.

Ryan Mize is a dual degree student receiving his Master of Health Services Administration (MHSA) and Juris Doctor (JD) at the University of Kansas. He currently works in the Research and Development department at Children's Hospital Association where he interned last summer. He received his Bachelor of Arts in Political Science and minor in Business at the University of Kansas.

Lindsey Sutanto is a dual degree student receiving her Master of Health Services Administration (MHSA) and Master of Nursing (Organizational Leadership and Public Health) at the University of Kansas Medical Center (KUMC). She currently works as a Registered Nurse at The Children's Mercy Hospital in Kansas City, Missouri. She received her Bachelor of Science in Nursing and minor in Spanish at Texas Christian University.

*Special thanks to last year's MHSA graduates who contributed to initial data and research efforts--Kami Burkemper, Shea Goodwin, Ashley McMinn and Rebecca Miller.