Saint Luke's

Saint Luke's North Hospital
Community Health Needs Assessment

2021

◆ Saint Luke's North Hospital

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Introduction

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

Saint Luke's North Hospital is comprised of two campuses – Barry Road and Smithville. Between the Barry Road and Smithville campuses, Saint Luke's North Hospital offers over 160 patient beds and more than 20 specialized health care services, including a behavioral health unit, emergency services, inpatient and outpatient diagnostic testing, acute inpatient units, maternity unit, inpatient and outpatient rehabilitation services, multiple surgical services, and a wound care clinic.

SLN – Barry Road is located in Kansas City, Missouri, within Platte County, Missouri. Additional information about SLN – Barry Road is available at: https://www.saintlukeskc.org/locations/saint-lukes-north-hospital-barry-road.

SLN – Smithville is located in Smithville, Missouri, within Clay County, Missouri. Additional information about SLN – Smithville is available at: https://www.saintlukeskc.org/locations/saint-lukes-north-hospital-smithville.

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

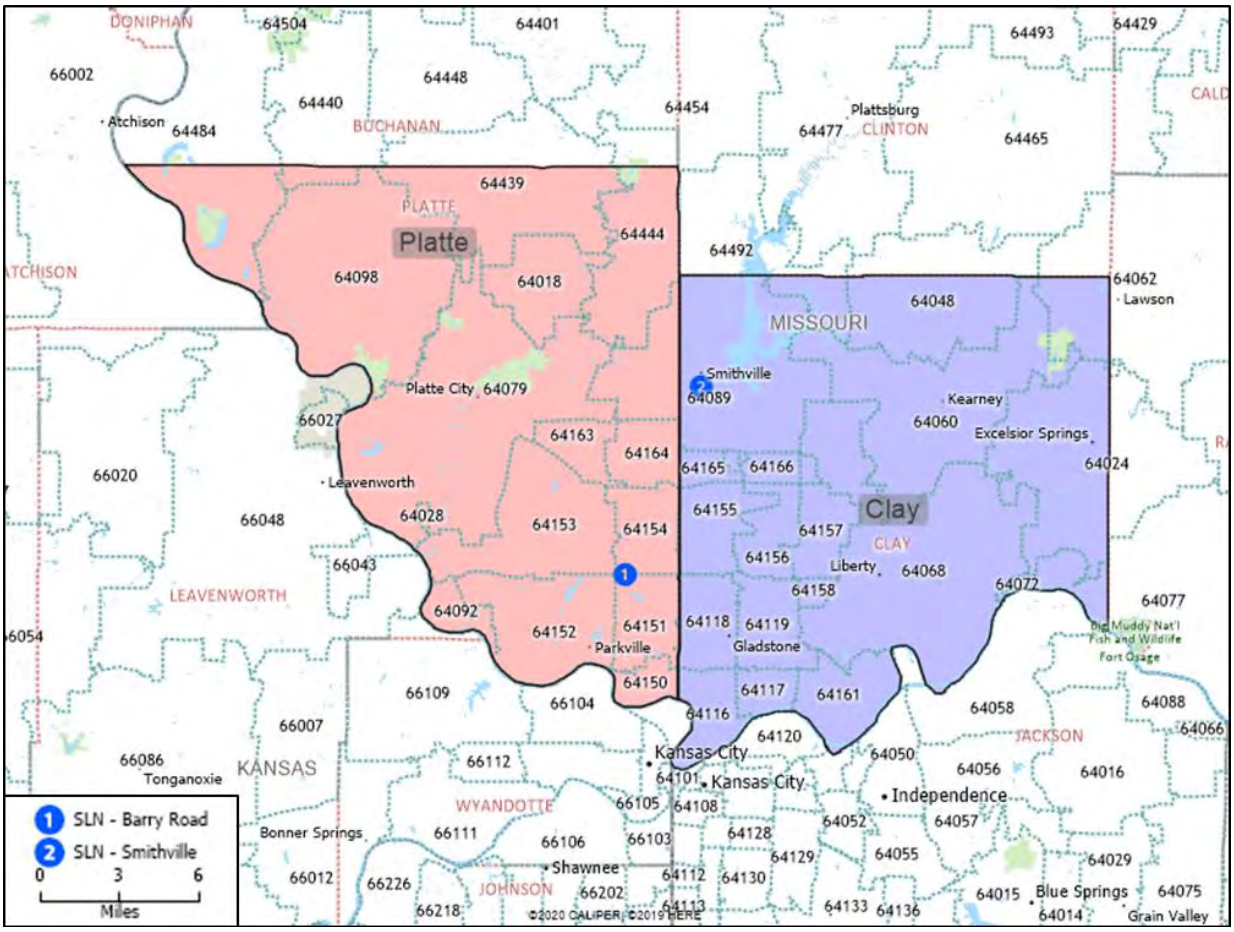
These CHNAs are conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessments also are conducted to comply with federal and state laws and regulations.

Community Assessed

For purposes of this CHNA, SLN's community is defined as a two-county area that includes Platte County, Missouri, and Clay County, Missouri. In calendar year 2019, the two counties accounted for approximately 57 percent of the hospital's inpatient volumes and 82 percent of emergency department visits.

The total population of the community in 2019 was 356,801.

The following map portrays the community served by SLN and the location of its two campuses.



Source: Caliper Maptitude, 2020.

Significant Community Health Needs

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

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

Significant Community Health Needs: Discussion

Access to Care

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

The per-capita supply of dentists and mental health providers is below national averages in Platte and Clay counties, and the supply of primary care physicians is below the national average in Clay County. The federal government considers all of Platte County to be a Health Professional Shortage Area (HPSA) for low-income residents seeking access to mental health care professionals.

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

The recent Community Health Improvement Plan conducted for the Northland, in collaboration with the area's local health departments, identified improving access to affordable care, particularly for primary care and behavioral health care, as a priority. They indicate that access is particularly challenging for residents who are uninsured, low-income, and members of racial and ethnic minorities.

Until recently, Missouri had not implemented Medicaid expansion as enabled by the Patient Protection and Affordable Care Act (PPACA, 2020). On August 4, 2020, voters approved Medicaid expansion in Missouri. According to an analysis published by the Kaiser Family Foundation, 217,000 of Missouri's uninsured adults will now be eligible for Medicaid when the expansion becomes effective (scheduled for July 1, 2021).

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

COVID-19 Pandemic and Effects

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

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

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

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

Mental Health

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

Interviewees described youth mental health and suicide rates as significant concerns. They stated that younger people are exposed to social media and online bullying, compare themselves negatively to others, have significant stress about academic or athletic achievement, and experience challenging home-life issues.

Clay County ranks in the bottom quartile of peer counties for the prevalence of mentally unhealthy days. The mortality rate for suicide is also higher in Clay County than the Missouri rate. Community Health Assessments prepared by local health departments identified the need to improve mental health and access to mental health services as priorities.

Needs of Growing Senior Population

The community's population 65 years of age and older is anticipated to grow by 21.6 percent, or approximately 11,300 persons from 2019 to 2024, making the senior population the fastest growing demographic group. This trend is likely to lead to the growing demand for health services, since on an overall per-capita basis, older individuals typically need and use more services than younger persons.

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

Poverty and Social Determinants of Health

People living in low-income households generally are less healthy than those living in more prosperous areas. The poverty rates in Platte County (6.9 percent) and Clay County (7.9 percent) were well below the Missouri average (14.2 percent). While the overall poverty rates are low, stakeholders indicated that "pockets of need" and significant income disparities are present and often are overlooked by county-wide statistics.

In both counties, poverty rates for Black and for Hispanic residents have been substantially higher than rates for White residents.

Low-income census tracts can be found in both counties. These are most prevalent in southern parts of Clay County, in Excelsior Springs, and in the area around the SLN – Barry Road facility. Most of these census tracts are where a higher proportion of households are "rent burdened," are categorized as "moderate need" by the Dignity Health Community Need Index™ (CNI), and are in the top quartile nationally for "minority status and language index" according to the Centers for Disease Control Social Vulnerability Index.

Food deserts and food swamps[1] are present in Clay County and are particularly prevalent in southern parts of the county and in Excelsior Springs.

The Kansas City Community Health Improvement Plan (CHIP, published in 2016) identified addressing social determinants of health, including education, crime, and economic opportunity as priority issues. The Kansas City Health Department Community Health Assessment highlights large education, economic, and housing-related gaps between Whites, Blacks, and Hispanic (or Latino) residents – in part due to historic racial and economic separation.

Interviewees and community meeting participants identified poverty and social determinants of health, including food insecurity, housing affordability, access to transportation, access to housing, and access to educational opportunities as significant concerns. Stakeholders indicated

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

that culturally sensitive education and programs focused on healthy eating and nutrition are needed.

Unhealthy Behaviors

A variety of unhealthy behaviors are pervasive and are contributing to poor health outcomes. Compared to national and peer county averages, both Platte and Clay counties have unfavorable rates of:

- Obesity and physical inactivity,
- Alcohol use and alcohol-induced mortality (including alcohol-impaired driving deaths), and
- Tobacco use (including smoking).

For Platte County, six (6) of the health behaviors indicators included in *County Health Rankings* benchmark unfavorably in comparison to peer counties. Five (5) health behaviors benchmark unfavorably in Clay County.

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

The Northland Community Health Improvement Plan identifies "chronic disease and advancing healthy lifestyles" as a priority for Platte and Clay counties, including obesity and related chronic conditions, physical inactivity, and tobacco use.

DATA AND ANALYSIS

Community Definition

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

On that basis, SLN's community was defined as a two-county area that includes Platte County, Missouri, and Clay County, Missouri. The community accounted for 57 percent of the hospital's 2019 inpatient volumes and 82 percent of its emergency room visits (**Exhibit 1**).

Exhibit 1: SLN Discharges and Emergency Room Visits, 2019

County	State	Inpatient Discharges	Percent Discharges	ER Visits	Percent ER Visits
Platte	MO	2,163	29.9%	13,028	41.3%
Clay	MO	1,926	26.6%	12,912	41.0%
From Community		**4,089**	**56.5%**	**25,940**	**82.3%**
Hospital Total		**7,243**	**100.0%**	**31,528**	**100.0%**

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

The total population of the two counties in 2019 was approximately 357,000 persons (**Exhibit 2**).

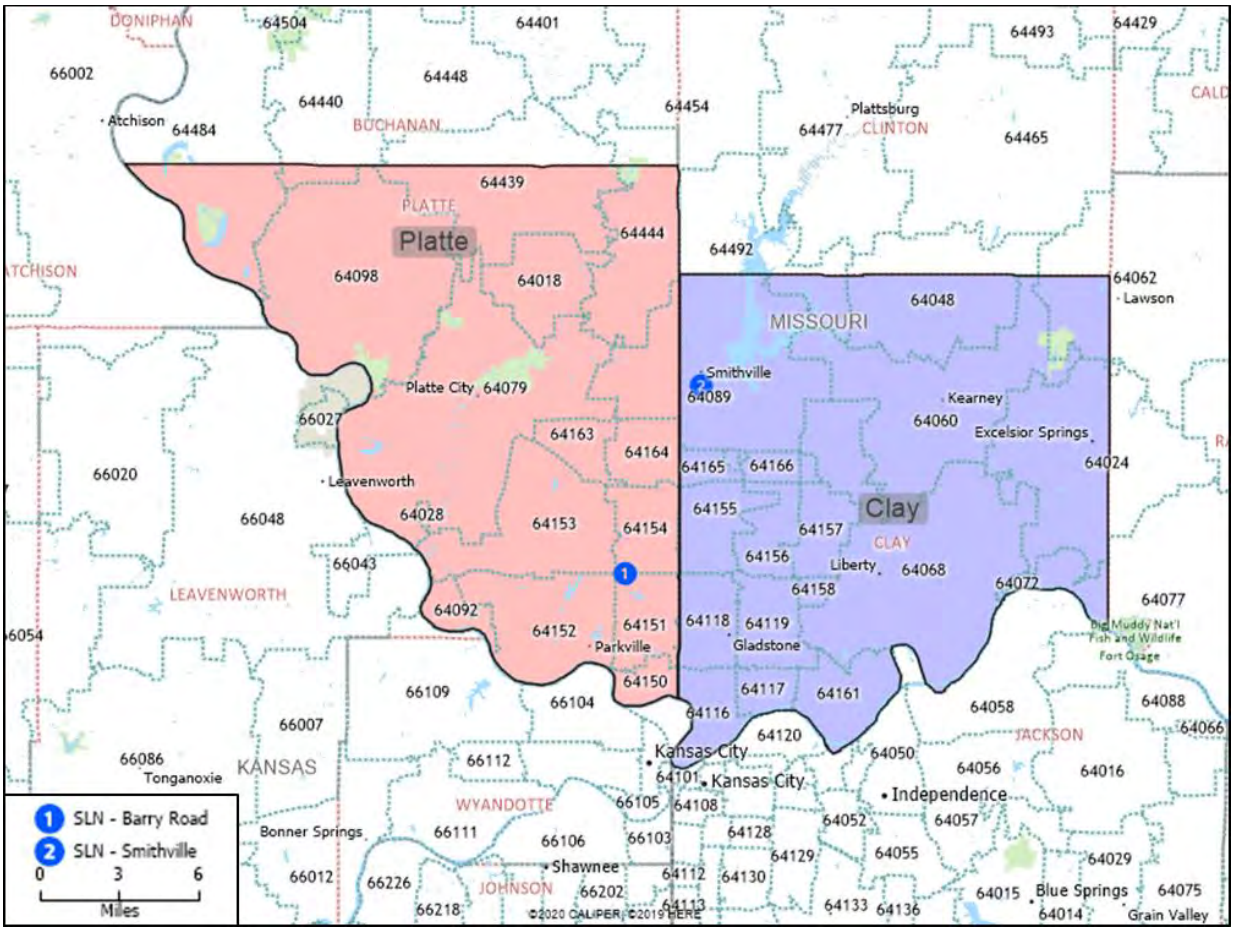
Exhibit 2: Community Population by County, 2019

County	State	Total Population 2019	Percent of Total Population 2019
Platte	MO	102,862	28.8%
Clay	MO	253,939	71.2%
Community Total		**356,801**	**100.0%**

Source: Truven Market Expert, 2019.

SLN – Barry Road is located in Kansas City, Missouri (Platte County ZIP code 64154). SLN – Smithville is located in Smithville, Missouri (Clay County ZIP code 64089). **Exhibit 3** portrays the community and ZIP code boundaries within the counties.

Exhibit 3: Saint Luke's North Hospital Community



Source: Caliper Maptitude, 2020.

Secondary Data Summary

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

Demographics

Demographic characteristics and trends directly influence community health needs. The total population in the community is expected to grow 5.2 percent from 2019 to 2024 (approximately 18,500 persons). The population 65 years of age and older is anticipated to grow much more rapidly (by 21.6 percent, or 11,300 persons) during that time. This development should contribute to greater demand for health services, since older individuals typically need and use more services than younger persons.

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

In 2019, over 10 percent of the population in six community ZIP codes was Black – three each in Platte and Clay counties. These ZIP codes are associated with comparatively high poverty rates and poor health status.

The percent of the population Black was under two percent in 13 ZIP codes (seven in Clay County, six in Platte County).

Socioeconomic Indicators

People living in low-income households generally are less healthy than those living in more prosperous areas. In 2014-2018, approximately seven percent of Platte County residents and eight percent of Clay County residents lived in poverty – significantly below Missouri and national averages (14.2 percent and 14.1 percent respectively). Platte County's poverty rate was 114 highest out of 115 Missouri counties. Clay County ranked 112 out of the 115 counties.

Poverty rates for Black and for Hispanic (or Latino) residents in both counties (and in Missouri and the United States) have been substantially higher than rates for White residents. Across the two counties, 6.2 percent of White residents, 22.6 percent of Black residents, and 11.4 percent of Hispanic (or Latino) residents lived in poverty.

Low-income census tracts can be found in both counties. Low-income tracts are most prevalent in southern parts of both counties, nearer Kansas City. Most of these census tracts are where more households are "rent burdened," are categorized as "higher need" by the Dignity Health Community Need Index™ (CNI), and are in the top quartile nationally for "social vulnerability" according to the Centers for Disease Control Social Vulnerability Index.

The CNI is calculated for every ZIP code in the United States. The median score for the U.S. is 3.0, and ZIP codes are assigned to five categories ranging from "Lowest Need" (scores of 1.0 to 1.7) to "Highest Need" (scores ranging from 4.2 to 5.0). The weighted average CNI scores for Clay County (2.6) and Platte County (2.4) are below the U.S. median.

Between 2015 and early 2020, unemployment rates in the Kansas City Metropolitan Statistical Area and the United States fell significantly. However, due to the COVID-19 pandemic, unemployment has risen substantially in recent months (from 3.3 percent in January 2020 to 11.0 percent in May). Between January and May, the number of people unemployed in the Kansas City area increased from 37,241 to 123,352. The rise in unemployment is likely to affect numerous health-related factors, such as access to employer-based health insurance, housing and food insecurity, and access to health services.

Crime rates in the Clay County city of Gladstone are above national averages for most indicators.

Platte and Clay counties have had a lower 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 or not to expand Medicaid eligibility. In 2018, the average uninsured rate in states that expanded Medicaid was 7.7 percent; the average rate in states that did not expand Medicaid was 14.6 percent.

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

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

Other Local Health Status and Access Indicators

In the 2019 *County Health Rankings* and for overall health outcomes, Platte County ranked 2nd (out of 114 counties and one independent city in Missouri) and Clay County ranked 5th.

Platte County ranked in the bottom quartile among counties for five (5) of the 41 indicators assessed (12.2 percent) and Clay County for four (4) of the indicators (9.8 percent). Excessive drinking, chlamydia rates, social association rates, air pollution, and the percent who drive alone to work compared unfavorably in each of the counties.

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, Platte County compares unfavorably to peer counties for 11 of the 34 benchmark indicators (32 percent) and Clay County compares unfavorably for 12 of the 34 indicators (35 percent). The following indicators were most unfavorable across community counties:

- Physically unhealthy days
- Mentally unhealthy days
- Percent of adults who smoke
- Percent of adults obese
- Excessive drinking
- Percent of driving deaths alcohol-impaired
- Mental health professionals rate (providers per capita)
- Violent crime rate
- Average daily PM2.5 (air pollution)
- Percent who drive alone to work

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

An indicator is considered *significant* if it was found to vary materially from a benchmark statistic (e.g., an average value for Missouri, for peer counties, or for the United States). For example, 18.5 percent of Platte County's adults smoke; the average for peer counties is 16.6 percent. The last column of the exhibit identifies where more information regarding the data sources can be found in this report.

Exhibit 4: Significant Indicators

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
65+ Population change, 2019-2024	Community counties	21.6%	5.2%	Community, Total	8
Poverty rate, Black, 2014-2018	Platte County	19.1%	5.9%	Platte County, White	14
	Clay County	24.2%	6.3%	Clay County, White	14
Poverty rate, Hispanic (or Latino) 2014-2018	Platte County	12.7%	5.9%	Platte County, White	14
	Clay County	11.0%	6.3%	Clay County, White	14
Unemployed people, March 2020	Kansas City MSA	37,241	123,352	Kansas City MSA, May 2020	17
Percent rented households rent burdened	Top quartile ZIP codes	49.9%	45.7%	Missouri	20
Percent adults who smoke	Platte County	18.5%	16.6%	Peer counties	29
	Clay County	18.5%	16.6%	Peer counties	29
Percent adults obese	Platte County	31.0%	29.0%	United States	28
	Clay County	31.1%	29.0%	United States	28
Percent adults physically inactive	Platte County	23.3%	22.0%	United States	28
	Clay County	22.3%	22.0%	United States	28
Excessive Drinking	Platte County	19.5%	18.0%	United States	28
	Clay County	19.8%	18.0%	United States	28
Percent driving deaths with alcohol involvement	Platte County	40.3%	29.8%	Peer counties	29
Alcohol-induced deaths mortality rate per 100,000	Clay County	8.5	6.9	Missouri	31
Average number mentally unhealthy days	Clay County	4.1	3.8	Peer counties	29
Suicide mortality rate per 100,000	Clay County	16.9	16.0	Missouri	31
Mortality rate per 100,000 due to chronic conditions, Black	Missouri	653.6	530.9	Missouri, White	34
Ratio of population to primary care physicians	Clay County	1,432:1	1,330:1	United States	28
Ratio of population to dentists	Platte County	1,632:1	1,460:1	United States	28
	Clay County	1,641:1	1,460:1	United States	28
Ratio of population to mental health providers	Platte County	982:1	440:1	United States	28
	Clay County	931:1	440:1	United States	28
Mothers using tobacco during pregnancy	Clay County	9.6%	6.5%	United States	36
Prenatal care began first trimester, Black	Platte County	52.7%	79.3%	Platte County, White	37
	Clay County	56.0%	76.7%	Clay County, White	37
Infant deaths per 1,000, Black	Platte County	15.6	6.9	Platte County, White	37
	Clay County	14.1	7.7	Clay County, White	37
Air pollution (average daily particulate matter)	Platte County	10.2	8.6	United States	28
	Clay County	10.0	8.6	United States	28
Percent adults who drive alone to work	Platte County	83.9%	81.0%	Peer counties	29
	Clay County	84.0%	81.0%	Peer counties	29

Source: Verité Analysis.

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

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

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

Ambulatory Care Sensitive Conditions

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

Analyses conducted for this CHNA indicate that discharges for ACSCs are comparatively low from SLN and from Platte and Clay counties.

Food Deserts

The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered "food deserts" because they include lower-income persons without supermarkets or large grocery stores nearby. Food deserts are present in Clay County, particularly in southern areas of the county, in Liberty, and in Excelsior Springs.

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." No census tracts or other geographies have been designated as medically underserved in the two counties.

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.

- No census tracts in Platte or Clay counties have been designated as primary care or dental care HPSAs.
- The low-income population of Platte County has been designated as a mental health professional HPSA.

CDC COVID-19 Prevalence and Mortality Findings

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

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

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

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

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

Findings of Other CHNAs

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

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

- Access to care
- Alcohol and substance (drug) abuse
- Chronic disease prevention
- Educational achievement and opportunity
- Health inequities and disparities
- 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
- Tobacco use
- Violent crime and violence prevention

The Community Health Assessment (CHA) dashboard published and maintained by the Kansas City Missouri Health Department highlights how there is a 17-year difference in life expectancy for certain Kansas City communities that are only three miles apart. The gap in life expectancy between Blacks and Whites has increased since 2005, and gaps between women and men persist. According to that CHA, racism is the key driver behind these disparities. Kansas City has a history of racism and segregation that contributes to disparities in health outcomes, and social and economic inequities.

Primary Data Summary

Primary data were gathered through key stakeholder interviews and online meetings. Two community meetings relevant to SLN were conducted: one focused on Platte County and one focused Clay County. Another meeting was held with SLN staff members. Interviews were conducted by phone and meetings were conducted by online video conferences.

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

Key Stakeholder Interviews

Sixteen (16) interviews were conducted to learn about community health issues in the SLN community. Participants included individuals representing public health departments, social service organizations, community health centers, and similar organizations.

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

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

- **Poverty, socioeconomic issues, and basic needs.** Poverty and socioeconomic issues were one of the most commonly identified community health problems. While stakeholders in Platte and Clay counties described the counties as a low poverty area overall, they believed there were still significant pockets of need in the two counties that often get overlooked by county-wide statistics.

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

  - Have inadequate resources for and access to health care services (including medications and treatment).
  - Are forced to choose between spending their limited resources on basic needs and on health services.
  - Experience barriers to accessing primary care, preventive care, mental health care, and other services.
  - Have challenges securing safe housing, particularly in expensive areas to reside and more rural areas where housing stock is low.

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

    - An under-supply of inpatient and outpatient mental health providers and facilities. Access is particularly problematic for low-income residents, including those with Medicaid. Wait times typically are long for mental health services. Travel time to services is also an issue, particularly for those in Platte and Clay counties that live further from Kansas City.

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

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

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

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

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

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

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

- **Lack of health insurance coverage.** Many discussed how low-income and uninsured residents have difficulty accessing primary care and behavioral health care. While some low-cost clinics and FQHCs are present, interviewees stated that several are "difficult to get to," leaving residents with few primary care options. Many residents feel the need to travel from the Northland closer to Kansas City for a variety of primary care, behavior health, and specialty providers.

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

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

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

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

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

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

        - structural and institutional racism and policies,

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

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

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

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

    - Poor nutrition and access to healthy foods,

    - Physical inactivity, caused by lack of time and motivation,

    - "Busyness" and stress elsewhere in life.

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

- **Telehealth expansion.** Expanded telehealth services were described as a positive development. The ability to reach patients online has expanded greatly, particularly in reaching rural residents of Platte and Clay counties. Many patients like the convenience as well. Interviewees expressed hope that telehealth expansion will continue, reducing

travel, time, and other access barriers – particularly for residents of rural communities. Adjustments to reimbursement rates and rules are needed to sustain and enhance this positive development.

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

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

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

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

- **Digital divide.** Interviewees also expressed concerns about impacts on low-income residents due to a digital divide – since many services such as health care visits and educational opportunities are moving online. Households that are unable to afford equipment and broadband connections are being left behind. This problem was thought to be particularly bad for rural residents who only have access to substandard internet connections.

Community and Internal Hospital Meetings

From June 1 through June 19, 2020, ten online meetings were conducted across the Kansas City region to obtain community input. Six meetings were comprised of external community stakeholders in each of the five surrounding counties[3], and four meetings were comprised of staff from SLN and from other Saint Luke's Health System hospital facilities.

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

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

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

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

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

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

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

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

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

- The needs of a growing seniors population, including aging-in-place, falls, and other needs;

- Mental health and suicide, including concerns among adolescents;

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

- Poverty rates and social determinants of health (including affordable housing, violence, educational opportunities, and others) for Black, Latino, low-income, and other at-risk residents;
- Obesity, diabetes, and other obesity-related chronic conditions;
- The COVID-19 pandemic, its disproportional effect on elderly residents and Black communities, and its overall effects on household finances, employment status, and need for social services;
- Smoking, tobacco use, and the increase in e-cigarette usage (particularly among youth);
- Alcohol abuse and binge drinking;
- Health disparities and inequities by race, ethnicity, and income levels, including for infant health and prenatal care; and
- Access to affordable and effective transportation.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

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

Hospitals

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

Exhibit 5: Hospitals Located in Community, 2020

Name	Hospital Type	City	ZIP Code
Platte County, MO			
Saint Luke's North Hospital - Barry Road	General Acute Care Hospital	Kansas City	64154
Clay County, MO			
Excelsior Springs Hospital	General Acute Care Hospital	Excelsior Springs	64024
Kindred Hospital Northland	Other Hospital Type	Kansas City	64118
Liberty Hospital	General Acute Care Hospital	Liberty	64068
North Kansas City Hospital	General Acute Care Hospital	North Kansas City	64116
Saint Luke's North Hospital - Smithville	General Acute Care Hospital	Smithville	64089
Signature Psychiatric Hospital	Psychiatric Hospital	North Kansas City	64116
Signature Psychiatric Hospital Liberty	Psychiatric Hospital	Liberty	64068

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

Federally Qualified Health Centers

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

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

Name	Address	City	ZIP Code
Platte County, MO			
Swope Health Services - Northland	2906 NW Vivion Rd	Riverside	64150
Clay County, MO			
Samuel U. Rodgers Health Center Chouteau Elementary	3701 N Jackson Ave	Kansas City	64117
Samuel U. Rodgers Health Center Clay County Family Medicine & Dental	800 Haines Dr	Liberty	64068
Samuel U. Rodgers Health Center Eastgate Middle School	4700 NE Parvin Rd	Kansas City	64117
Samuel U. Rodgers Health Center Northland Family Medicine	5330 N Oak Trfy Ste 104	Kansas City	64118
Samuel U. Rodgers Health Center Winnwood Elementary	4531 NE 44th Ter	Kansas City	64117
Swope Health Services - Maple Woods	3100 NE 83rd St Ste 1001	Kansas City	64119

Source: HRSA, 2020.

According to 2018 data published by HRSA, FQHCs in Platte County served 10 percent of uninsured persons and 11 percent of Medicaid recipients. In Clay County, FQHCs served 13 percent of uninsured persons and 14 percent of Medicaid recipients. Nationally, FQHCs served 22 percent of uninsured patients and 19 percent of the nation's Medicaid recipients.[4]

Other Community Resources

Many social services and resources are available throughout community counties and the Kansas City region to assist residents. The United Way of Greater Kansas City, covering a 23-county area in the region, maintains a database of resources to serve residents.[5] The United Way 2-1-1 is available 24-hours a day, seven days a week, and has resources in the following categories:

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

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

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

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

In addition to United Way 2-1-1, Saint Luke's Health System maintains a Community Resource Hub to connect community members to reduced-cost and free services in their neighborhoods. The Saint Luke's Community Resource Hub contains resources for a variety of categories, including:

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

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

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.[6] 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

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

facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[7] 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[8] published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews and online community meetings (including a meeting conducted with internal hospital staff). Stakeholders and community meeting participants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See* Appendix C. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

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

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

Collaborating Organizations

For this community health assessment, Saint Luke's North Hospital collaborated with the following Saint Luke's hospitals: Saint Luke's Hospital of Kansas City, Saint Luke's East Hospital, and Saint Luke's South 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.

[7] 501(r) Final Rule, 2014.
[8] "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.

Input from persons representing the broad interests of the community was taken into account through key informant interviews (16 participants) and community meetings (36 participants). Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

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

Consultant Qualifications

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

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

APPENDIX B – SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the Saint Luke's North Hospital community. The SLN community is defined as Platte County and Clay County, Missouri.

Demographics

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

County	State	Total Population 2019	Projected Population 2024	Percent Change 2019 - 2024
Platte	MO	102,862	109,276	6.2%
Clay	MO	253,939	266,031	4.8%
Community Total		**356,801**	**375,307**	**5.2%**

Source: Truven Market Expert, 2019.

Description

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

Observations

- Between 2019 and 2024, the community's population is expected to grow by approximately 18,500 people, or 5.2 percent.
- At 6.2 percent, the population in Platte County is expected to grow the fastest.

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

Age/Sex Cohort	Total Population 2019	Projected Population 2024	Percent Change 2019 - 2024
0 - 17	84,797	86,283	1.8%
Female 18 - 44	63,004	64,052	1.7%
Male 18 - 44	63,507	65,238	2.7%
45 - 64	93,436	96,415	3.2%
65+	52,057	63,319	21.6%
Community Total	**356,801**	**375,307**	**5.2%**

Source: Truven Market Expert, 2019.

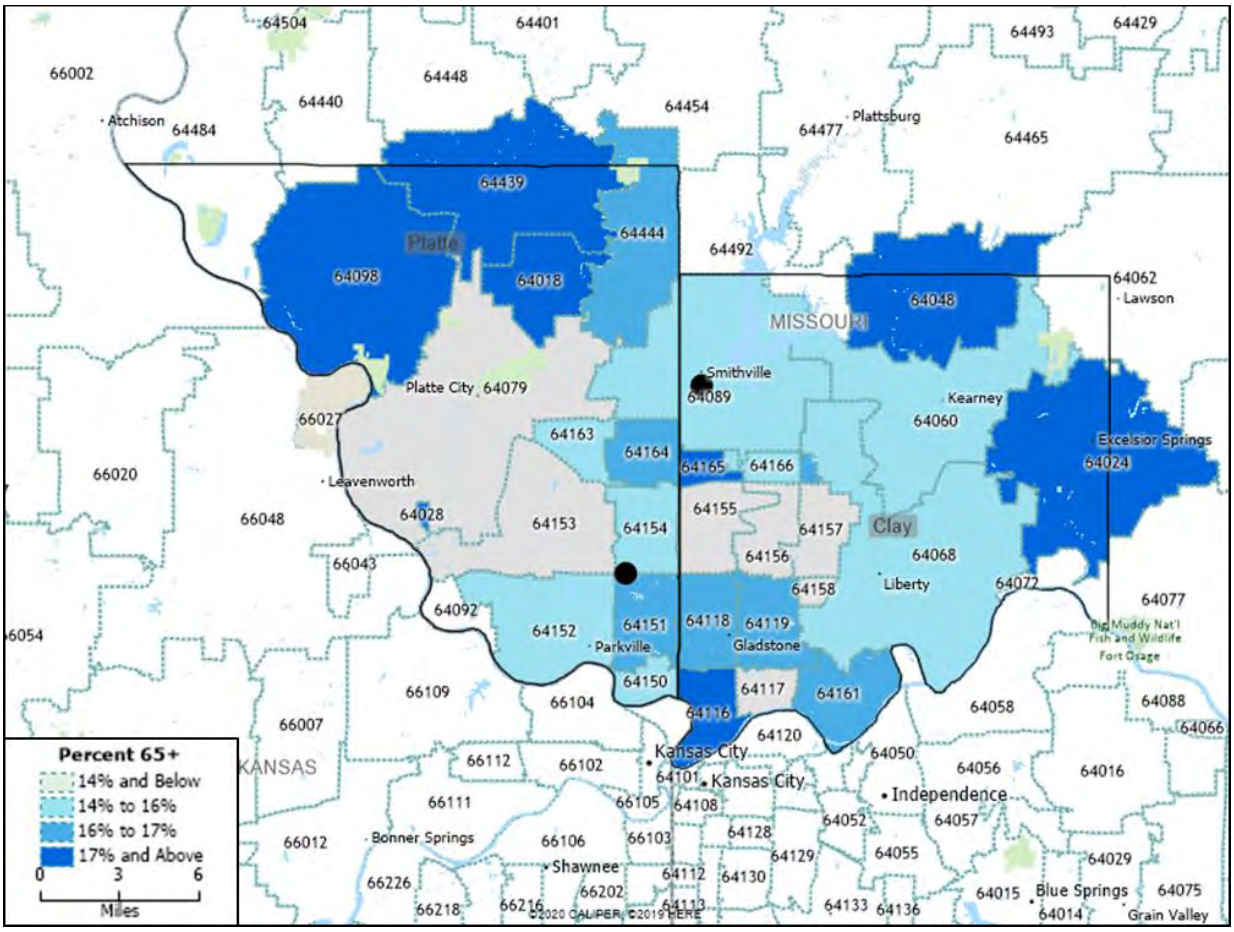
Description

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

Observations

- The population 65 years and older is projected to grow much more rapidly (21.6 percent) than the total population (5.2 percent).
- The growth of older populations is likely to lead to greater demand for health services, since older individuals typically need and use more services than younger persons.

Exhibit 9: Percent of Population – Aged 65+, 2019



Source: Truven Market Expert, 2019, and Caliper Maptitude.

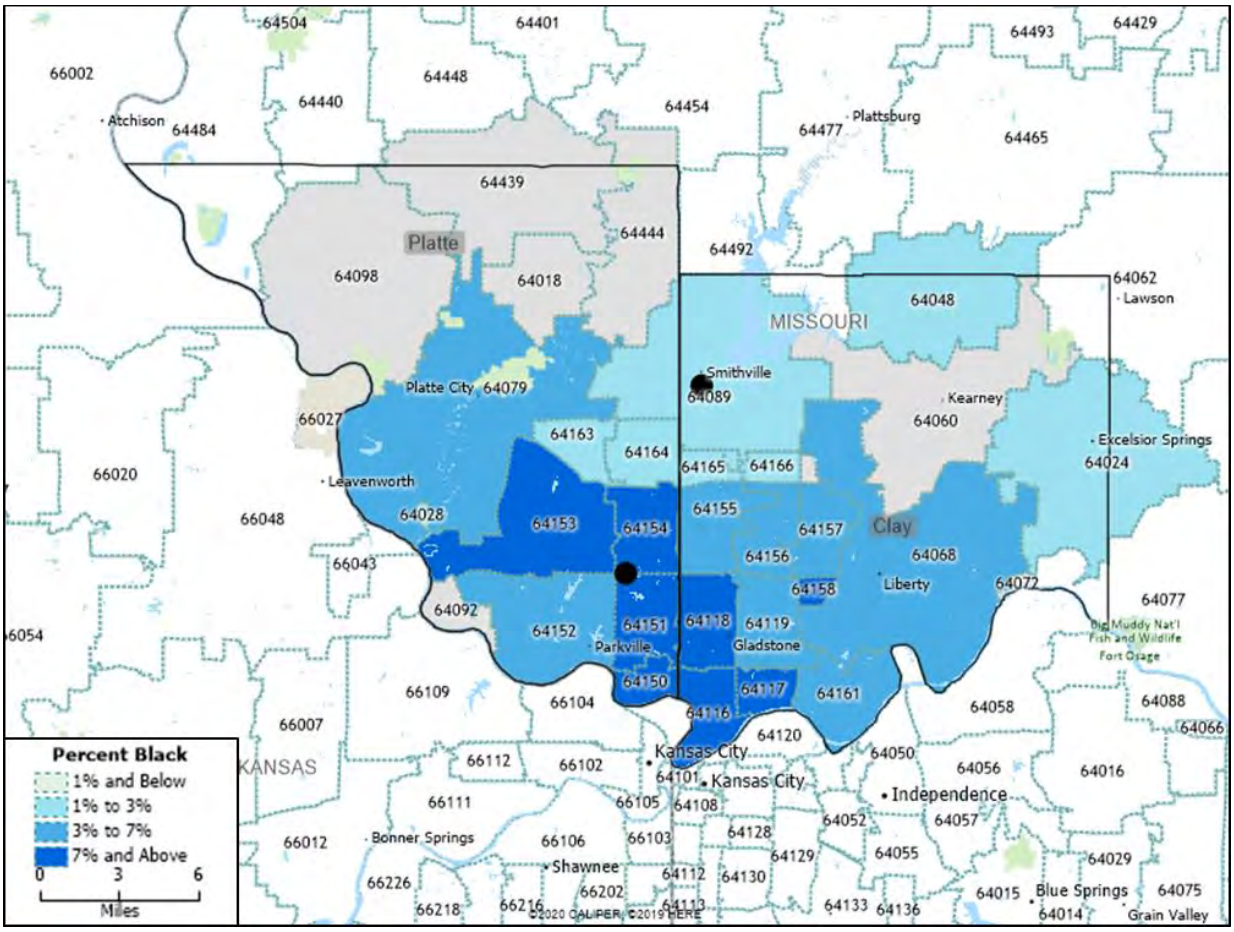
Description

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

Observations

- The highest percentages are in northern parts of Platte County and northern parts of Clay County.
- Platte County ZIP code 64028 has the highest proportion (22.0 percent).

Exhibit 10: Percent of Population – Black, 2019



Source: Truven Market Expert, 2018, and Microsoft MapPoint.

Description

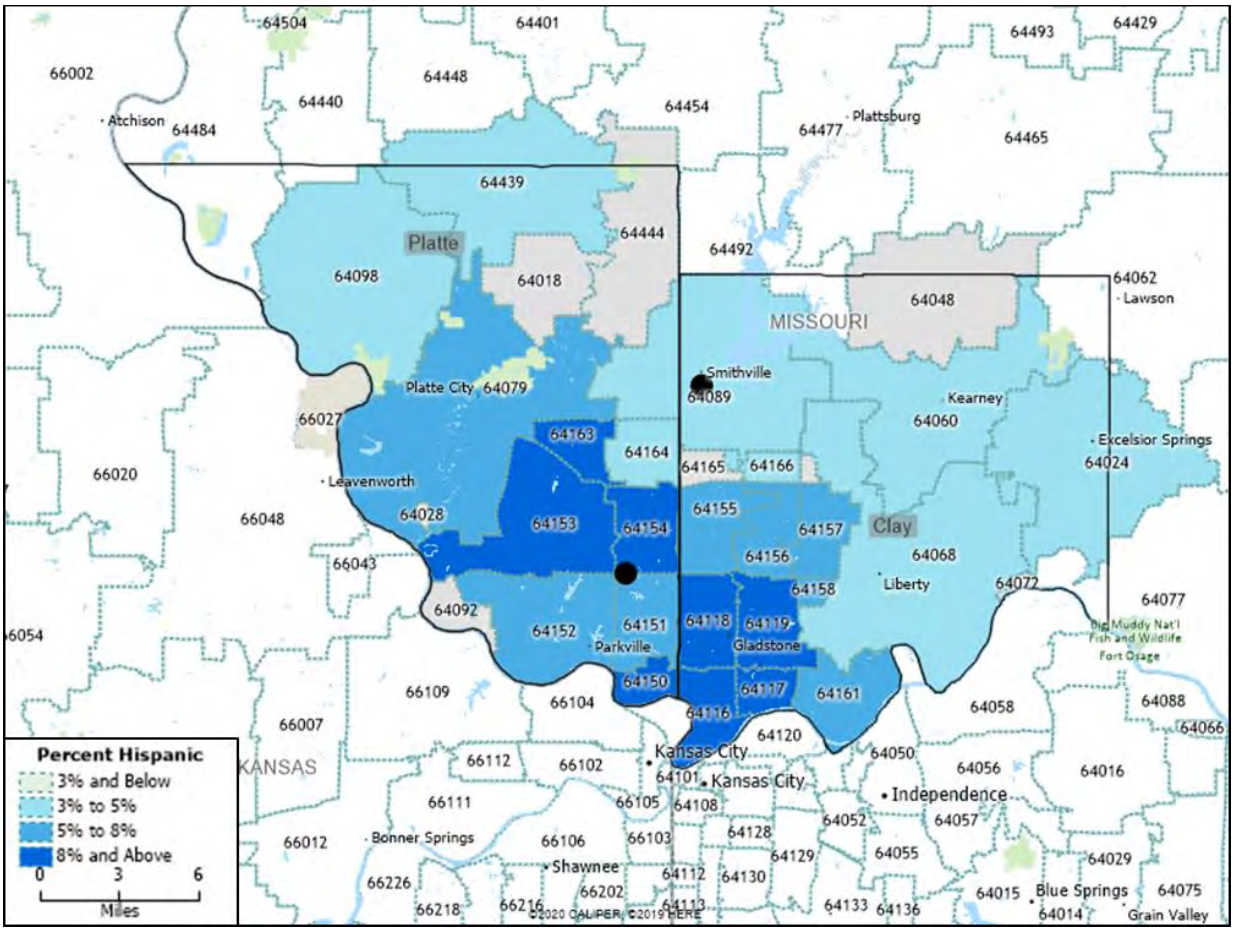
Exhibit 10 portrays the percent of the population – Black by ZIP code. ZIP codes were sorted into quartiles and deep blue shading was assigned to ZIP codes in the quartile with the highest percentages.

Observations

- In 2019, over 10 percent of the population in six community ZIP codes was Black. Three of these ZIP codes are in Platte County and three are in Clay County, all located in the southern parts of each county, closer to Kansas City.

- The percent of the population Black was under two percent in 13 ZIP codes (seven in Clay County, six in Platte County).

Exhibit 11: Percent of Population – Hispanic (or Latino), 2019



Source: Truven Market Expert, 2019, and Caliper Maptitude.

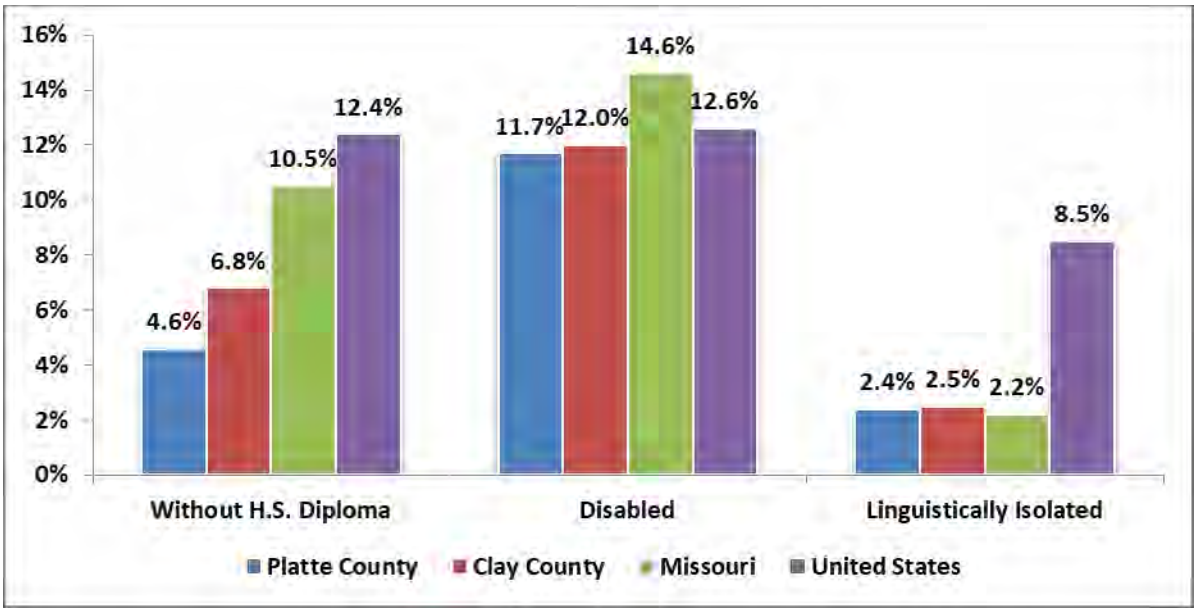
Description

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

Observations

- In 2019, over 10 percent of residents in Clay County ZIP codes 64116, 64117, and 64118 were Hispanic (or Latino).

Exhibit 12: Selected Socioeconomic Indicators, 2014-2018



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

Description

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

Observations

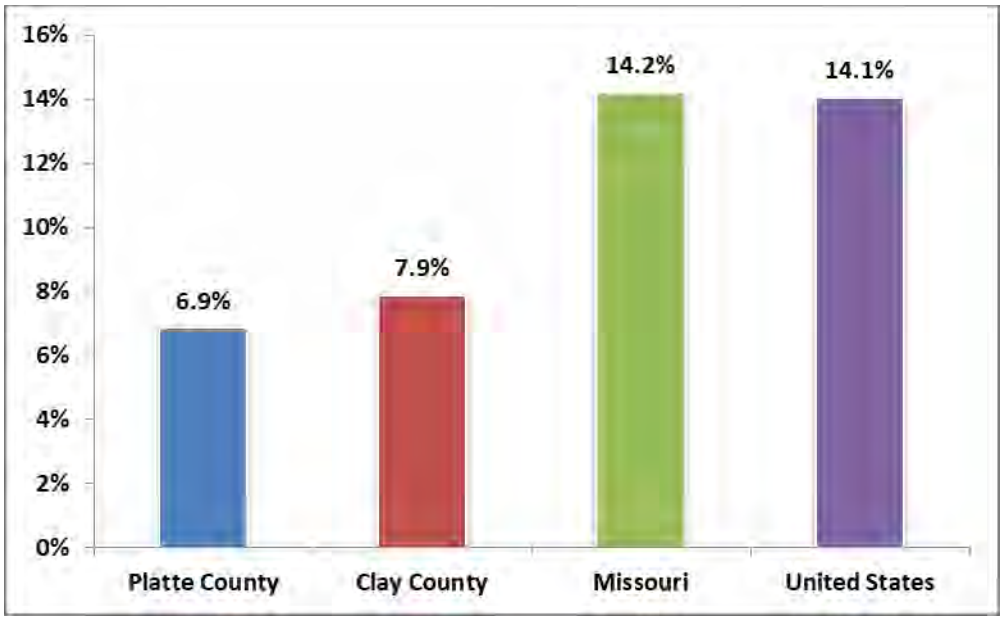
- In 2014-2018, Platte and Clay counties compared favorably to state and national averages for population without a high school diploma and percent disabled.
- Platte and Clay counties had a higher proportion of the population linguistically isolated than the Missouri average.

Socioeconomic indicators

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

People in Poverty

Exhibit 13: Percent of People in Poverty, 2014-2018



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

Description

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

Observations

- In 2014-2018, the poverty rates in Platte and Clay counties were below Missouri and U.S. averages.
- In 2014-2018, Platte County's poverty rate was the second lowest out of 115 Missouri counties. Clay County's rate was the fourth lowest.

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

Area	White	Black	Asian	Hispanic (or Latino)	All Races / Ethnicities
Platte County, MO	5.9%	19.1%	8.7%	12.7%	6.9%
Clay County, MO	6.3%	24.2%	12.0%	11.0%	7.9%
Community Total	**6.2%**	**22.6%**	**10.9%**	**11.4%**	**7.6%**
Missouri	12.0%	26.1%	14.7%	23.3%	14.2%
United States	**11.6%**	**24.2%**	**11.5%**	**21.0%**	**14.1%**

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

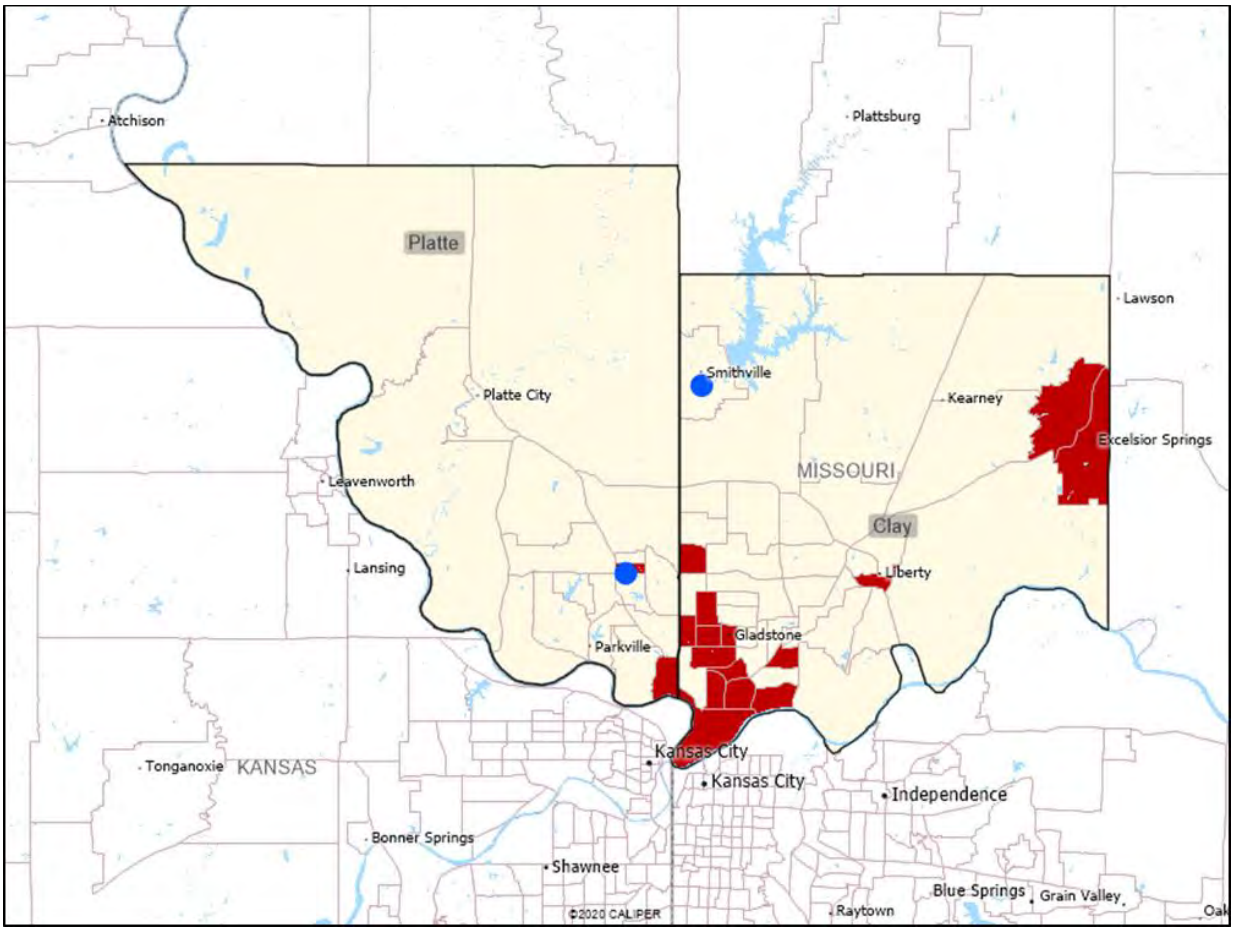
Description

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

Observations

- In 2014-2018, poverty rates were higher for Black, Asian, and Hispanic (or Latino) populations than for White populations.
- In all areas presented, rates for Black and for Hispanic (or Latino) people were significantly above rates for White persons.

Exhibit 15: Low Income Census Tracts, 2017



Source: US Department of Agriculture Economic Research Service, ESRI, 2017.

Description

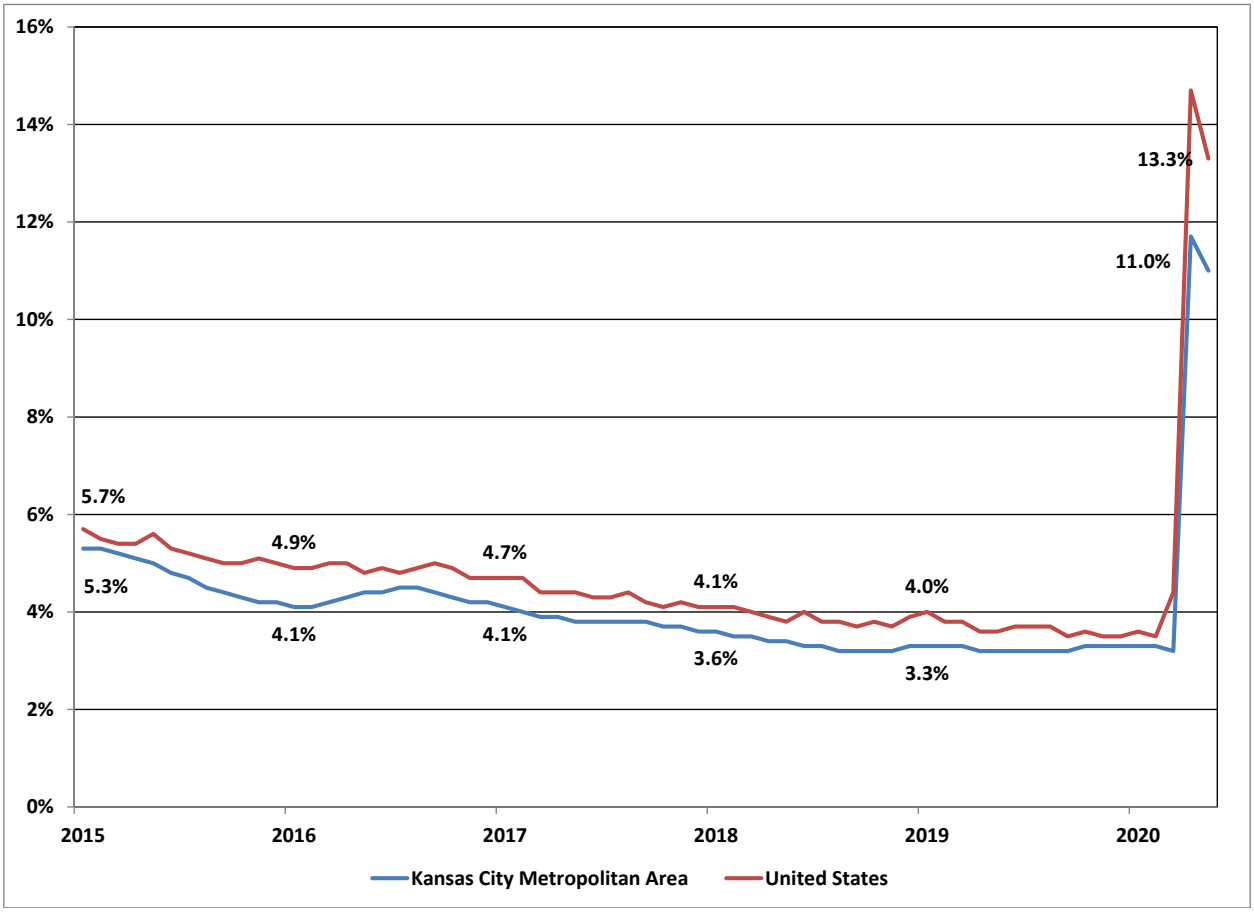
Exhibit 15 portrays the location of federally designated low-income census tracts.

Observations

- In 2017, low income census tracts were concentrated in southern parts of Clay County, in Excelsior Springs, and in the area surrounding the SLN – Barry Road location.

Unemployment

Exhibit 16: Monthly Unemployment Rates, 2015 to 2020



Source: Missouri Economic Research and Information Center, 2020.

Description

Exhibit 16 shows monthly unemployment rates in the Kansas City Metropolitan Statistical Area and for the United States for January 2015 through May 2020.

Observations

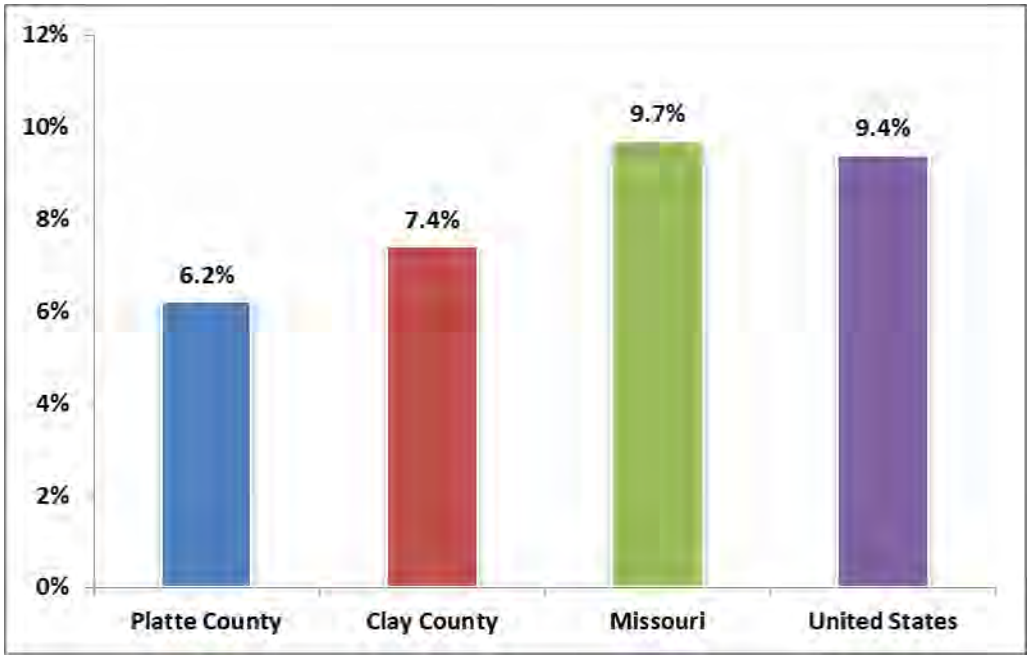
- Unemployment rates declined steadily from 2015 through early 2020.
- Due to fallout from the COVID-19 pandemic, unemployment rates have risen substantially in recent months. According to the Missouri Economic Research and Information Center, the unemployment rate in May 2020 was 11.0 percent in the Kansas City Metropolitan Statistical Area (KCMSA), which includes areas in Missouri and Kansas).[9] The number of people unemployed in the KCMSA increased from 37,241 in March 2020 to 123,352 in May 2020.

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

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

Health Insurance Status

Exhibit 17: Percent of Population without Health Insurance, 2014-2018



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

Description

Exhibit 17 presents the estimated percent of population without health insurance.

Observations

- Platte and Clay counties have had a lower percentage of the population without health insurance than Missouri and national averages.

- Subsequent to the ACA's passage, a June 2012 Supreme Court ruling provided states with discretion regarding whether or not to expand Medicaid eligibility. On August 4, 2020, voters approved Medicaid expansion in Missouri. According to an analysis published by the Kaiser Family Foundation, 217,000 of Missouri's uninsured adults will now be eligible for Medicaid when the expansion becomes effective (scheduled for July 1, 2021).[10]

- According to a second analysis prepared by the Kaiser Family Foundation, the average uninsured rate in 2018 in states that expanded Medicaid was 7.7 percent. The average rate in states that did not expand Medicaid was 14.6 percent.[11]

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

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

Crime Rates

Exhibit 18: Crime Rates by Type and Jurisdiction, Per 100,000, 2018

City	County	State	Violent Crime	Murder and Nonnegligent Manslaughter	Rape	Robbery	Aggravated Assault	Property Crime	Burglary	Larceny and Theft	Motor-Vehicle Theft
Liberty	Clay	MO	292.1	-	18.8	18.8	254.4	1,604.8	216.7	1,202.8	185.3
Gladstone	Clay	MO	423.6	7.3	51.1	73.0	292.2	2,410.3	489.4	1,577.7	343.3
Missouri			**502.1**	**9.9**	**47.5**	**84.8**	**359.8**	**2,647.1**	**444.9**	**1,878.8**	**323.4**
United States			**368.9**	**5.0**	**42.6**	**86.2**	**246.8**	**2,199.5**	**376.0**	**1,594.6**	**228.9**

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

Description

Exhibit 18 provides crime statistics available from the Federal Bureau of Investigation. Light grey shading indicates rates above the United States averages; dark grey shading indicates rates more than 50 percent above the average.

Observations

- 2018 crime rates in Gladstone, Missouri are higher than United States averages for all crime types except robbery, larceny, and theft.

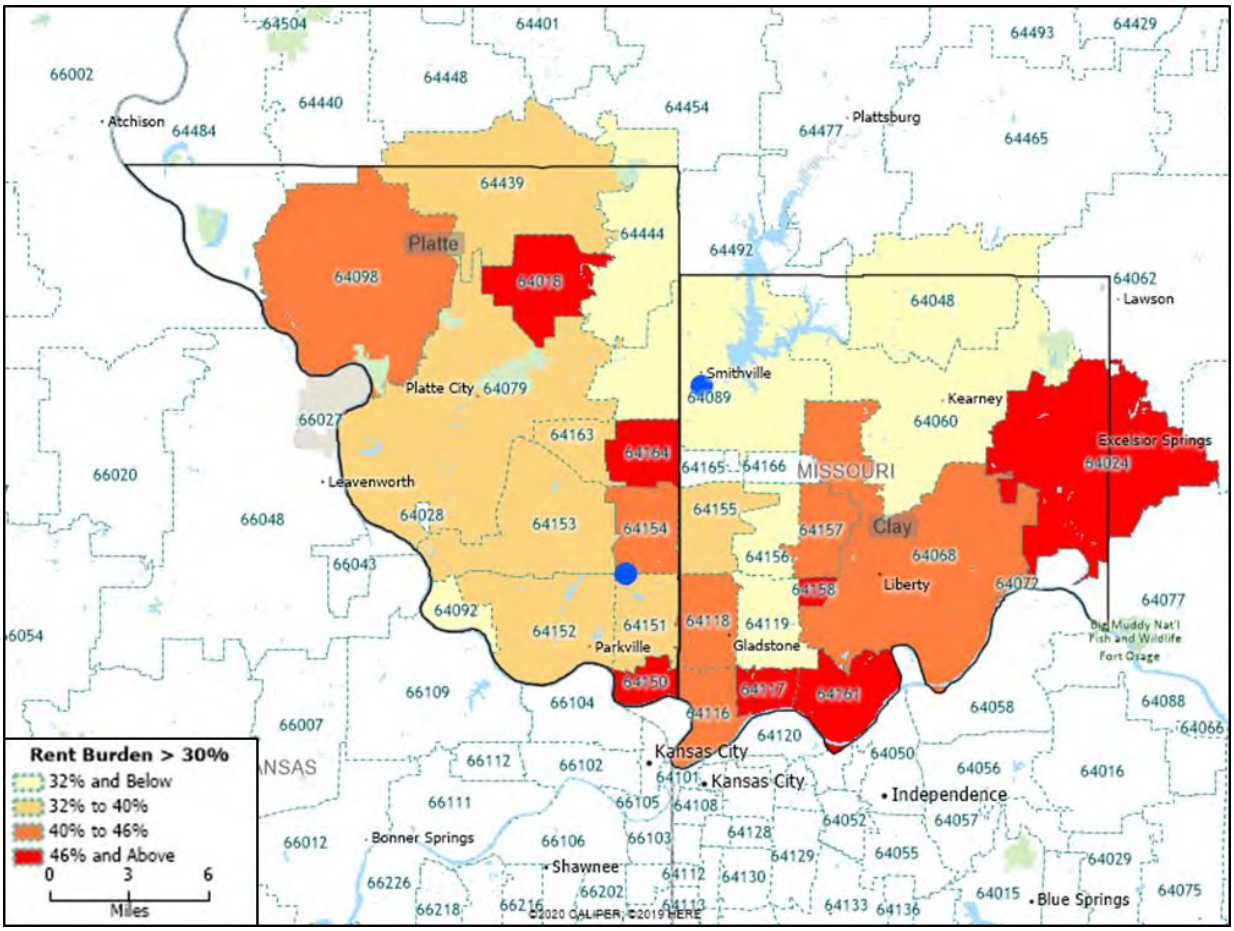
Housing Affordability

Exhibit 19: Percent of Rented Households Rent Burdened, 2014-2018

Area	Occupied Units Paying Rent	Households Paying >30%	Rent Burden > 30% of Income
Platte County, MO	12,574	4,877	38.8%
Clay County, MO	26,746	10,914	40.8%
Community Total	**39,320**	**15,791**	**40.2%**
Missouri	728,241	332,797	45.7%
United States	**40,122,372**	**20,141,357**	**50.2%**

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

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



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

Description

The U.S. Department of Housing and Urban Development (HUD) has defined "rent burdened" households as those spending more than 30 percent of income on housing.[12] Exhibits 19 and 20 portray the percent of rented households that meet this definition. ZIP codes highlighted in red are in the top quartile for the percent of rented households rent burdened.

Observations

As stated by the Federal Reserve, "households that have little income left after paying rent may not be able to afford other necessities, such as food, clothes, health care, and transportation."[13]

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

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

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

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

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

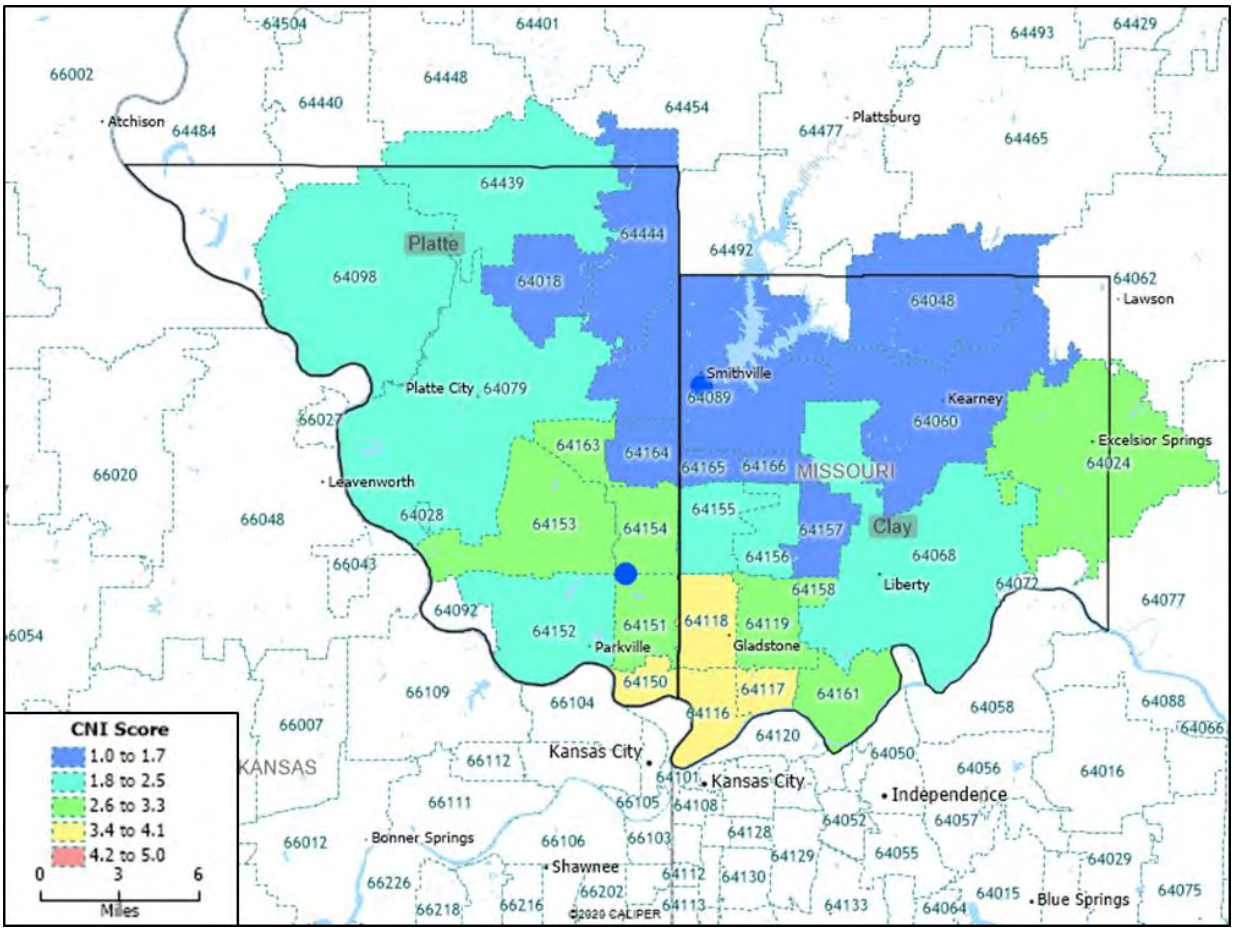
Dignity Health Community Need Index™

Exhibit 21: Weighted Average Community Need Index™ Score by County, 2020

Area	CNI Score
Clay County, MO	2.6
Platte County, MO	2.4
United States	**3.0**

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

Exhibit 22: Community Need Index, 2020



Source: CommonSpirit Health, 2020, and Caliper Maptitude.

Description

Exhibits 21 and 22 present *Community Need Index*™ (CNI) scores. Higher scores (e.g., 4.2 to 5.0) indicate the highest levels of community need. The index is calibrated such that 3.0 represents a U.S.-wide median score.

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

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

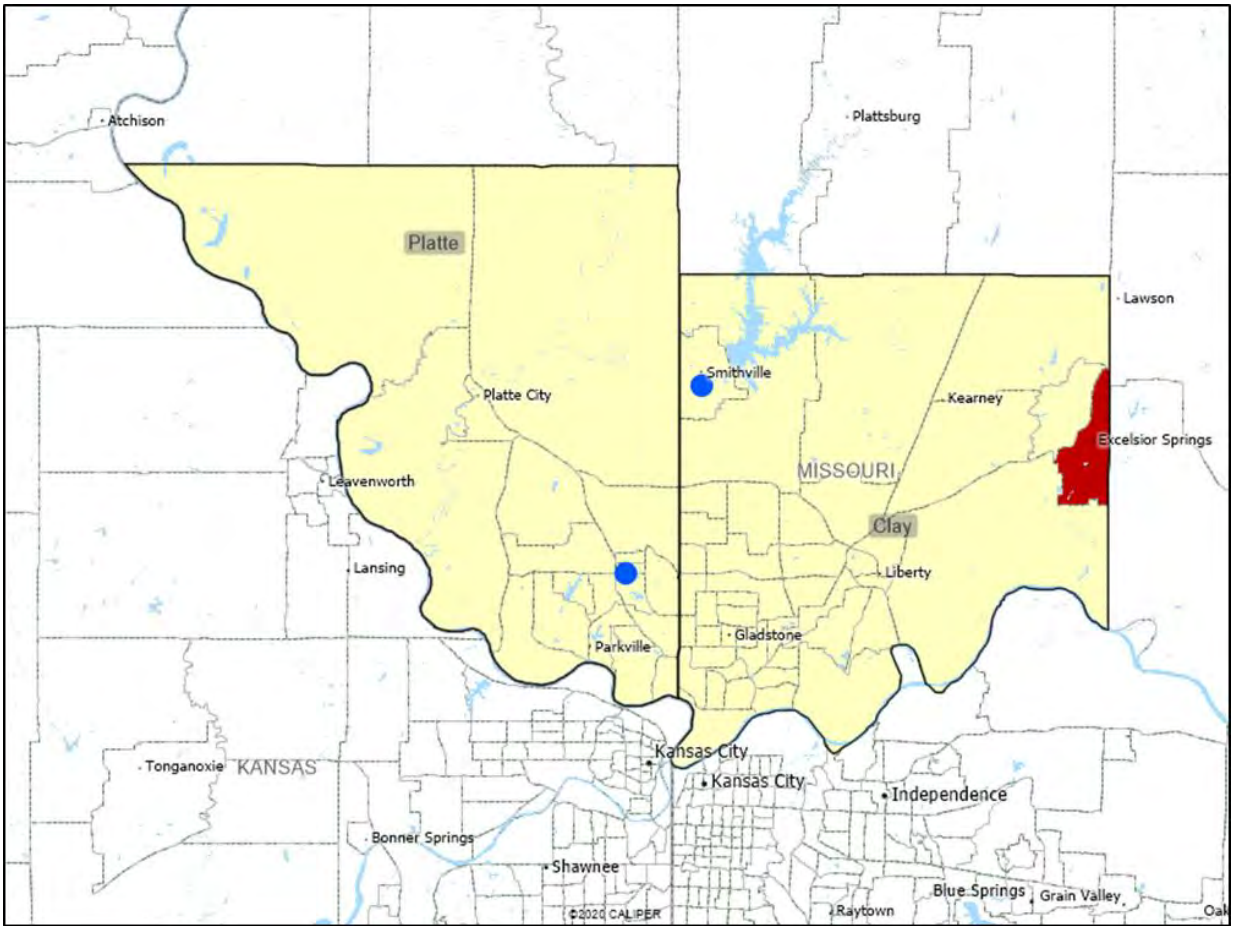
CNI scores are grouped into "Lowest Need" (1.0-1.7) to "Highest Need" (4.2-5.0) categories.

Observations

- The highest need ZIP codes in the SLN community are located in the southern parts of both counties. No ZIP codes in either county scored in the "highest need" category.

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

Exhibit 23: Socioeconomic Index – Top Quartile Census Tracts



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

Description

Exhibits 23 through 26 are maps that show the Center for Disease Control and Prevention's *Social Vulnerability Index* (SVI) scores for census tracts throughout the community. Highlighted census tracts are in the top quartile nationally for different indicators on which the SVI is based.

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

- Socioeconomic status;
- Household composition;
- Race, Ethnicity, and Language; and
- Housing and transportation.

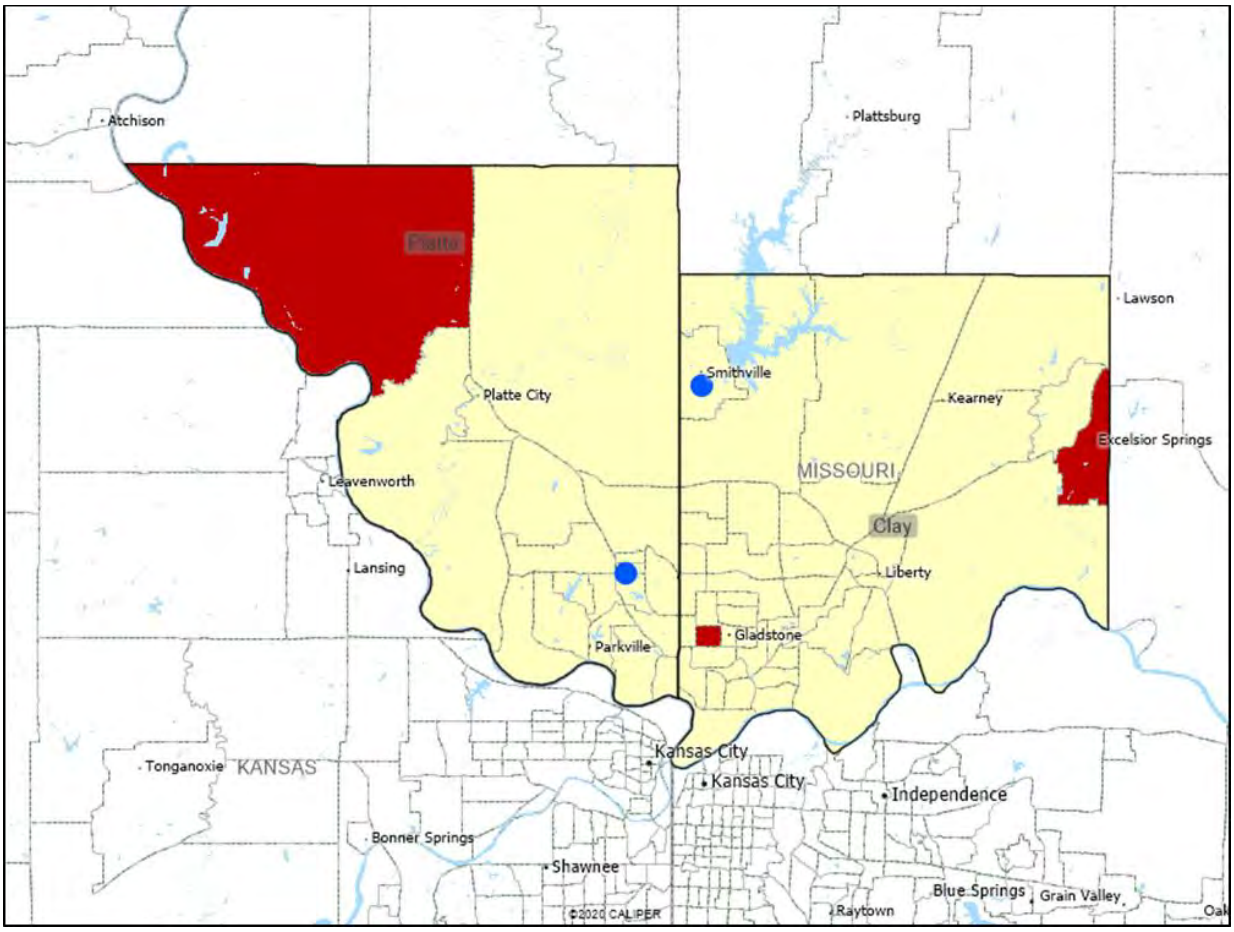
Exhibits 23 through 26 highlight SVI scores for each of these themes.

Exhibit 23 identifies census tracts in the top quartile nationally for socioeconomic vulnerability.

Observations

- One census tract with the highest level of socioeconomic vulnerability was located in Excelsior Springs in Clay County.
- Less than two percent of the community's population lives in the one highlighted census tract.

Exhibit 24: Household Composition and Disability Index – Top Quartile Census Tracts



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

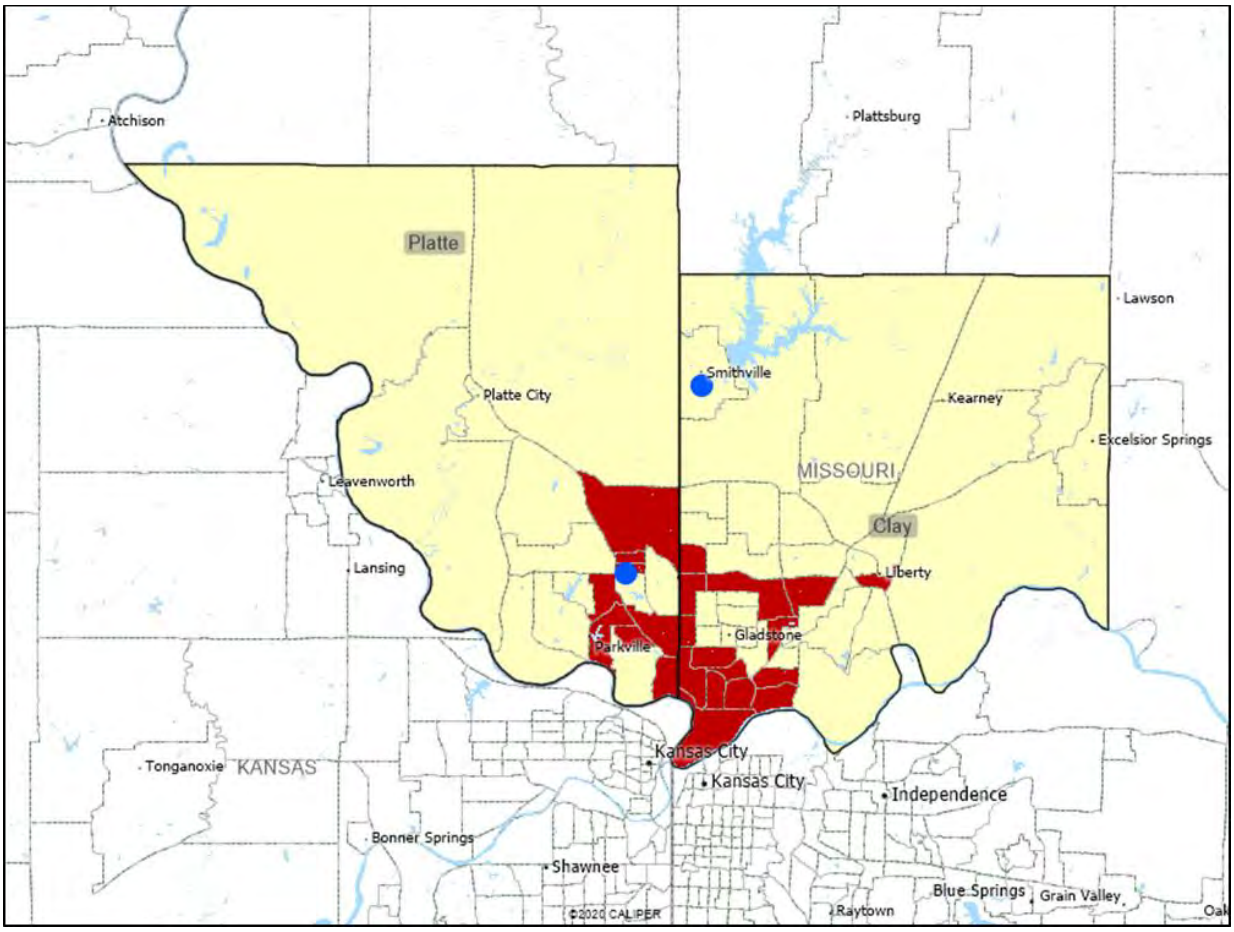
Description

Exhibit 24 identifies census tracts in the top quartile nationally for household composition and disability vulnerability.

Observations

- About 3.5 percent of the community's total population lives in the three highlighted census tracts.

Exhibit 25: Minority Status and Language Index – Top Quartile Census Tracts



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

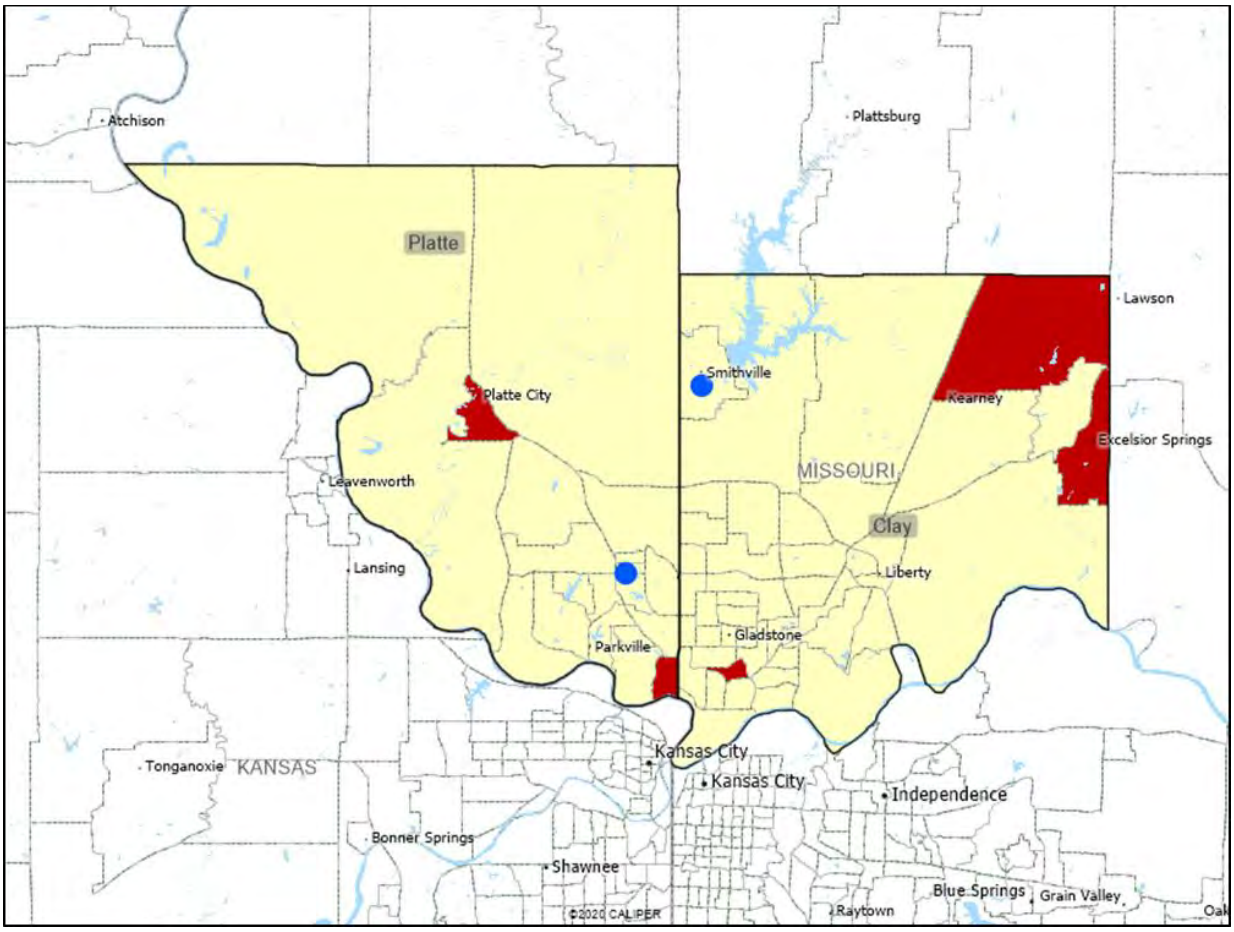
Description

Exhibit 25 identifies census tracts in the top quartile nationally for minority status and language vulnerability.

Observations

- Vulnerable census tracts are concentrated in southern parts of both counties.
- About 40 percent of the community's total population lives in the 23 highlighted census tracts.

Exhibit 26: Housing Type and Transportation Index – Top Quartile Census Tracts



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

Description

Exhibit 26 identifies census tracts in the top quartile nationally for housing type and transportation vulnerability.

Observations

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

Other Health Status and Access Indicators

County Health Rankings

Exhibit 27: County Health Rankings, 2019

Measure	Platte County, MO	Clay County, MO
Health Outcomes	**2**	**5**
Health Factors	**2**	**5**
Length of Life	**3**	**10**
Quality of Life	**2**	**4**
Poor or fair health	9	3
Poor physical health days	3	4
Poor mental health days	1	9
Low birthweight	8	17
Health Behaviors	**8**	**7**
Adult smoking	10	8
Adult obesity	19	21
Food environment index	14	14
Physical inactivity	10	6
Access to exercise opportunities	7	5
Excessive drinking	103	107
Alcohol-impaired driving deaths	106	44
Sexually transmitted infections	85	96
Teen births	6	17
Clinical Care	**4**	**8**
Uninsured	2	3
Primary care physicians	13	20
Dentists	14	16
Mental health providers	41	38
Preventable hospital stays	48	66
Flu Vaccinations	6	6
Mammography screening	6	14
Social & Economic Factors	**2**	**9**
High school graduation	55	27
Some college	1	9
Unemployment	13	38
Children in poverty	2	3
Income inequality	16	13
Children in single-parent households	30	35
Social associations	95	101
Violent crime	24	1
Injury deaths	9	14
Physical Environment	**69**	**47**
Air pollution - particulate matter	89	77
Severe housing problems	56	27
Driving alone to work	92	96
Long commute - driving alone	61	57

Source: County Health Rankings, 2019.

Description

Exhibit 27 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,[14] social and economic factors, and physical environment.[15] *County Health Rankings* is updated annually. *County Health Rankings 2019* relies on data from 2010 to 2018. Most data are from 2013 to 2017.

The exhibit presents 2019 rankings for each available indicator category. Rankings indicate how Platte and Clay counties 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

- In 2019, Platte County ranked in the bottom quartile among counties for five (5) of the 41 indicators assessed (12.2 percent) and Clay County for four (4) of the indicators (9.8 percent).

- Both counties ranked in the bottom quartile for excessive drinking, social associations, and the percent driving alone to work.

- Platte County also ranked in the bottom quartile for alcohol-impaired driving deaths and air pollution – particulate matter. Clay County ranked in the bottom quartile for sexually transmitted infections.

[14] 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.

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

Exhibit 28: County Health Rankings Data Compared to State and U.S. Averages, 2019

Indicator Category	Data	Platte County, MO	Clay County, MO	Missouri	United States
Health Outcomes					
Length of life	Years of potential life lost before age 75 per 100,000 population	5,582	6,024	8,190	**6,900**
Quality of life	Percent of adults reporting fair or poor health	15.4%	14.4%	18.5%	**16.0%**
	Average number of physically unhealthy days reported in past 30 days	3.9	3.9	4.2	**3.7**
	Average number of mentally unhealthy days reported in past 30 days	3.8	4.1	4.4	**3.8**
	Percent of live births with low birthweight (<2500 grams)	6.1%	6.5%	8.2%	**8.0%**
Health Factors					
Health Behaviors					
Adult Smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	18.5%	18.5%	22.1%	**17.0%**
Adult Obesity	Percent of adults that report a BMI >= 30	31.0%	31.1%	32.2%	**29.0%**
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.1	8.1	6.8	**7.7**
Physical Inactivity	Percent of adults aged 20 and over reporting no leisure-time physical activity	23.3%	22.3%	25.0%	**22.0%**
Access to Exercise Opportunities	Percent of population with adequate access to locations for physical activity	83.4%	90.4%	76.3%	**84.0%**
Excessive Drinking	Binge plus heavy drinking	19.5%	19.8%	19.5%	**18.0%**
Alcohol-Impaired Driving Deaths	Percent of driving deaths with alcohol involvement	40.3%	24.0%	29.1%	**29.0%**
STDs	Chlamydia rate per 100,000 population	356.9	441.4	507.0	**497.3**
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	14.9	21.3	27.9	**25.0**
Clinical Care					
Uninsured	Percent of population under age 65 without health insurance	7.1%	8.0%	10.6%	**10.0%**
Primary Care Physicians	Ratio of population to primary care physicians	1,214:1	1,432:1	1,417:1	**1,330:1**
Dentists	Ratio of population to dentists	1,632:1	1,641:1	1,763:1	**1,460:1**
Mental Health Providers	Ratio of population to mental health providers	982:1	931:1	554:1	**440:1**
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,313	5,038	4,743	**4,520**
Mammography Screening	Percent of female Medicare enrollees, ages 67-69, that receive mammography screening	48.0%	46.0%	43.0%	**41.0%**
Flu Vaccinations	Percent of Medicare enrollees who receive an influenza vaccination	51.0%	51.0%	44.0%	**45.0%**

Source: County Health Rankings, 2019.

Exhibit 28: County Health Rankings Data Compared to State and U.S. Averages, 2019 (continued)

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

Source: County Health Rankings, 2019.

Description

Exhibit 28 provides data that underlie the County Health Rankings and compares indicators to Missouri and national averages.[16] Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

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

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

Observations

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

- The following indicators compared particularly unfavorably for both counties:

    - Average number of physically unhealthy days
    - Percent of adults who smoke
    - Percent of adults obese
    - Percent of adults physically inactive
    - Excessive drinking
    - Ratio of population to dentists
    - Ratio of population to mental health providers
    - Average daily particulate matter (PM2.5)
    - Percent of the workforce that drives alone to work

[16] 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 29: Community Health Status Indicators, 2019
(Light Grey Shading Denotes Bottom Half of Peer Counties; Dark Grey Denotes Bottom Quartile)

Category	Indicator	Platte County, MO			Clay County, MO		
		Quartile	County	Peer Counties	Quartile	County	Peer Counties
Length of Life	Years of Potential Life Lost Rate		5,582.2	6,670.0		6,023.6	6,670.0
Quality of Life	% Fair/Poor Health		15.4%	14.9%		14.4%	14.9%
	Physically Unhealthy Days		3.9	3.6		3.9	3.6
	Mentally Unhealthy Days		3.8	3.8		4.1	3.8
	% Births - Low Birth Weight		6.1%	7.8%		6.5%	7.8%
Health Behaviors	% Smokers		18.5%	16.6%		18.5%	16.6%
	% Obese		31.0%	30.0%		31.1%	30.0%
	Food Environment Index		8.1	8.0		8.1	8.0
	% Physically Inactive		23.3%	22.2%		22.3%	22.2%
	% With Access to Exercise Opportunities		83.4%	82.9%		90.4%	82.9%
	% Excessive Drinking		19.5%	18.9%		19.8%	18.9%
	% Driving Deaths Alcohol-Impaired		40.3%	29.8%		24.0%	29.8%
	Chlamydia Rate per 100,000		356.9	433.1		441.4	433.1
	Teen Birth Rate per 1,000 (aged 15-19)		14.9	19.6		21.3	19.6
Clinical Care	% Uninsured		7.1%	8.6%		8.0%	8.6%
	Ratio Population to Primary Care Physicians		1,214:1	1,643:1		1,432:1	1,643:1
	Ratio Population to Dentists		1,632:1	1,803:1		1,641:1	1,803:1
	Ratio Population to Mental Health Professionals		982:1	631:1		931:1	631:1
	Preventable Hosp. Rate per 100,000 Medicare Enrollees		4,313.0	4,585.4		5,038.0	4,585.4
	% Mammography Screening		48.0%	41.9%		46.0%	41.9%
	% Flu Vaccination		51.0%	47.5%		51.0%	47.5%

Source: County Health Rankings and Verité Analysis, 2019.

Exhibit 29: Community Health Status Indicators, 2019 (continued)
(Light Grey Shading Denotes Bottom Half of Peer Counties; Dark Grey Denotes Bottom Quartile)

Category	Indicator	Platte County, MO			Clay County, MO		
		Quartile	County	Peer Counties	Quartile	County	Peer Counties
Social & Economic Factors	High School Graduation Rate		94.3%	89.6%		96.1%	89.6%
	% Some College		79.4%	69.5%		70.7%	69.5%
	% Unemployed		3.2%	3.8%		3.6%	3.8%
	% Children in Poverty		7.1%	12.7%		9.6%	12.7%
	Income Ratio		3.8	4.2		3.7	4.2
	% Children in Single-Parent Households		26.5%	29.2%		27.2%	29.2%
	Social Association Rate per 10,000		10.2	8.8		9.9	8.8
	Violent Crime Rate per 100,000		134.2	255.2		-	255.2
	Injury Death Rate per 100,000		60.2	68.4		63.2	68.4
Physical Environment	Average Daily PM2.5		10.2	9.6		10.0	9.6
	% Severe Housing Problems		13.3%	15.3%		10.7%	15.3%
	% Drive Alone to Work		83.9%	81.0%		84.0%	81.0%
	% Long Commute - Drives Alone		32.6%	38.8%		31.3%	38.8%

Source: County Health Rankings and Verité Analysis, 2019.

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

See Appendix D for a list 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

- Platte County compares unfavorably to peer counties for 11 of the 34 benchmark indicators, and Clay County compares unfavorably for 12 of the 34 indicators.

- The two counties compared most unfavorably to peer counties for the following indicators:

    - Quality of life indicators:
        - Physically unhealthy days
        - Mentally unhealthy days
    - Health behaviors indicators:
        - Percent of adults who smoke

- Percent of adults obese
- Excessive drinking
- Percent of driving deaths alcohol-impaired

- Clinical care indicators:
  - Mental health professionals rate (providers per capita)

- Social and economic factors indicators:
  - Violent crime rate

- Physical environment indicators:
  - Average daily PM2.5 (air pollution)
  - Percent who drive alone to work

COVID-19 Incidence and Mortality

Exhibit 30: COVID-19 Incidence and Mortality (As of October 20, 2020)

Area	Cases	Deaths	Incidence Rate per 100,000	Mortality Rate per 100,000
Platte County, MO	903	<20	923.9	N/A
Clay County, MO	2,300	47	974.8	19.9
Community Total	**3,203**	**47**	**959.9**	**14.1**
Missouri	158,101	2,590	2,676.4	43.8
United States	**8,188,585**	**219,499**	**2,600.0**	**69.7**

Source: Centers for Disease Control and Prevention, 2020.

Description

Exhibit 30 presents data regarding COVID-19 incidence and mortality.

Observations

- For both counties, COVID-19 cases and deaths per 100,000 are below Missouri and United States averages.

Mortality Rates

Exhibit 31: Leading Causes of Death (Age-Adjusted, Per 100,000), 2008-2018

Leading Causes of Death (2008-2018)	Platte County, MO	Clay County, MO	Missouri
All Causes	674.6	732.5	**815.0**
Heart Disease	135.5	149.3	**196.8**
All Cancers (Malignant Neoplasms)	147.7	170.9	**176.6**
Chronic Lower Respiratory Disease	48.8	55.8	**52.0**
Total Unintentional Injuries	41.5	41.5	**51.2**
Stroke/Other Cerebrovascular Disease	35.0	36.0	**42.0**
Alzheimer's Disease	32.0	25.3	**28.8**
Diabetes Mellitus	15.0	17.3	**20.2**
Pneumonia and Influenza	11.2	14.5	**18.0**
Suicide	14.8	16.9	**16.0**
Chronic Liver Disease and Cirrhosis	6.9	8.2	**8.5**

Other Causes of Interest	Platte County, MO	Clay County, MO	Missouri
Smoking-Attributable (estimated)	110.5	125.9	**137.4**
All Injuries and Poisonings	62.6	62.6	**78.3**
Homicide	4.5	3.5	**8.6**
Alcohol-Induced Deaths	6.7	8.5	**6.9**
Drug-Induced Deaths	11.6	12.7	**19.2**
Accidental Drug Poisonings	9.9	10.2	**15.9**
Injury by Firearms	11.6	12.5	**16.3**

Source: DHSS-MOPHIMS, 2019.

Description

Exhibit 31 provides age-adjusted mortality rates (2008 through 2018) for the leading causes of death in Platte and Clay counties and in Missouri. Other causes of death also are presented.

Observations

- In Platte County, the mortality rate for Alzheimer's disease is above the Missouri average.
- In Clay County, rates for chronic lower respiratory disease, suicide, and alcohol-induced deaths are above the Missouri averages.

Exhibit 32: Age-Adjusted Cancer Mortality Rates per 100,000 Population, 2012-2016

Type of Cancer	Platte County, MO	Clay County, MO	Missouri
All Cancer Sites Combined	139.4	168.0	**175.6**
Female Breast	15.6	20.6	**129.2**
Lung and Bronchus	37.9	51.1	**52.6**
Non-Hodgkin Lymphoma	5.1	5.1	**18.9**
Melanomas of the Skin	N/A	3.4	**18.6**
Prostate	15.4	19.5	**17.8**
Colon and Rectum	10.1	11.1	**15.1**
Oral Cavity and Pharynx	N/A	2.1	**12.4**
Pancreas	11.3	11.4	**11.1**
Leukemias	8.3	8.4	**7.1**
Ovary	N/A	6.1	**6.6**
Myeloma	N/A	4.9	**6.5**
Liver and Intrahepatic Bile Duct	3.8	5.9	**6.2**
Stomach	N/A	2.7	**5.6**
Esophagus	3.5	3.4	**4.6**
Corpus and Uterus, NOS	N/A	3.4	**4.5**
Brain and Other Nervous System	4.6	3.8	**4.4**
Kidney and Renal Pelvis	4.3	3.8	**4.4**
Urinary Bladder	3.4	3.1	**4.3**
Cervix	N/A	N/A	**2.6**

Source: Centers for Disease Control and Prevention, 2017.

Description

Exhibit 32 provides age-adjusted mortality rates for selected forms of cancer in 2012-2016.

Observations

- Platte and Clay counties had below average, overall cancer mortality rates. Both counties compared unfavorably for pancreatiac cancer and leukemia.

Exhibit 33: Drug Poisoning Mortality per 100,000, 2012 and 2017

Area	2012 Mortality Rate	2017 Mortality Rate	Percent Change 2012 - 2017
Platte County, MO	11.4	14.4	25.5%
Clay County, MO	12.5	13.3	6.4%
Missouri	15.6	22.4	42.9%
United States	**13.2**	**21.6**	**63.1%**

Source: Centers for Disease Control and Prevention, 2019.

Description

Exhibit 33 provides mortality rates for drug poisoning for 2012 and 2017.

Observations

- Between 2012 and 2017, drug poisoning mortality rates increased across both counties, but at a lower rate than in the United States.
- None of the counties reported drug poisoning mortality rates that exceeded the state or national averages.

Exhibit 34: Missouri Chronic Condition Mortality Rates per 100,000, 2018

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

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

Description

Exhibit 34 presents Missouri-wide mortality rates by race and ethnicity for a variety of chronic conditions.

Observations

- In 2008, mortality rates for Black residents were, in general, higher than rates for White and Hispanic (or Latino) residents.
- Black mortality rates for diabetes, renal failure, hypertensive heart disease, breast cancer, atherosclerotic cardiovascular disease, hypertension, prostate cancer, and liver cancer were more than 50 percent above statewide averages.

Communicable Diseases

Exhibit 35: Communicable Disease Incidence Rates per 100,000 Population, 2017

Measure	Platte County, MO	Clay County, MO	Missouri	United States
HIV diagnoses	6.0	8.5	9.8	**14.0**
HIV prevalence	127.4	185.2	240.5	**367.7**
Tuberculosis	N/A	N/A	1.6	**3.2**
Chlamydia	374.6	445.1	640.5	**631.0**
Early Latent Syphilis	4.9	3.3	8.3	**12.6**
Gonorrhea	116.6	172.1	256.3	**205.2**
Primary and Secondary Syphilis	4.9	10.7	9.9	**11.3**

Source: Centers for Disease Control and Prevention, 2018.

Description

Exhibit 35 presents incidence rates for certain communicable diseases.

Observations

- In 2017, rates in Clay and Platte counties were below state and national averages for all indicators.

Maternal and Child Health

Exhibit 36: Maternal and Child Health Indicators, 2018

Measure	Clay County, MO	Missouri	United States
Births to Single Mothers	31.3%	40.3%	**40.0%**
Mothers Using Tobacco During Pregnancy	9.6%	13.7%	**6.5%**
Percent of Live Births Low Birthweight (<2,500 grams)	5.8%	8.7%	**9.0%**
Percent of Live Births Very Low Birthweight (<1,500 grams)	0.0%	1.4%	**1.5%**
Teen Birth Rate (Aged 15-19, per 1,000)	12.8	21.4	**17.4**
Teen Birth Rate (Aged 15-17, per 1,000)	3.4	8.5	**7.1**
Preterm Gestation Period			
< 32 Weeks	1.1%	1.6%	**1.6%**
32-33 Weeks	0.9%	1.2%	**1.2%**
34-36 Weeks	7.4%	7.9%	**7.3%**

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

Description

Exhibit 36 provides various maternal and child health indicators and benchmarks available from the Centers for Disease Control and Prevention.

Observations

- In Clay County, the percent of mother using tobacco during pregnancy and preterm births (34-36 weeks of gestation) were higher than national averages.

Exhibit 37: Maternal and Child Health Indicators by Race, 2018

Indicator	All Residents	White	Black
Asthma ER Visits (per 1,000 under 18)			
Platte County, MO	4.6	2.7	13.5
Clay County, MO	6.2	3.4	18.5
Missouri	9.2	4.1	31.7
Healthy Live Births (Percent)			
Platte County, MO	90.7	91.4	87.0
Clay County, MO	91.9	92.2	88.5
Missouri	89.6	90.9	83.0
Care Began First Trimester (Percent)			
Platte County, MO	74.2	79.3	52.7
Clay County, MO	73.5	76.7	56.0
Missouri	71.4	75.0	56.2
Mother Smoked During Pregnancy (Percent)			
Platte County, MO	7.5	8.2	6.0
Clay County, MO	9.7	10.4	6.5
Missouri	13.7	15.1	10.7
Low Birth Weight (per 1,000 Live Births)			
Platte County, MO	6.4	5.8	9.9
Clay County, MO	6.7	6.4	9.3
Missouri	8.6	7.3	14.9
Infant Deaths (per 1,000)			
Platte County, MO	7.8	6.9	15.6
Clay County, MO	8.5	7.7	14.1
Missouri	9.8	8.2	16.9

Source: DHSS-MOPHIMS, 2019.

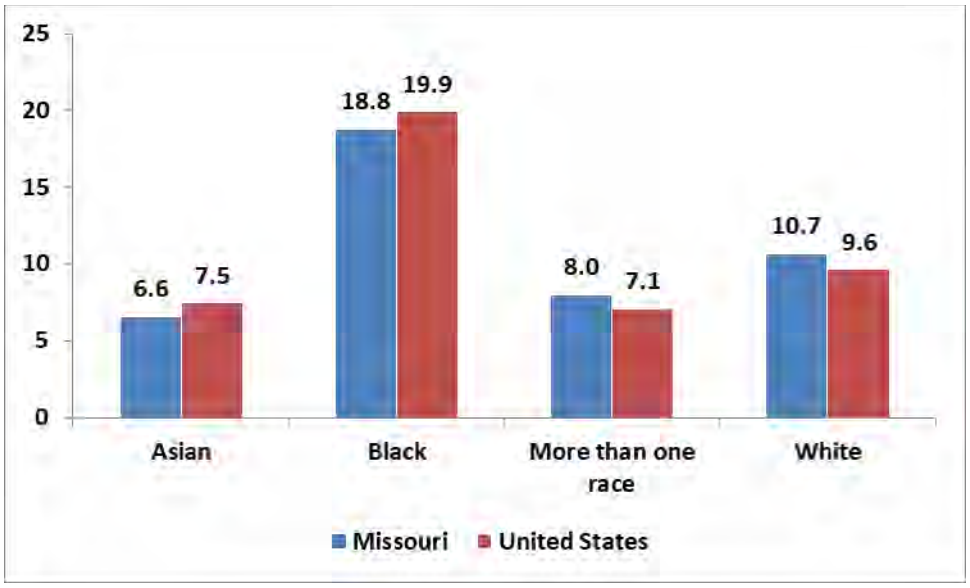
Description

Exhibit 37 provides various available maternal and child health indicators by race.

Observations

- Significant disparities are observed between indicators for Black and for White residents.
- The rate of Black mothers receiving prenatal care in the first trimester in both Platte and Clay counties is below the rate for Black mothers statewide.

Exhibit 38: Infant Mortality Rates per 1,000 Live Births by Race, 2014-2017



Source: Centers for Disease Control and Prevention, 2019.

Description

Exhibit 38 provides infant mortality data available from the Centers for Disease Control and Prevention by race for Missouri and the United States.

Observations

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

Behavioral Risk Factor Surveillance System

Exhibit 39: Behavioral Risk Factor Surveillance System, 2017

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

Source: Behavioral Risk Factor Surveillance System, 2018.

Exhibit 39: Behavioral Risk Factor Surveillance System, 2017 (*continued*)

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

Source: Behavioral Risk Factor Surveillance System, 2018.

Exhibit 39: Behavioral Risk Factor Surveillance System, 2017 (*continued*)

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

Source: Behavioral Risk Factor Surveillance System, 2018.

Description

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

Exhibit 39 presents BRFSS data for the Kansas City Metropolitan area, with data for Missouri and the United States for comparison.

Observations

- The Kansas City Metropolitan Area compared unfavorably to national averages for a variety of indicators, including (but not limited to):
    - Binge drinking
    - Drunk driving
    - Depression
    - Stroke
    - Cancer
    - HIV testing
    - Overweight
    - Insurance coverage
    - Physical inactivity
- Missouri averages for most indicators compared unfavorably to United States averages. The proportion of residents wearing seatbelts on every drive and the number using chewing tobacco every day were significantly above national rates.

Exhibit 40: Missouri BRFSS Indicators by Race and Ethnicity, 2016

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

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

Description

Exhibit 40 presents Missouri-wide BRFSS data by race and ethnicity.

Observations

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

Exhibit 41: Missouri BRFSS Indicators by Annual Income, 2016

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

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

Description

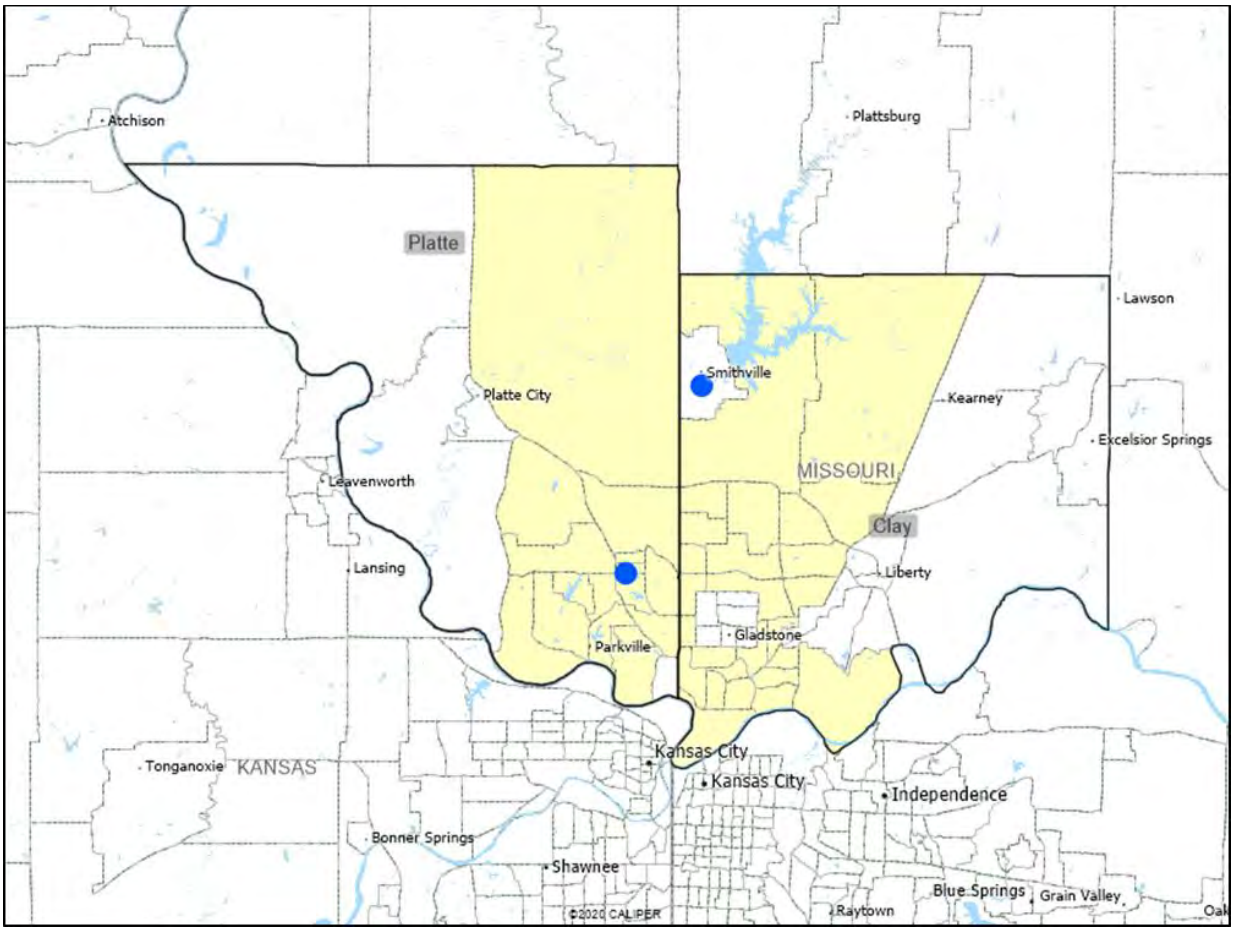
Exhibit 41 presents Missouri-wide BRFSS data by income level.

Observations

- Residents who reported annual income levels of $35,000 or less compared unfavorably for nearly all indicators compared to those who earned $50,000 or more.
- Binge alcohol drinking was the only indicator for which higher earnings compared unfavorably to lower-income levels.

500 Cities Project

Exhibit 42: Locations of Unfavorable Health Outcomes, 2019



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

Description

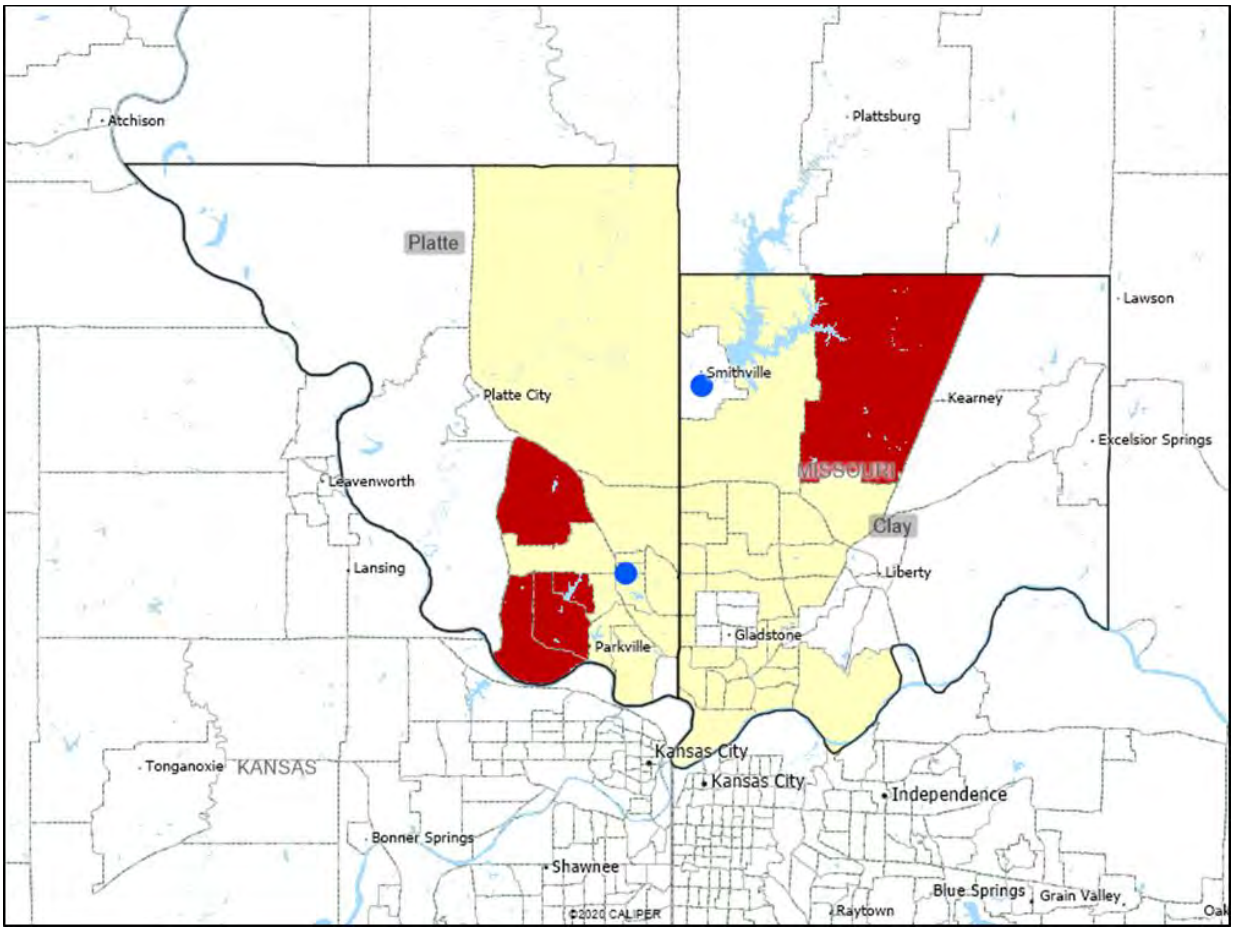
Exhibits 42 through 44 present 500 Cities Project data. The Centers for Disease Control and Prevention, in collaboration with the Robert Wood Johnson Foundation, initiated the 500 Cities Project to provide city and census tract-level data for chronic disease risk factors, health outcomes, and clinical preventive service use for the largest 500 cities in the United States. Statistics are derived from BRFSS. Data only are available for census tracts that are located in the 500 cities.

Exhibit 42 identifies census tracts that compare unfavorably for overall health outcomes.

Observations

- No census tracts in the community compare unfavorably for overall health outcomes.

Exhibit 43: Locations of Unfavorable Prevention Indicators, 2019



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

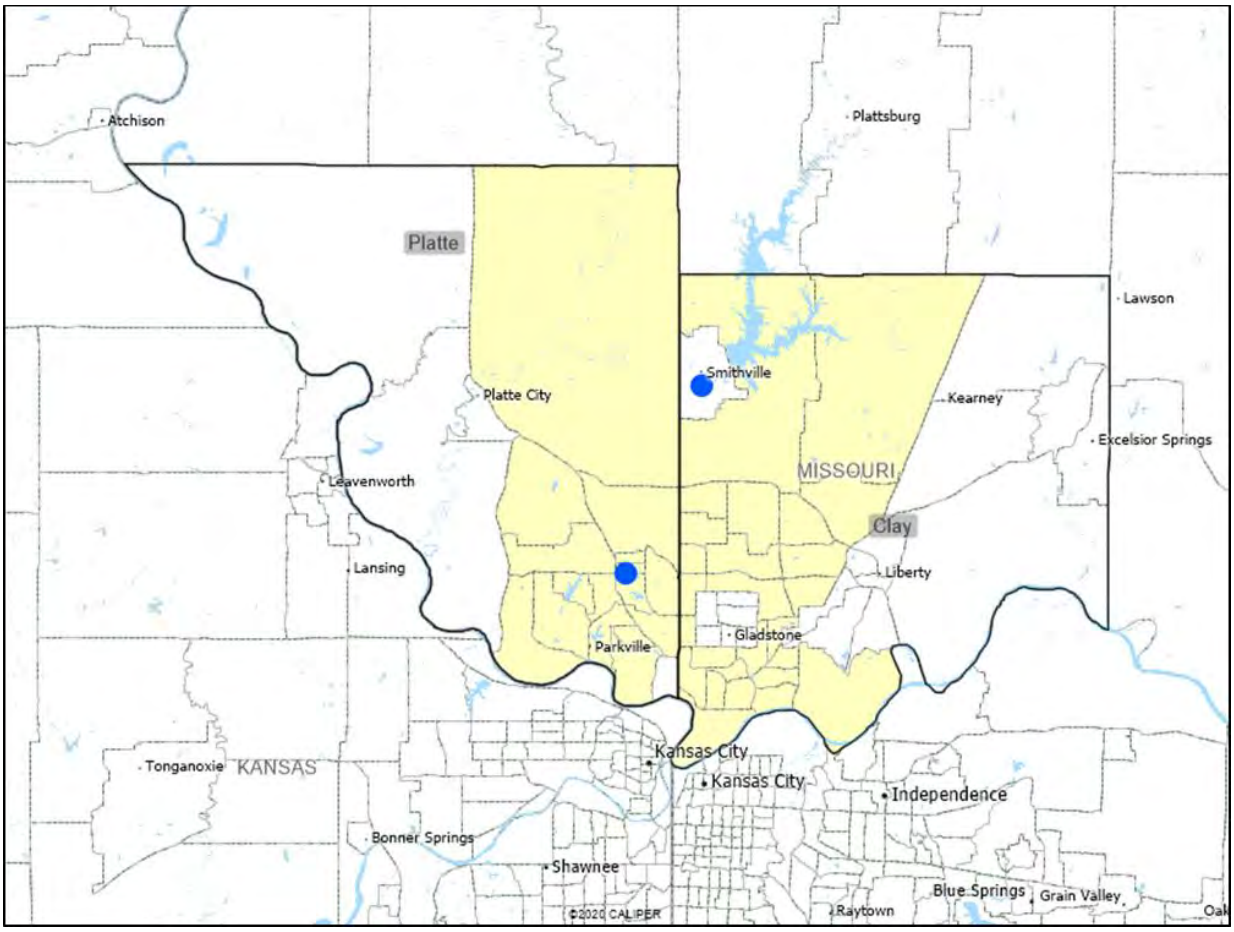
Description

Exhibit 43 identifies census tracts that compare unfavorably for prevention indicators (e.g., cancer screening rates).

Observations

- A number of census tracts in both counties compared unfavorably for prevention indicators, particularly in southern parts of Platte County.

Exhibit 44: Locations of Unfavorable Health Behaviors, 2019



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

Description

Exhibit 44 displays census tracts that compare unfavorably for health behaviors (e.g. rates of smoking and alcohol use).

Observations

- No census tracts in the community compare unfavorably for health behaviors.

Ambulatory Care Sensitive Conditions

Exhibit 45: Saint Luke's Health System ACSC (PQI) Discharges by County and Region, 2019

Condition	Platte County, MO	Clay County, MO	Five County Region
Heart Failure	130	132	1,882
Chronic Obstructive Pulmonary Disease (COPD)	68	57	647
Bacterial Pneumonia	38	49	541
Urinary Tract Infection	57	35	537
Diabetes Long-Term Complications	23	35	326
Hypertension	14	16	256
Diabetes Short-Term Complications	25	26	227
Uncontrolled Diabetes	8	7	121
Asthma in Younger Adults	2	3	24
Total ASCS Discharges	**365**	**360**	**4,561**
Total Adult Discharges	2,901	3,352	34,015
Percent	**12.6%**	**10.7%**	**13.4%**

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

Exhibit 46: Saint Luke's Health System ACSC (PQI) Discharges by Hospital, 2019

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

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

Description

Exhibits 45 and 46 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.

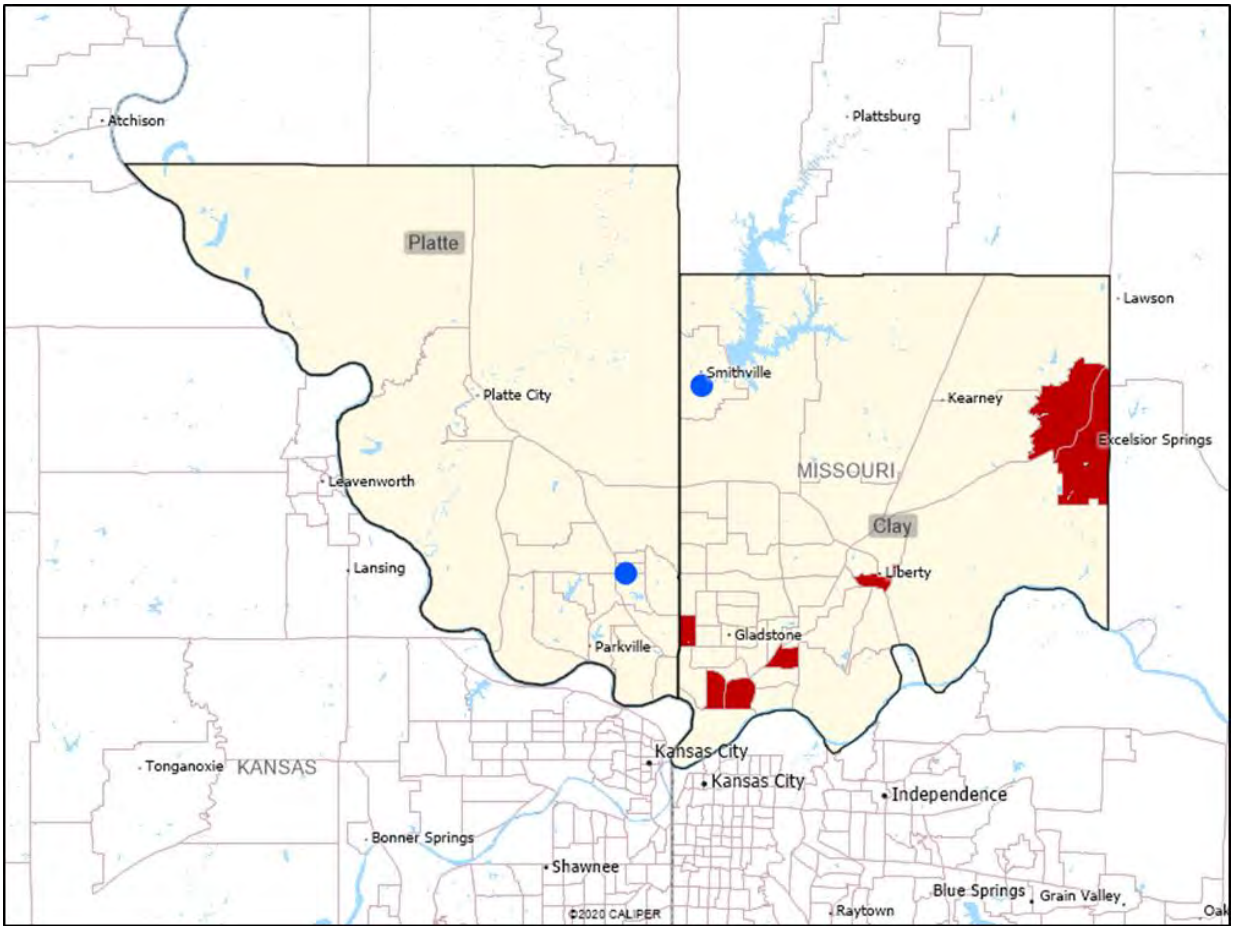
Observations

- The ACSC (PQI) analysis was based on discharges from Saint Luke's Health System hospitals only.
- About 12 percent of SLN's discharges were for ACSC – the second lowest percentage for the hospitals assessed.
- Residents of both Platte and Clay counties are discharged less frequently for ACSC than are residents of other counties.

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

Food Deserts

Exhibit 47: Locations of Food Deserts, 2017



Source: Caliper Maptitude and U.S. Department of Agriculture, 2017.

Description

Exhibit 47 identifies where food deserts are present in community counties.

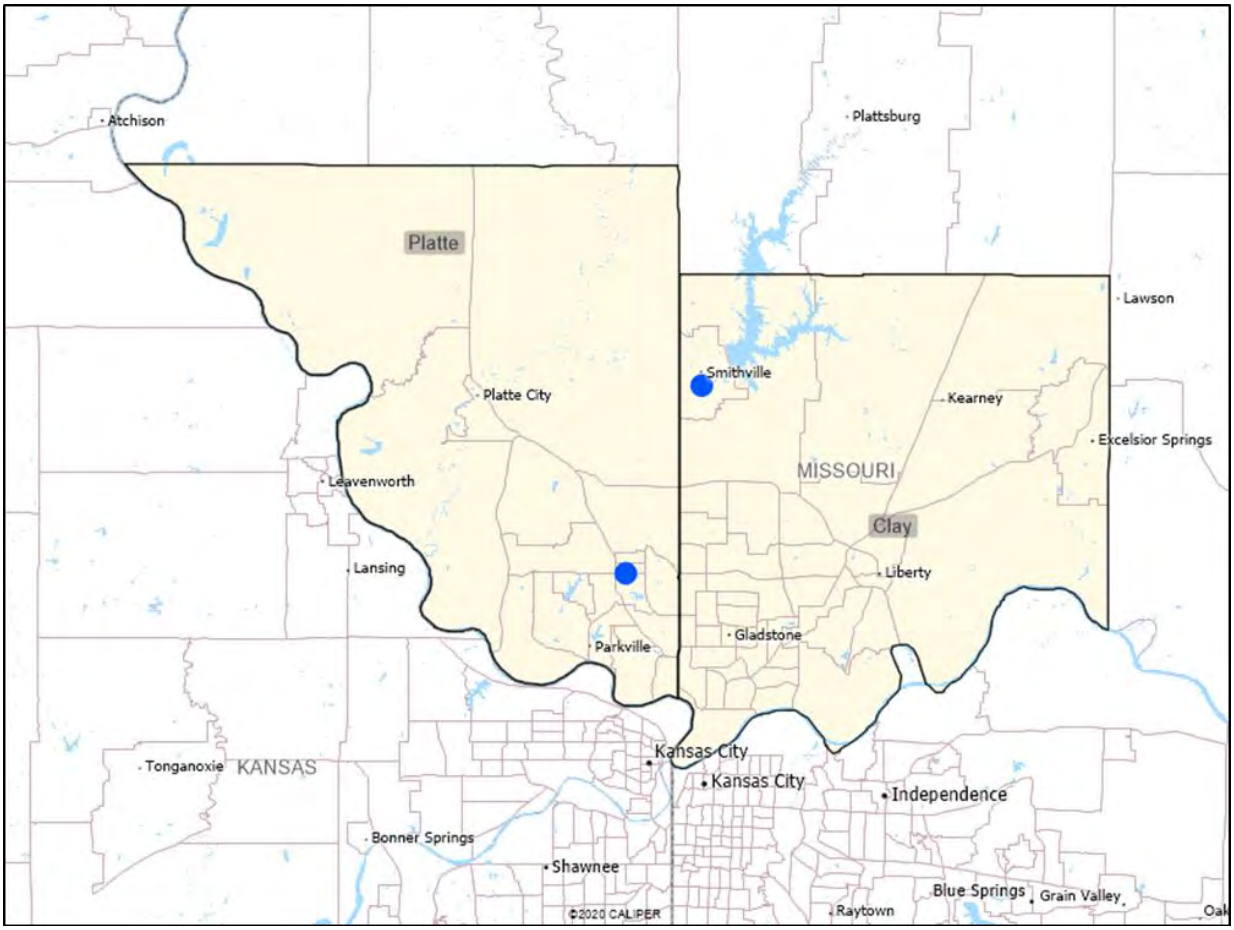
The U.S. Department of Agriculture's Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store, and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many government-led initiatives aim to increase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

Observations

- Seven census tracts (all in Clay County) have been designated as food deserts. These census tracts are home to about 11 percent of the community's population.

Medically Underserved Areas and Populations

Exhibit 48: Locations of Medically Underserved Areas and Populations, 2019



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

Description

Exhibit 48 identifies the location of Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs).

Medically Underserved Areas and Populations (MUA/Ps) are designated by HRSA based on an "Index of Medical Underservice." The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.[18] Areas with a score of 62 or less are considered "medically underserved."

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

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

designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[19]

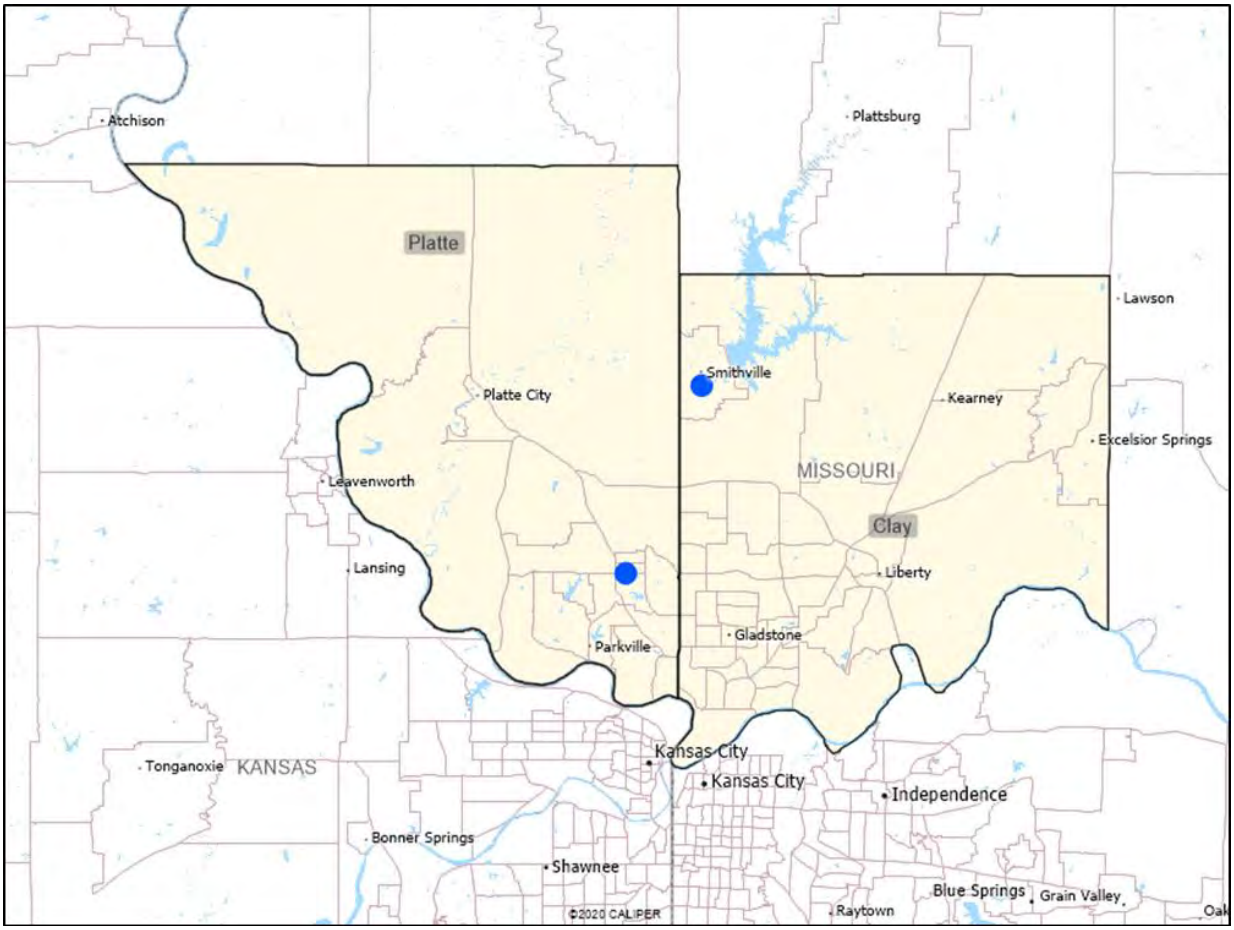
Observations

- No census tracts in Platte and Clay counties have been designated as Medically Underserved Areas.

[19] *Ibid.*

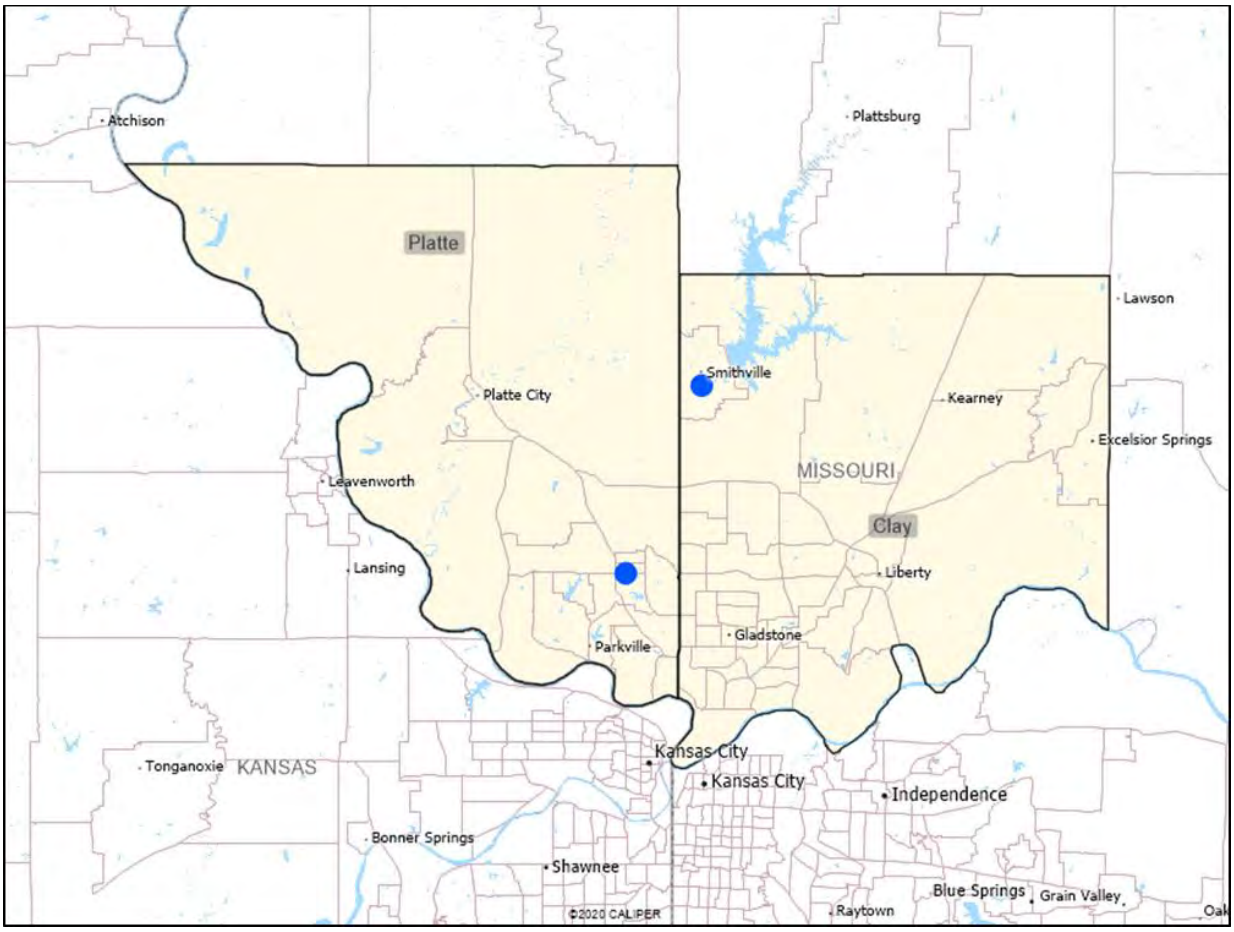
Health Professional Shortage Areas

Exhibit 49: Locations of Primary Care Health Professional Shortage Areas, 2019



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

Exhibit 50: Locations of Dental Care Health Professional Shortage Areas, 2019



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

Description

Exhibits 49 and 50 identify the locations of federally designated primary care and dental care Health Professional Shortage Areas (HPSAs).

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

HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."[20]

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

Observations

- No census tracts in Platte and Clay counties have been designated as Primary Care or Dental Care HPSAs.

Exhibit 51: Mental Health HPSAs, 2019

HPSA Source Name	HPSA Type Description	County	State
Low Income - Platte County	Single County	Platte	MO

Source: Health Resources and Services Administration, 2019.

Description

Exhibit 51 provides a list of federally designated mental health HPSAs.

Observations

- The entire low-income population of Platte County has been designated as a mental health HPSA.

Findings of Other Assessments

CDC COVID-19 Prevalence and Mortality Findings

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

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

- People with certain underlying medical conditions are at increased risk for severe illness and outcomes from COVID-19, including the following: [21]
    - Cancer;
    - Chronic kidney disease;
    - Chronic obstructive pulmonary disease (COPD);
    - Immunocompromised state from organ transplant;
    - Obesity;
    - Serious heart conditions, including heart failure, coronary artery disease, or cardiomyopathies;
    - Sickle cell disease; and
    - Type 2 diabetes mellitus.

- Based on what is known at this time, people with other conditions might be at an increased risk for severe illness and outcomes from COVID-19, including:[22]
    - Asthma (moderate-to-severe);
    - Cerebrovascular disease (affects blood vessels and blood supply to the brain);
    - Cystic fibrosis;
    - Hypertension or high blood pressure;
    - Immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines;
    - Neurologic conditions, such as dementia;
    - Liver disease;
    - Pregnancy;
    - Pulmonary fibrosis (having damaged or scarred lung tissues);
    - Smoking;

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

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

- Older adults and the elderly are disproportionately at risk of severe illness and death from COVID-19. Risks increase with age, and those aged 85 and older are at the highest risk. At present time, eight out of 10 COVID-19 deaths have been in adults aged 65 or older.[23]

- Data thus far indicate that men are more likely to die from COVID-19 than women. While the reasons for this disparity are unclear, a variety of biological factors, behavioral influences, and psychosocial elements may contribute.[24]

- According to the CDC, "Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age." Evidence points to higher rates of hospitalization or death among racial and ethnic minority groups, including non-Hispanic Black persons, Hispanics and Latinos, and American Indians or Alaska Natives.[25]

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

- In explaining these differences of COVID-19 incidence, the CDC states "Health differences between racial and ethnic groups result from inequities in living, working, health, and social conditions that have persisted across generations."[26]

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

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

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

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

Kansas City Health Department Community Health Assessment Dashboard

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

Overall Summary

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

inequities persist due to institutionalized practices that advantage those in power and disadvantage those without power.

- Housing is a significant issue in Kansas City, including affordability.
    - Two-thirds of White householders are homeowners, compared to just over one-third of Black householders.
    - Redlining still exists. Mortgages are denied for people of color (or for houses in neighborhoods of color). Homeowners of color experience higher interest rates than White homeowners.
- Economic disparities also are present.
    - Racial gaps in education, employment, and wealth are experienced by a disproportionate number of Black families at the bottom of the income scale.
    - Persistent labor market discrimination and segregation force People of Color, particularly Black and Hispanic/Latinx workers, into fewer and less advantageous employment opportunities than their White counterparts. Black and brown residents have less access to stable jobs, good wages, and retirement benefits at work — all key drivers by which Kansas City families accumulate savings.
- Residents experience toxic stress which diminishes quality of life.
    - Stressors (housing insecurity, economic disparities, racism) take a toll and become toxic, especially when experienced in childhood (Adverse Childhood Experiences).
    - People with stress have higher risks for chronic disease, struggle with addiction and substance use, and have poorer mental health outcomes. Research suggests that stressors can alter brain functioning and change the structure of DNA, impacting future generations.
- Racial and ethnic disparities in morbidity and mortality are evident.
    - In Kansas City, fewer people of color and with lower incomes rate their health as good or excellent.
    - Black residents are dying at disproportionately higher rates than White residents. From 2014-2018, the age-adjusted mortality rate for Black residents was 965 per 100,000. For White residents the rate was 723 per 100,000. The differential equates to 2,000 deaths for Black residents.

Healthy Foundations (Social Determinants)

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

Healthy Beginnings (Maternal and Infant)

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

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

Safe Communities (Trauma)

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

Staying Healthy

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

Critical Prevention

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

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

Living Better (Behavioral Health)

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

End of Life (Mortality)

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

Kansas City Community Health Improvement Plan – 2016-2021

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

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

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

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

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

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

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

Northland Health Alliance Community Health Needs Assessment – 2018

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

- The 2018 assessment re-affirmed the three priority issues identified by the Alliance's previous CHNA which was published in 2015.
    - Access to care
    - Mental health and substance abuse (behavioral health)
    - Chronic disease
- The 2018 CHNA highlighted pockets of need throughout Clay and Platte counties, and raised questions about income, education, and health disparities being experienced by members of racial and ethnic minorities.
- A community survey was distributed to residents to understand their views regarding significant community health needs. The following needs were identified as most important by respondents, in order of frequency:
    - Mental health
    - Chronic diseases
    - Obesity
    - Aging problems
    - Drug abuse
    - Cancer
    - Alcohol abuse
    - Opioid abuse
- The survey also asked community members about health behaviors with the greatest impacts on overall community health. Residents ranked lack of exercise, poor eating habits, and texting and driving as the three most problematic behaviors.
- Medical debt, housing insecurity, unemployment, and inadequate incomes were identified as "top challenges" to being healthy.
- Worsening suicide and mental health concerns were identified.
    - Suicide rates in both counties exceed the rates in the United States.
    - For Northland residents 15-24 years old, mental health conditions account for three of the top five reasons patients are hospitalized and are the number one reason for emergency department visits.
- 90 percent of Northland residents do not eat an adequate diet of fruits and vegetables. About 25 percent get no leisure-time physical activity.
- In comparison to all residents of Clay County, those living in Excelsior Springs (ZIP code 64024) have the highest rates of heart disease, diabetes, COPD, smoking, and hypertension. This ZIP code ranks in the bottom quarter of all Missouri ZIP codes.
- Residents of Holiday Hills (ZIP code 64117) have the highest rates of diagnoses for asthma, mental disorder, and obesity-related issues.
- Between 2000 and 2013, non-White populations grew by 113 percent in Clay County and by 96 percent in Platte County – much faster than White populations.
- Unemployment rates for Black populations are nearly double those of White residents in the counties.
- 18 percent of Clay County children and 17 percent of Platte County children are food insecure.

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

Missouri Maternal Child Health Strategic Map – 2017-2020

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

Through this process, the department also conducts 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 2017 to 2020 identified the following as priority areas and goals.

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

- Perinatal and Infant
  - Ensure risk appropriate care for high risk infants to reduce infant mortality/morbidity.
  - Improve health outcomes for MO mothers and infants by increasing breastfeeding initiation and duration rates.
  - Increase percent of infants placed to sleep on their backs.

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

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

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

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

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

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Exhibit 52: Interviewee Organizational Affiliations

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

Exhibit 53: Community Meeting Participants

Organization	Participated
American Heart Association	•
City of Kansas City, Mayor's Office	
Clay County Public Health Center	•
Clay County Senior Services	•
Hillcrest Transitional Housing of Kansas City, KS	•
Kansas City Police Department	
North Kansas City YMCA	•
Northland Health Alliance	
Northland Health Alliance, Health Care Access	
Northland Shepherd's Center	•
Park Hill School District	•
Saint Luke's Health System	•
Saint Luke's North Hospital	•
Samuel U. Rodgers Health Center	•
Smithville Area Fire Protection District	
Smithville Chamber of Commerce	•
State Representative, Missouri	•
State Senator Missouri	•
Tri-County Mental Health Services	•
U.S. Courts - Magistrate Judge's Office	•
U.S. House of Representatives, Congressman Office	
University of Missouri Extension	•
University of Missouri Extension, Platte County	•

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 54** lists peer counties for Platte County, Missouri, and Clay County, Missouri.

Exhibit 54: CHSI Peer Counties

Peer Counties
Pinal County, Arizona
Arapahoe County, Colorado
Gilpin County, Colorado
New Castle County, Delaware
Clay County, Florida
St. Johns County, Florida
Seminole County, Florida
Floyd County, Indiana
Leavenworth County, Kansas
Campbell County, Kentucky
Kenton County, Kentucky
St. Tammany Parish, Louisiana
DeSoto County, Mississippi
Clay County, Missouri
Platte County, Missouri
Strafford County, New Hampshire
Iredell County, North Carolina
Butler County, Ohio
Cleveland County, Oklahoma
Washington County, Oregon
Newport County, Rhode Island
York County, South Carolina
Rutherford County, Tennessee
Sumner County, Tennessee
Galveston County, Texas
Hays County, Texas
Henrico County, Virginia
Prince George County, Virginia
Chesapeake city, Virginia
Williamsburg city, Virginia
Clark County, Washington
Jefferson County, West Virginia
Pierce County, Wisconsin

Note: Platte County and Clay County are a part of the same peer county group, so only one list of peer counties is presented.

APPENDIX E – IMPACT EVALUATION

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

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

Saint Luke's North Hospital

1. Access to Care
2. Behavioral Health
3. Management of Chronic Disease

Saint Luke's North Hospital (SLN)
Priority 1: Access to Care
Goal: Improve availability of health care services to those served by SLN.

- Initiative: **Advocate on key health policy issues** at the state and national level, including Medicaid reform, access to care, and health care financing for the low-income population.
- Highlighted Impact: Continued collaboration with local, state and national partners, such as local chambers of commerce, Missouri Hospital Associations, and community-based organizations. Maintained relationships with policymakers, fostering the environment necessary for positive movement on Medicaid reform (such as the recent expansion of Medicaid in Missouri that to take effect in 2021), health care financing, and preventing punitive actions that would negatively impact priority health issues.

- Initiative: Existing SLN patients with limited access to **transportation access** were able to utilize the Saint Luke's North Care Van in order to attend follow-up physician appointments.
- Highlighted Impact: In 2019, the SLN Care Van made 3,893 trips transporting existing patients. SLN invested $154,055 in community benefit in the Care Van program.

- Initiative: SLN partnered with local universities in order to grow the **health care workforce** by offering a location for shadowing, internships and clinical sites.
- Highlighted Impact: Social work, occupational and physical therapy, speech language pathology and cardiac rehab students provided over 4,300 intern hours. Staff clinical instructors provided 436 hours.

Priority 2: Behavioral Health

Goal: Improve access to behavioral health services in the Northland.

- Initiative: SLN provided **educational opportunities** that proactively facilitate learning and discussion around mental health topics for health professionals within the community, including the SLN Hospital multidisciplinary care team.
- Highlighted Impact: Education programs were held in 2019 for community-based mental health professionals regarding suicide prevention and mental health awareness. In addition, Crisis Intervention Trainings (CIT) were held for Northland law enforcement two times through SLN.

Goal: Reduce substance use in the Northland.

- Initiative: SLN supported having a pharmacist to provide **behavioral health pharmacology consults** in the inpatient setting.
- Highlighted Impact: In 2019, seven consults were conducted. In addition, a new separate consult order template was established. SLN continued to support having a pharmacist available in the inpatient setting to provide pharmacology consults for behavioral health patients.

- Initiative: Identify and provide **social determinants of health** resources for SLN patients.
- Highlighted Impact: In 2019, SLHS launched the Saint Luke's Community Resource Hub, an online platform connecting patients and community members to reduced-cost and free services in their neighborhoods. The Resource Hub includes resources for a variety of categories including: food, housing, employment, health services, finances, and more.

Priority 3: Management of Chronic Diseases

Goal: Reduce avoidable hospitalizations and morbidity from prevalent health conditions, including diabetes, obesity, heart disease, and stroke in the Northland.

- Initiative: SLN continued to provide patients access to the Saint Luke's Physician Group **Diabetes Education Center**. The Diabetes Education Center offers comprehensive services featuring an integrated care team where patients can access endocrinology specialists, certified nurse educators, and certified diabetes educators all within the same suite.
- Highlighted Impact: In 2019, 378 patients from SLN made 630 visits to the Center. Educational offerings include Living Well with Diabetes; managing your blood sugars; diabetes medications and how they work; weight-management support; diabetes prevention; healthy food choices and meal planning; and more.

- Initiative: SLN participated in the Muriel I. Kauffman Women's Heart Center **Million Hearts® Initiative** by serving as a location for a blood pressure kiosk and offering community education related to heart disease.

- Highlighted Impact: One blood pressure kiosk is located at SLN to improve ease of access to care. In 2019, 1,900 screenings were taken at the kiosk, reflecting a 62 percent rate of hypertension.

- Initiative: Community members and patients had access to the **SHAPE Fitness Center** at SLN-Smithville. The SHAPE Fitness Center included cardio equipment, weight room, fitness classes, metabolic testing, and access to a dietitian. Members could also participate in the Silver Sneakers program.
- Highlighted Impact: In 2019, there were 4,400 active members at SHAPE Fitness Center. Of those, 549 were members of the Silver Sneakers program.

Contact us

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