

 Saint Luke's

Saint Luke's North Hospital Community Health Needs Assessment

2023

◆ Saint Luke's North Hospital



TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
EXECUTIVE SUMMARY	4
Introduction.....	4
Community Assessed.....	4
Significant Community Health Needs.....	5
Significant Community Health Needs: Discussion.....	5
Access to Care.....	5
Behavioral Health.....	7
Needs of Older Adults.....	8
Transportation.....	8
DATA AND ANALYSIS.....	9
Community Definition.....	9
Secondary Data Summary.....	10
Demographics.....	10
Socioeconomic Indicators.....	11
Other Local Health Status and Access Indicators.....	12
Ambulatory Care Sensitive Conditions.....	14
Food Deserts.....	14
Medically Underserved Areas and Populations.....	14
Health Professional Shortage Areas.....	15
Findings of Other Assessments.....	15
Primary Data Summary.....	16
Key Community Partner Interviews.....	16
Community and Internal Hospital Meetings.....	19
OTHER FACILITIES AND RESOURCES IN THE COMMUNITY.....	22
Hospitals.....	22
Federally Qualified Health Centers.....	24
Other Community Resources.....	25
APPENDIX B – SECONDARY DATA ASSESSMENT.....	26
Demographics and Life Expectancy.....	29
Socioeconomic Indicators.....	38
People in Poverty.....	38

Unemployment	43
Health Insurance Status	44
Medical Debt	45
Crime Rates	46
Housing Affordability.....	47
Area Deprivation Index	49
Centers for Disease Control and Prevention Social Vulnerability Index (SVI).....	50
Other Health Status and Access Indicators	54
County Health Rankings.....	54
Community Health Status Indicators.....	59
COVID-19 Cases and Deaths	62
Mortality Rates	63
Communicable Diseases.....	69
Maternal and Child Health	70
Behavioral Risk Factor Surveillance System	73
CDC PLACES	77
Ambulatory Care Sensitive Conditions	84
Food Deserts	86
Medically Underserved Areas and Populations.....	87
Health Professional Shortage Areas	88
Findings of Other Assessments.....	89
Kansas City Health Improvement Plan (2022-2027)	89
Northland Health Alliance Community Health Assessment	90
Missouri Maternal Child Health Strategic Map	91
APPENDIX C – COMMUNITY INPUT PARTICIPANTS	93
APPENDIX D – CHSI PEER COUNTIES	94
APPENDIX E – IMPACT EVALUATION	95

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 in Kansas City, Missouri, within Platte County, Missouri. Additional information about SLN – Barry Road is available at: [Saint Luke's North Hospital - Barry Road](#).

SLN – Smithville is in Smithville, Missouri, within Clay County, Missouri. Additional information about SLN – Smithville is available at: [Saint Luke's 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 14 hospitals and campuses across the Kansas City region, home care and hospice, behavioral health care, dozens of physician practices, a life care senior living community, and additional facilities and services. Additional information is available at: [About Saint Luke's](#).

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

Community Assessed

For purposes of this CHNA, SLN's community is defined as a two-county area that includes Platte County, Missouri, and Clay County, Missouri. In the calendar year 2022, the two counties accounted for approximately 60 percent of the hospital's inpatient volumes and 81 percent of emergency department visits.

The total population of the community in 2020 was 364,279.

EXECUTIVE SUMMARY

with no (or inadequate) health insurance coverage, low-income persons, and members of racial and ethnic minority populations.

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

- The supply of primary care physicians (measured on a per-capita basis) in Clay County has been comparatively low.
- The supply of mental health professionals has been below national averages in both Platte and Clay counties.
- The supply of dentists has been below the national average in Platte and Clay counties.

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

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

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

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

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

Clay County has had a higher percentage of the population without health insurance compared to peer counties. On August 4, 2020, voters approved Medicaid expansion in Missouri. According to the Centers for Medicare & Medicaid Services (CMS), 275,000 Missourians became eligible for comprehensive health coverage due to Medicaid expansion. Kansas is one of the eleven states that have chosen not to expand Medicaid. An estimated 150,000 uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.

EXECUTIVE SUMMARY

Maternal and child health measures indicate access to care issues. The percentage of women accessing care in the first trimester was significantly lower for Black women in Platte and Clay counties compared to all Missouri residents. Also, in Platte and Clay counties, the percent of live births with low birthweight and the number of infant deaths for Black infants has been above Missouri and U.S. averages.

Behavioral Health

Platte and Clay counties ranked in the bottom half of peer counties for the prevalence of mentally unhealthy days.

Poor mental health status, including depression, anxiety, and social isolation, was identified by many community members who provided input into this CHNA as a significant concern. Interviewees cited an undersupply of mental health providers and facilities, for both inpatient and outpatient services. Supply of mental health providers was reported as being especially low for children, adolescents, teenagers, and older adults. Platte and Clay counties ranked in the bottom half compared to peer counties for the ratio of population to mental health providers. Community members needing behavioral health services have experienced very long wait times for appointments.

The federal government has designated Low-income Mental Health Care Act (MHCA) 6 as Health Care Professional Shortage Areas (HPSAs) populations in both Platte and Clay counties.

Community members stated that stress, a lack of social connectedness, and trauma are issues. Stigma remains a barrier to people accessing behavioral healthcare, particularly within rural areas and in minority communities. Community members also expressed concerns about the impact of the COVID-19 pandemic on the prevalence of mental health and substance abuse problems.

High suicide rates were seen as significant public health concerns by community members. In both counties, suicide rates have been above state and national averages for males, females, and all races and ethnicities.

Community members also identified violent crime as a major concern that contributes to mortality, morbidity, and behavioral health problems. In Platte City (Platte, MO) rape has been more than 50 percent above U.S. averages. In Gladstone (Clay, MO) assault has been above the U.S. average. In general, crime rates in Missouri have been above U.S. averages.

Recent Community Health Assessments prepared by Kansas City-area local health departments identified the need to improve mental health (and reduce suicide rates) as priorities. The Northland Health Alliance Community Health Assessment identified mental and behavioral health as one of two top priorities.

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

EXECUTIVE SUMMARY

Clay counties, binge plus heavy drinking has been above U.S. averages. Driving deaths with alcohol involvement have been above U.S. averages in Platte and Clay counties.

Needs of Older Adults

The population of adults 65 years of age and older is projected to grow 37.7 percent between 2020 and 2030 (approximately 50,600 persons). This compares to 13.9 percent growth in the two-county population as a whole. This development will likely contribute to growing demand for health services, as older individuals typically need and use more services than younger people.

Community members identified the needs of a growing older adult population as a significant community health issue. Specific concerns include:

- Greater risks of chronic and severe illness,
- The need for resources to support aging in place, and
- Needs associated with memory loss, falls, and worsening mental health status due to isolation and financial stress.

Healthcare professionals and leaders stated that meeting the increased needs and demands of older adults is likely to exacerbate problems with workforce shortages.

County Health Rankings data indicate that rates of preventable hospitalizations for Medicare beneficiaries have been above the U.S. average in Platte County. Assuring that older adults have access to prevention services is an identified community health need.

Transportation

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

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

Secondary data substantiate these concerns. The CDC's Social Vulnerability Index indicated housing type and transportation vulnerability ZIP Codes are concentrated in Kansas City, Excelsior Springs, and the Platte City area.

DATA AND ANALYSIS

Community Definition

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

SLN’s community was defined as a two-county area that includes Platte County, Missouri, and Clay County, Missouri. This community accounted for 59.5 percent of the hospital’s 2022 inpatient volumes and 81.2 percent of its emergency room visits (**Exhibit 1**).

Exhibit 1: SLN Discharges and Emergency Room Visits, 2022

County	Inpatient Discharges	Percent Discharges	ER Visits	Percent ER Visits
Platte (MO)	2,238	30.7%	14,380	42.2%
Clay (MO)	2,101	28.8%	13,294	39.0%
Community	4,339	59.5%	27,674	81.2%
Hospital	7,290	100.0%	34,077	100.0%

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

The total population of the two-county community in 2020 was approximately 364,000 persons (**Exhibit 2**).

Exhibit 2: Community Population by County, 2020

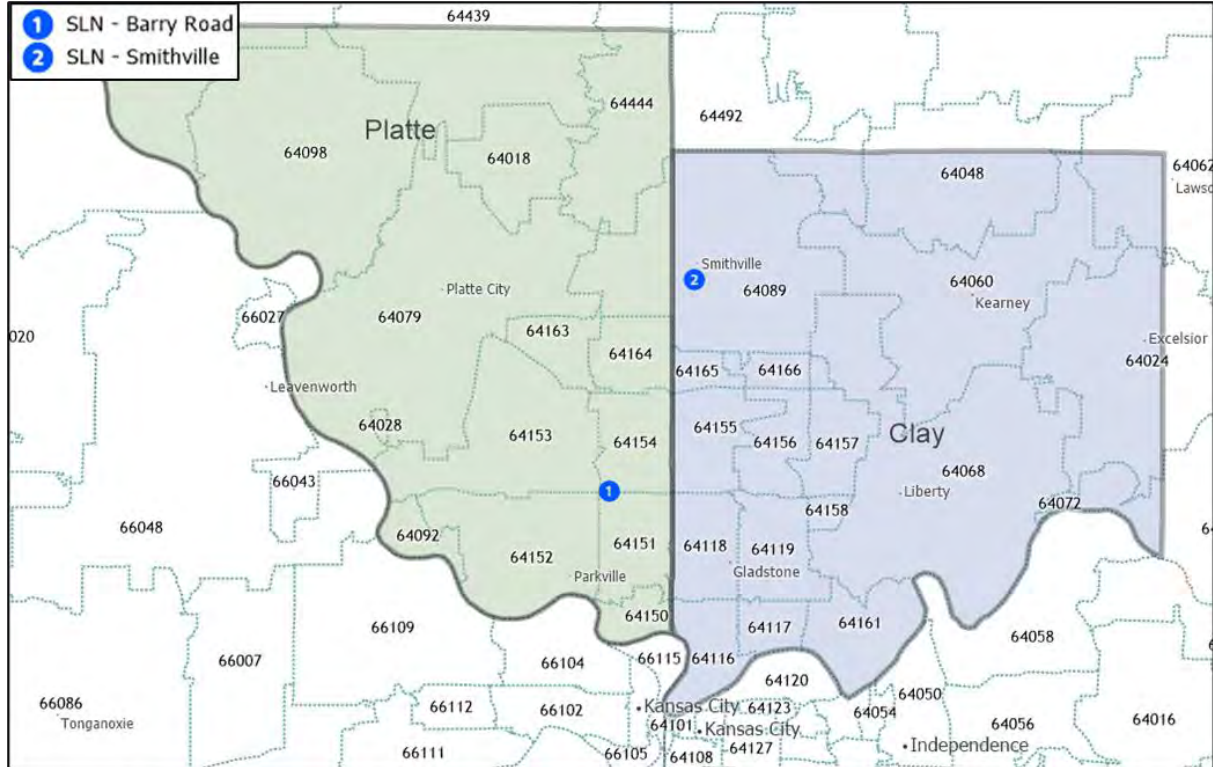
County	Total Population 2020	Percent of Total Population 2020
Platte (MO)	102,810	28.2%
Clay (MO)	261,469	71.8%
Community	364,279	100.0%

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

DATA AND ANALYSIS

SLN – Barry Road is in Kansas City, Missouri (Platte County ZIP Code 64154). SLN – Smithville is 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, 2022.

Secondary Data Summary

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

Demographics

Demographic characteristics and trends directly influence community health needs. The total population in the community is expected to grow by 13.9 percent from 2020 to 2030 (approximately 50,600 residents). The population 65 years of age and older is anticipated to grow much more rapidly (by 37.7 percent or 19,000 persons) during the same time. This development will likely contribute to greater demand for health services, as older individuals typically need and use more services than younger people.

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

DATA AND ANALYSIS

In 2021, five out of thirty-one community ZIP Codes had 10 percent or more of the population identified as Black. ZIP Code 64161, in Clay County, and ZIP Code 64150, in Platte County, had the highest percentage with more than 15 percent of residents identified as Black.

One ZIP Code (64158) in the community had more than 10 percent of the population identified as Hispanic (or Latino).

Socioeconomic Indicators

Across the lifespan, residents of impoverished communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.¹

Significant variation in poverty rates exists across the SLN community. Poverty rates in Platte and Clay counties have been below state and national averages; however, poverty rates for Black and for Hispanic (or Latino) residents have been substantially higher than rates for White residents in both counties, as well as Missouri, and the United States. Across the community in 2017-2021, 6.3 percent of White residents, 15.5 percent of Black residents, 7.0 percent of Asian residents, and 12.0 percent of Hispanic (or Latino) residents lived in poverty.

Low-income census tracts are concentrated in Kansas City, Liberty, and Excelsior Springs.

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

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

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

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

¹ <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty>

DATA AND ANALYSIS

In Gladstone (Clay County) assault rates were significantly above U.S. averages and motor vehicle theft was more than 50 percent above the U.S. average. Rape rates were almost three times the national rate in Platte City (Platte County).

The percentage of households designated as rent burdened in Platte and Clay counties has been below state and national averages. ZIP Codes in Kansas City, northern Clay and northeastern Platte counties have had the highest percentage of households designated as rent burdened.

The Area Deprivation Index (ADI) ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality. The highest ADI measures are in Kansas City, central and northeastern Platte County, and Excelsior Springs in Clay County.

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

Other Local Health Status and Access Indicators

In the 2023 *County Health Rankings*, both counties ranked in the bottom half or bottom quartile for indicators related to excessive drinking, alcohol-impaired driving deaths, social associations, and sexually transmitted diseases. Clay County ranked in the bottom quartile for unemployment and Platte County ranked in the bottom quartile for air pollution.

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, Clay County compared unfavorably for 13 of the benchmark indicators and Platte County compared unfavorably for 9 of the benchmark indicators. Clay County was in the bottom quartile compared to peer counties for physically and mentally unhealthy days, adult smoking, driving deaths with alcohol involvement, unemployment, and percentage of people who drive alone for work. Platte County was in the bottom quartile compared to peer counties for only one indicator, driving deaths with alcohol involvement.

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

Based on an assessment of available secondary data, the indicators presented in **Exhibit 4** appear to be most significant in the SLN community. An indicator is considered *significant* if it was found to vary materially from a benchmark statistic, such as an average value for Missouri, for peer counties, or for the United States. For example, 18.6 percent of Clay County's adults

DATA AND ANALYSIS

smoke; the average for peer counties is 16.5 percent. The last column of the exhibit identifies where more information regarding the data sources can be found in this report.

Exhibit 4: Significant Indicators

Indicator	Geographic Area	Area Value	Benchmark Value	Benchmark Area	Exhibit
65+ population change, 2020-2030	Community	37.7%	13.9%	Community, All Ages	9
Life expectancy, Black, 2018-2020	Clay County	76.0	78.5	United States, All Races	10
Poverty Rate, Black, 2017-2021	Clay County	19.0%	8.2%	Clay County, All Races	18
Poverty rate, Hispanic (or Latino), 2017-2021	Clay County	14.0%	8.2%	Clay County, All Races	18
LGBT population unemployed, 2019	Missouri	9%	4%	Straight/heterosexual (MO)	21
LGBT population uninsured, 2019	Missouri	22%	11%	Straight/heterosexual (MO)	21
LGBT population food insecure, 2019	Missouri	27%	14%	Straight/heterosexual (MO)	21
Rape rate per 100,000 population, 2019-2021	Platte City (MO)	120	43	United States	25
Ratio of population to mental health providers, 2022	Platte County	749:1	340:1	United States	34
	Clay County	672:1	340:1	United States	34
Mentally unhealthy days, 2020	Clay County	5.0	4.7	Peer Counties	35
Adult smokers, 2020	Clay County	18.6%	16.5%	Peer Counties	35
Driving deaths with alcohol involvement, 2016-2020	Clay County	36.9%	28.3%	Peer Counties	35
	Platte County	33.3%	28.3%	Peer Counties	35
Cancer mortality rate (per 100,000), leukemias, 2015-2019	Clay County	8.1	6.5	Missouri	38
Cancer mortality rate (per 100,000), stomach, 2015-2019	Platte County	3.1	2.4	Missouri	38
Drug poisoning mortality, percent change (per 100,000), 2017-2020	Clay County	57.1%	28.2%	United States	39
Suicide rate (per 100,000), Male, 2016-2020	Clay County	31.7	22.2	United States	41
Primary and Secondary Syphilis (per 100,000), 2020	Clay County	15.2	12.7	United States	42
Asthma ER Visits (per 1,000 under 18), Black, 2021	Clay County	18.5	6.2	All residents Clay County	44
Percent healthy live births, Black 2021	Platte County	83.3%	90.3%	All residents Platte County	44
Percent care began first trimester, Black, 2021	Platte County	56.6%	74.2%	All residents Platte County	44
	Clay County	59.0%	75.9%	All residents Clay County	44
Percent mothers using tobacco during pregnancy, White, 2021	Clay County	9.0%	8.1%	All residents Clay County	44
Infant mortality rate (per 1,000 live births), Black, 2021	Clay County	10.2	5.3	All residents Clay County	44

Source: Verité Analysis, 2023.

DATA AND ANALYSIS

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

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

Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) include thirteen health conditions “for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”² These conditions, also referred to as Prevention Quality Indicators (PQIs), include 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 indicated that Platte and Clay County residents were discharged less frequently for ACSCs than residents of other counties. Saint Luke’s North Hospital had the second lowest rate of discharges for ACSCs compared to other facilities assessed.

Food Deserts

The U.S. Department of Agriculture’s Economic Research Service identifies census tracts that are considered “food deserts” because they include people with lower income without supermarkets or large grocery stores nearby. Food deserts were concentrated in southern Clay County and Liberty. No census tracts were designated as food deserts in Platte County.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration based on an “Index of Medical Underservice.” No census tracts in Platte and Clay counties were designated as MUA/Ps.

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

DATA AND ANALYSIS

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. Low-income Mental Health Care Act (MHCA) 6 populations in Platte and Clay counties have been designated as HPSAs.

Findings of Other Assessments

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

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

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

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

DATA AND ANALYSIS

Primary Data Summary

Primary data were gathered through interviews and community meetings. A community meeting was conducted focused on Platte and Clay counties. One online meeting was facilitated with Saint Luke's hospital staff members. Key community partner and public health informant interviews were conducted in-person and via online video conference.

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

Key Community Partner Interviews

Two (2) interviews were conducted with two community partner participants to gain insight into perceptions 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 on identifying and discussing significant health issues in the community and significant barriers to accessing health resources. Interviewees were asked a question about the pandemic's impacts and on what has been learned about the community's health given those impacts. Community partners were also asked to describe the types of initiatives, programs, and investments that should be implemented to address the community's health issues and to be better prepared for future risks.

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

- **Mental Health.** Mental health was identified as a primary health concern in the community. Mental health was described as presenting as anxiety, depression, and severe and persistent mental illness. Rising rates of suicide were noted as particularly concerning. Factors identified include the following:
 - Undersupply of inpatient and outpatient mental health providers and facilities, resulting in typical wait times of three to six months for mental health services; undersupply of providers is particularly problematic for children, adolescents, teenagers, and older adults;
 - Stress, a lack of social connectedness, trauma, and Adverse Childhood Experiences (ACEs);
 - Lasting social and economic impacts of the COVID-19 pandemic;
 - Stigma over mental health challenges;
 - Misperception that more resourced communities are “protected” from suicide and drug overdose, while these health challenges are impacting all communities in the Kansas City area; and
 - Finding effective mental health treatment can be challenging, especially for complex and chronic conditions.

DATA AND ANALYSIS

- **Unhealthy Behaviors.** Interview participants described unhealthy behaviors as a significant health need in the community. Participants named driving under the influence, poor diet, a lack of exercise, and drug use as contributing to significant unhealthy behaviors in Platte and Clay counties. Further explanation and contributing factors are:
 - Youth and adults engaging in unsafe consumption of alcohol and driving in the county. One participant mentioned that deaths from “drinking and driving” are relatively common;
 - Overall poor consumption of healthy foods and a lack of outdoor exercise, partially due to residents experiencing more difficult access to healthy foods;
 - Opioid addiction and drug use is present, with young adults experimenting with recreational drugs; and
 - A lack of preventive care and education in Platte and Clay counties.
- **Crime and safety concerns.** Many participants cited neighborhood violence and safety as concerns that impact residents’ physical activity. Factors identified include the following:
 - Gun violence in neighborhoods impacting children’s ability to play outside and use green spaces for exercise; and
 - Rising homicide rates increase residents’ barriers to engaging in activity.

During the interview process, community partners cited the following as populations of concern with regards to health status or access to care:

- **Rural residents.** Community partners noted that rural residents have less access to transportation, nutritious foods, and reliable internet access. These barriers make it challenging for rural residents to attend their in-person or virtual healthcare appointments. Interviewees stated that there is no public transportation in the rural areas of Kansas City, isolating many residents from care services.

The northern parts of Platte and Clay counties are particularly isolated from healthcare services. Interviewees shared that those residents who live 40 miles or more north of Kansas City “don’t have much access to an emergency room.” One interviewee described the southern parts of Clay and Platte counties as having access to hospitals; however, the more northern, rural areas of the counties have little access to healthcare providers.

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

DATA AND ANALYSIS

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

Community partners were additionally asked to describe barriers that community residents experience in accessing healthcare:

- **Access to transportation.** Access to transportation, particularly for low-income, aging residents, and those residents living in rural settings, is a significant barrier to optimal health in the community. Interviewees stated that transportation barriers contribute to difficulties accessing doctor appointments, preventive health care services, grocery stores, and other necessary services. The issue is particularly problematic for residents of the Northern rural areas of Clay and Platte counties.
- **Digital divide and knowledge of available resources.** Several interview participants stated that information about healthy living is lacking for many community residents. Factors identified include the following:
 - More health education resources are needed to improve community health –and the currently available resources often do not reach populations in need;
 - Additional community health workers, community resource navigators, and other information sources are needed for the community to achieve better health;
 - Community outreach efforts that “go into the community” are needed to reach underserved people in the community;
 - Many residents are unaware of available resources in the community and also are unaware of where to seek guidance when they are in need;
 - Health care services are not “patient-centered” but are largely driven by provider availability, rather than the patient’s need, which contributes to overutilization of emergency rooms.
 - Residents of the northern part of the metro area may have more challenges connecting to the internet for telehealth appointments. Internet connectivity is inconsistent and less available in northern parts of Clay and Platte counties.

DATA AND ANALYSIS

Community and Internal Hospital Meetings

Community and hospital staff meetings were conducted across the Kansas City region to obtain input regarding significant health needs of the communities served. Four meetings were comprised of external community partners and public health representatives in each of the five surrounding counties³, and four meetings were comprised of staff from Saint Luke's Health System facilities.⁴

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

The following community meetings were facilitated representing the following geographies:

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

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

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

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

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

³ These counties were Jackson County, MO; Johnson County, KS; Clay County, MO; Platte County, MO; and Wyandotte County, KS.

⁴ These facilities were Saint Luke's Hospital of Kansas City, Saint Luke's East Hospital, Saint Luke's South Hospital, and Saint Luke's North Hospital.

DATA AND ANALYSIS

available in the community. As a final question, meeting participants were asked to identify changes that could be made to improve community health.

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

Significant needs for Platte and Clay counties identified by participants were as follows:

- Mental health, especially anxiety, depression, and lack of connection, and lack of mental health providers;
- Substance use disorder, including alcohol;
- Social drivers of health, including housing, transportation, food insecurity, low income, and racial/ethnic disparities; and
- Chronic disease management, including diabetes and heart disease.

The community members and populations with the greatest unmet needs were identified as Black residents, older adults, marginalized groups, people living in unsafe neighborhoods, and refugees. Participants noted that the geographic areas with the most unmet need include Excelsior Springs, northern Kansas City, rural areas of Clay and Platte counties, and ZIP Codes 64116, 64117, 64118, and 64119.

Participants indicated that issues related to mental health, behavioral health and substance use disorders are intertwined for many residents of the community. These issues are especially noted among youth, older adults, and uninsured/underinsured individuals. Rapid expansion in the number of providers is needed to meet the demand for mental health services.

For some members of the community, negative health outcomes are experienced due to social drivers of health. Low income, housing insecurity, transportation challenges, and food insecurity compound to make health care and other services difficult to access. Navigation assistance is needed to ease access constraints, through such interventions as increasing marketing of available services, expanding community engagement activities, and developing peer education programs. Participants recommended including transportation assistance into budgets for initiatives and exploration of options to reduce cost sharing requirements for residents with financial constraints.

Participants express that social determinant issues persist because of low wages relative to high costs of living, insufficient education, and lack of access to resources. It is also noted that many of these issues were exacerbated by the COVID-19 pandemic.

Participants indicated that community assets included libraries, programs for seniors, and programs for uninsured/underinsured residents. These assets could be strengthened through increased collaboration among community organizations, as well as working to increase residents involved in community engagement activities.

DATA AND ANALYSIS

Top strengths and resources in the community are listed as the Mid-Continent Public Library, Clay and Platte senior funds, health departments, community-based organizations, a strong sense of community partnership and collaboration, and IRIS, a newly formed transportation service.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

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

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

Hospitals

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

Hospital Name	Website Address
Platte (MO)	
Saint Luke's North Hospital-Barry Road	https://www.saintlukeskc.org/locations/saint-lukes-north-hospital-barry-road
Clay (MO)	
Excelsior Springs Hospital	https://www.eshospital.org/
Liberty Hospital	https://www.libertyhospital.org/
North Kansas City Hospital	https://www.nkch.org/
Saint Luke's North Hospital-Smithville	https://www.saintlukeskc.org/locations/saint-lukes-north-hospital-smithville

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

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

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

Hospital Name	Hospital Type	Website Address
Clay (MO)		
Kindred Hospital Northland	Long-term Acute Care	https://www.kindredhospitals.com/locations/ltac/kindred-hospital-northland
Signature Psychiatric Hospital	Psychiatric	https://www.sphkc.net/about/

Source: Missouri Department of Health and Senior Services, 2023.
No other hospital types are listed for Platte County.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

Federally Qualified Health Centers

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

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

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

FQHC Name	Website Address
Platte (MO)	
Swope Health Services	https://swopehealth.org/
Clay (MO)	
Samuel U. Rodgers Health Center	https://samrodgers.org/
Swope Health Services	https://swopehealth.org/

Source: Health Resources and Services Administration, 2023.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

Other Community Resources

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

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

Additional information about these resources and participating providers can be found at: [United Way GKC](#).

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

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

Additional information about these resources and participating providers can be found at: [Saint Luke's Resources](#).

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.⁵ 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

⁵ Internal Revenue Code, Section 501(r).

APPENDIX A – OBJECTIVES AND METHODOLOGY

facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).”⁶ 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 data⁷ published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews and online community meetings (including a meeting conducted with internal hospital staff). Stakeholders and community meeting participants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See Appendix C.* Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives, and to increase confidence that significant community health needs were identified accurately and objectively.

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

In addition, data were gathered to evaluate the impact of various services and programs identified in SLN’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 South Hospital, and Saint Luke’s East Hospital. These facilities collaborated through gathering and assessing secondary data together, conducting community meetings and key stakeholder interviews, relying on shared methodologies, report formats, and staff to manage the CHNA process.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Saint Luke’s Health System. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community’s health needs conducted by other organizations (e.g., local health departments) were reviewed as well. Input from people representing the broad interests of the community was considered through key informant interviews (2 participants) and community meetings (72 participants).

⁶ 501(r) Final Rule, 2014.

⁷ “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.

APPENDIX A – OBJECTIVES AND METHODOLOGY

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

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

Consultant Qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 100 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

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

APPENDIX B – SECONDARY DATA ASSESSMENT

Demographics and Life Expectancy

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

County	Total Population 2020	Projected Population 2030	Percent Change 2020-2030
Platte (MO)	102,810	114,904	11.8%
Clay (MO)	261,469	300,021	14.7%
Community	364,279	414,925	13.9%

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

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

Observations

- Between 2020 and 2030, the community’s population is expected to grow by approximately 50,600 people, or 13.9 percent.
- At 14.7 percent, the population in Clay County is expected to grow at a slightly faster rate than Platte County.

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Age/Sex Cohort	Total Population 2020	Projected Population 2030	Percent Change 2020-2030
0-19	98,506	110,365	12.0%
Female 20 - 44	61,837	70,173	13.5%
Male 20 - 44	64,100	74,173	15.7%
45 - 64	89,125	90,376	1.4%
65+	50,711	69,838	37.7%
Community	364,279	414,925	13.9%

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

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

Observations

- The population 65 years and older is projected to grow much more rapidly (37.7 percent) than the total population (13.9 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 people.
- The second highest growth rate is projected for the male population aged 20-44 (15.7 percent).

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Race/Ethnicity	Platte (MO)	Clay (MO)	United States
American Indian & Alaska Native	N/A	N/A	75.5
Asian	84.7	91.9	87.0
Black	81.2	76.0	74.3
Hispanic	84.4	85.2	82.0
White	80.1	79.2	78.5
Community (All Races/Ethnicities)	80.2	79.1	78.5

Source: County Health Rankings, 2023.

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

Observations

- In 2018-2020, life expectancy for Black residents was lower in Clay County compared to the United States average for all races and ethnicities.

Exhibit 11: Population by Race, 2020

Race	Platte (MO)	Clay (MO)	Missouri	United States
White	78.3%	78.4%	77.0%	61.6%
Black or African American	7.8%	7.2%	11.4%	12.4%
American Indian and Alaska Native	0.5%	0.6%	0.5%	1.1%
Asian	2.6%	2.4%	2.2%	6.0%
Native Hawaiian and Other Pacific Islander	0.7%	0.4%	0.2%	0.2%
Some Other Race	2.0%	2.3%	2.1%	8.4%
Two or more races	8.2%	8.6%	6.7%	10.2%

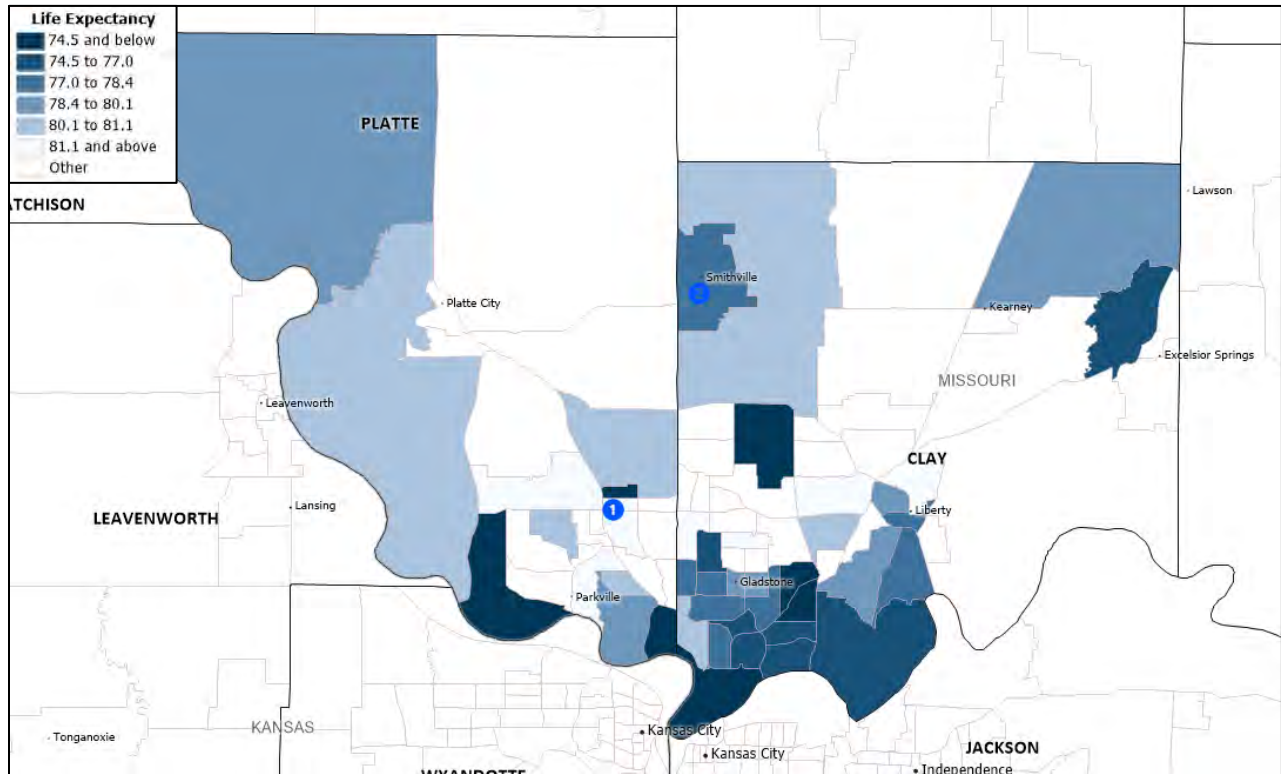
Source: U.S. Census Bureau, Decennial Census, 2020.

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

Observations

- In 2020, in Platte and Clay counties, about 78 percent of the population identified as White, a higher proportion than state and national averages.

Exhibit 12: Life Expectancy by Census Tract, 2020



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

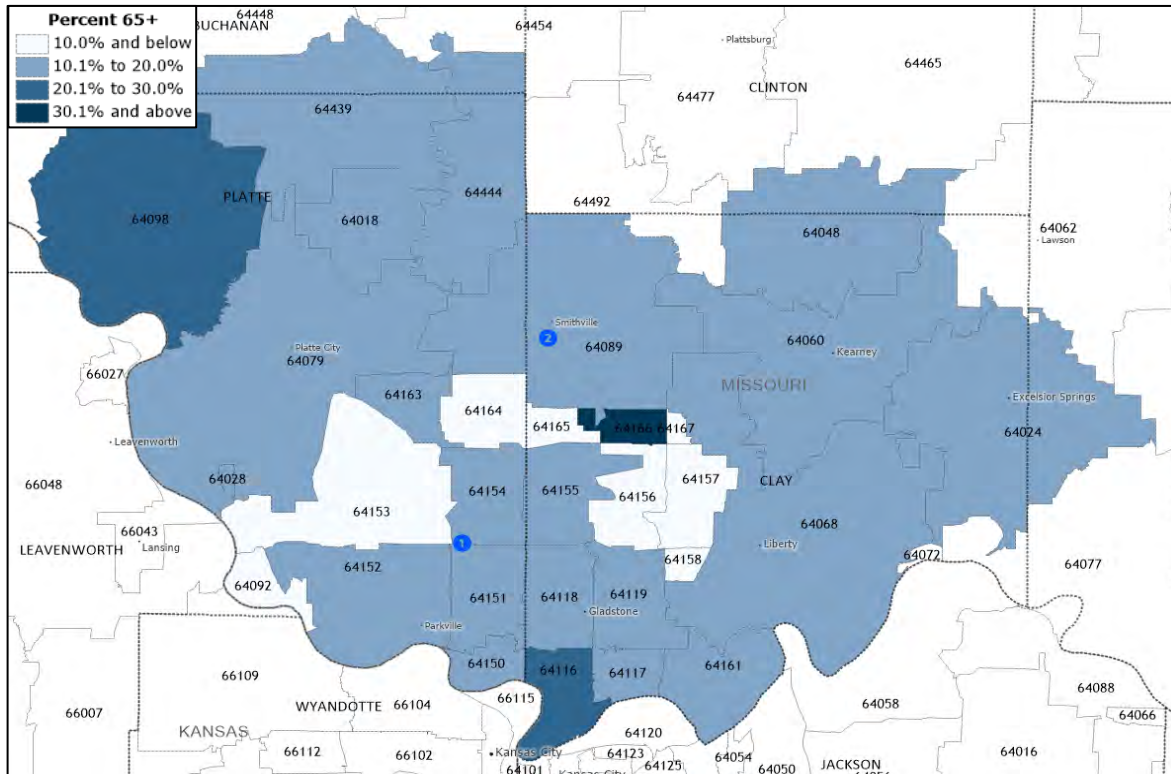
Description: Exhibit 12 presents estimated life expectancy by census tract for the Platte and Clay counties.

Observations

- In 2020, there was significant variation in life expectancy across census tracts in the community.
- Census tracts in southern Platte and Clay counties had comparatively low life expectancies.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 13: Percent of Population – Aged 65+ by ZIP Code, 2021

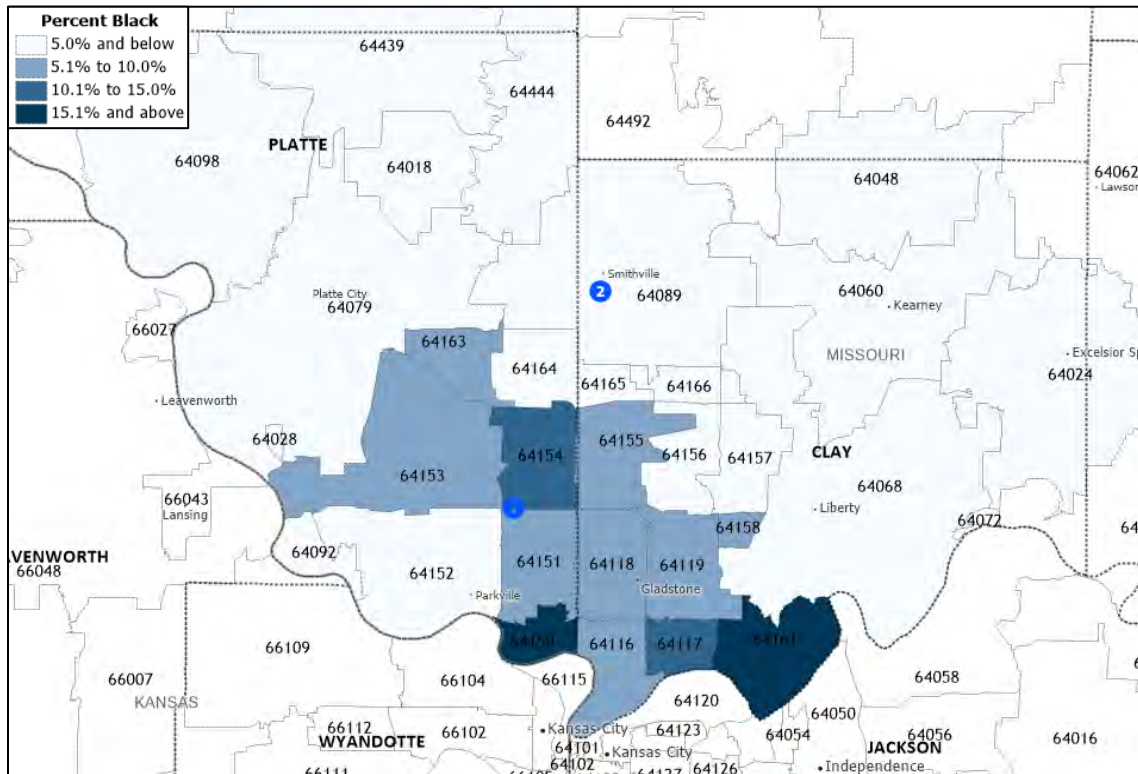


Description: Exhibit 13 portrays the percent of the population 65 years of age and older by ZIP Code.

Observations

- In 2021, the highest percentages of population 65 years of age and older were in central Clay County (ZIP Code 64144), and in northwestern Platte County (ZIP Code 64098).

Exhibit 14: Percent of Population - Black, 2021



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

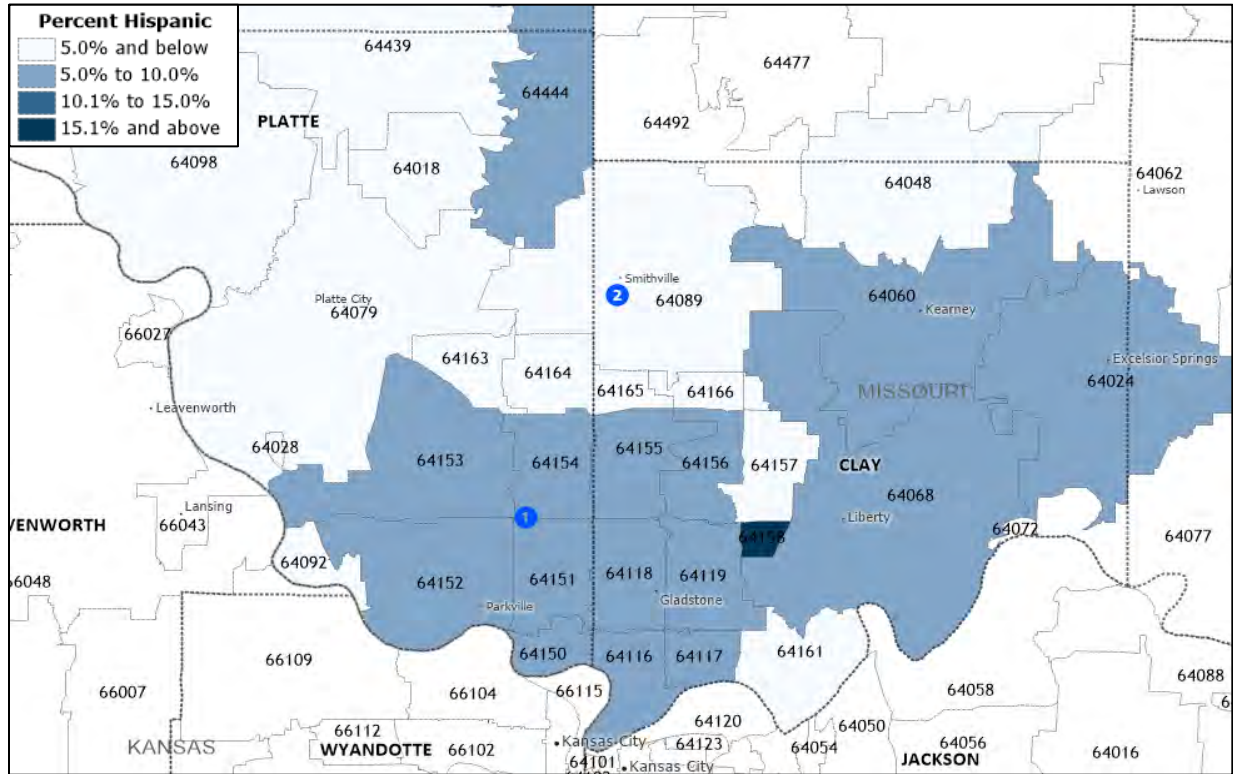
Description: Exhibit 14 portrays the percentage of the population Black by ZIP Code.

Observations

- In 2021, areas in southern Platte and Clay counties, around Kansas City, had the highest proportions of population identified as Black.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 15: Percent of Population – Hispanic (or Latino), 2021



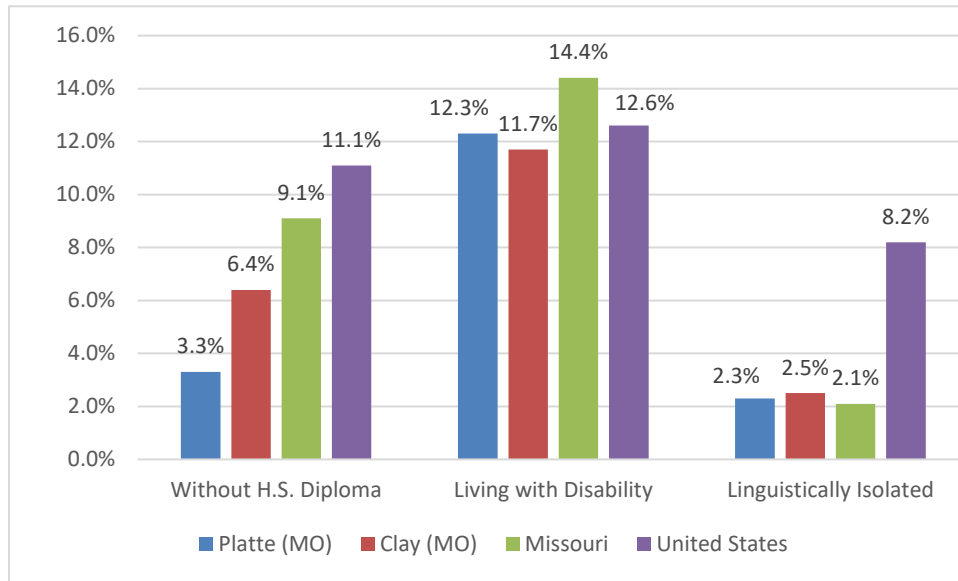
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

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

Observations

- In 2021, ZIP Code 64158 in Kansas City had the highest percentage (17.4 percent) of population identified as Hispanic (or Latino).
- All other ZIP Codes in Platte and Clay counties had comparatively low proportions of the population identified as Hispanic (or Latino).

Exhibit 16: Selected Socioeconomic Indicators, 2017-2021



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

Description. Exhibit 16 portrays the percent of the population: without a high school diploma⁸, living with a disability, and linguistically isolated in the counties that comprise the SLN community, Missouri, and the United States.

Linguistic isolation is defined as residents who speak a language other than English and who speak English less than “very well.”

Observations

- In 2017-2021, Platte and Clay counties compared favorably for the three socioeconomic indicators.

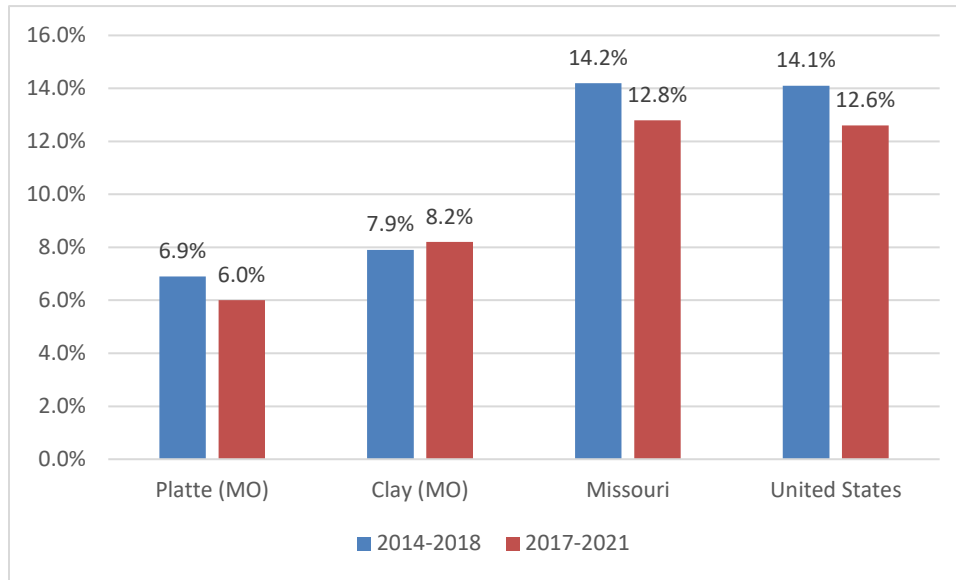
⁸ This is based on the people 25 years of age and older.

Socioeconomic Indicators

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

People in Poverty

Exhibit 17: Percent of People in Poverty, 2014-2018 and 2017-2021



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

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

Observations

- In 2017-2021, Platte and Clay counties had lower poverty rates than Missouri and the United States.
- Poverty rates in Platte County were slightly lower in 2017-2021 compared to 2014-2018.

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Area	White	Black	Asian	Hispanic or Latino	All Races / Ethnicities
Platte (MO)	5.7%	7.7%	2.3%	6.8%	6.0%
Clay (MO)	6.5%	19.0%	9.5%	14.0%	8.2%
Community	6.3%	15.5%	7.0%	12.0%	7.5%
Missouri	10.7%	23.5%	12.3%	18.3%	12.8%
United States	9.2%	21.7%	10.3%	17.7%	12.6%

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

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

Observations

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

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 19: Child Poverty Rates, 2017-2021

Area	Child Population (aged 0-17)	Percent of Population (aged 0-17)	Percent Children in Poverty
Platte (MO)	24,456	23.5%	7.9%
Clay (MO)	59,456	24.0%	11.4%
Community Total	83,912	23.9%	10.4%
Missouri	1,360,693	22.8%	16.9%
United States	72,996,065	22.7%	17.0%

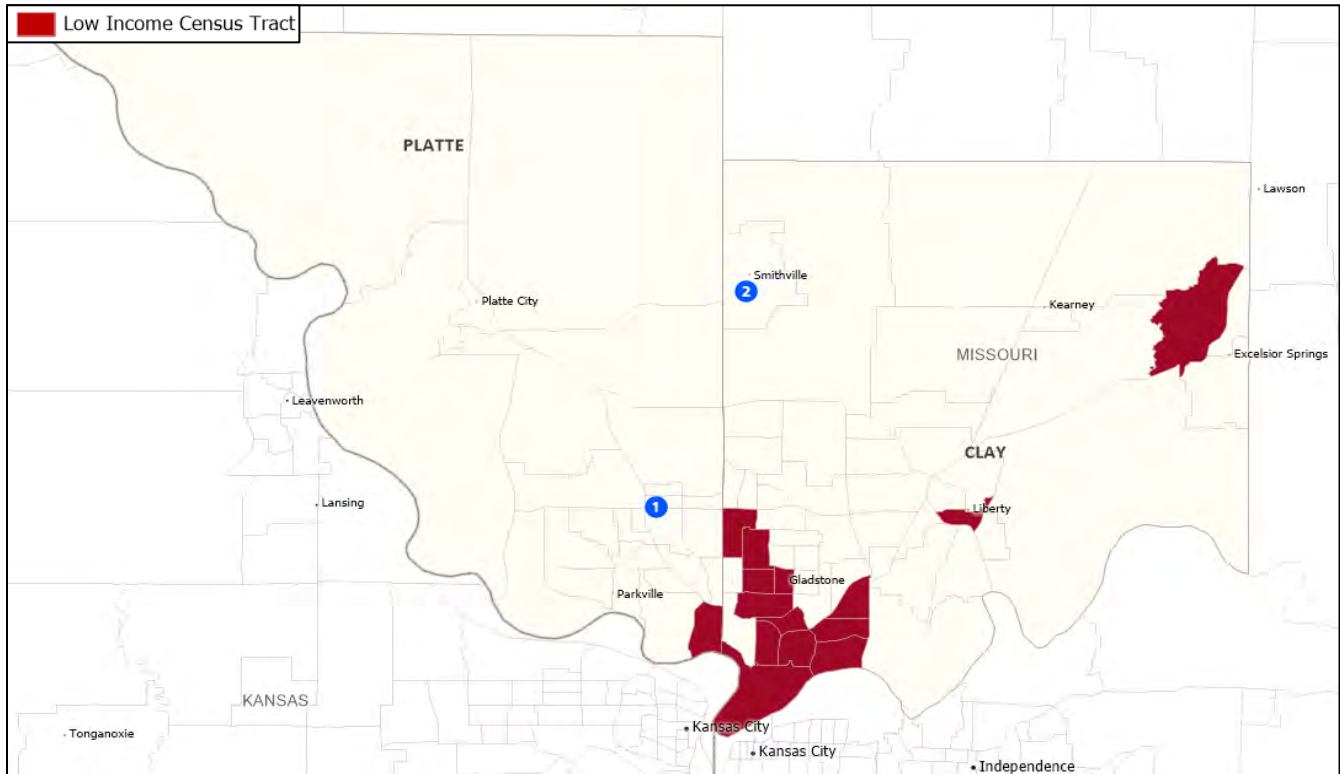
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

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

Observations

- In 2017-2021, the percentage of children in poverty in Platte and Clay counties was lower than state and national averages.

Exhibit 20: Low Income Census Tracts, 2019



Source: US Department of Agriculture Economic Research Service, ESRI, 2021, and Caliper Maptitude, 2022.

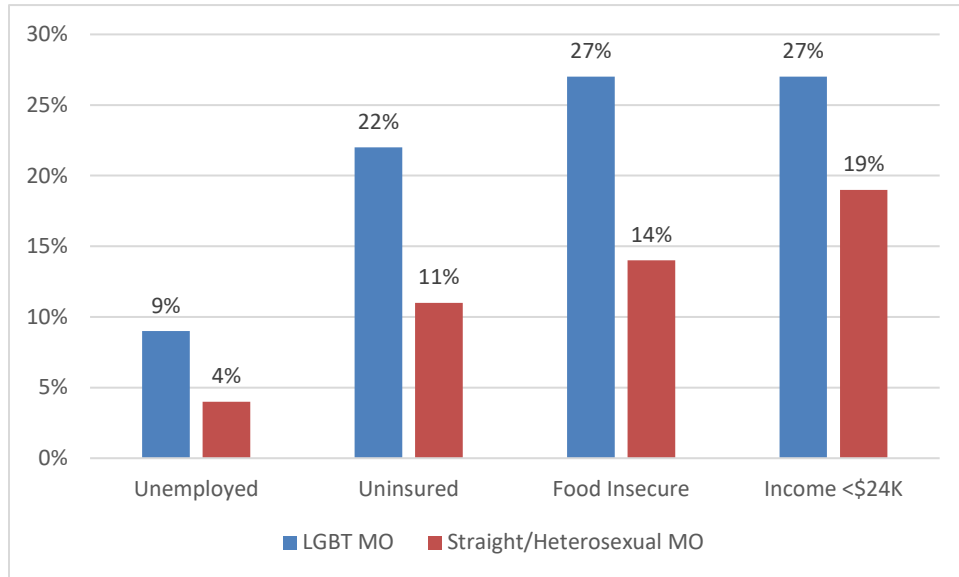
Description: Exhibit 20 portrays the location of federally designated low-income census tracts.

Observations

- In 2019, low-income census tracts were concentrated in Excelsior Springs, Liberty, and Kansas City.
- No low-income census tracts were present in Platte County.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 21: Select Socioeconomic Characteristics, Missouri, Lesbian, Gay, Bisexual, or Transgender, 2019



Source: LGBT Demographic Data Interactive, January 2019, Los Angeles, CA: The Williams Institute, UCLA School of Law.

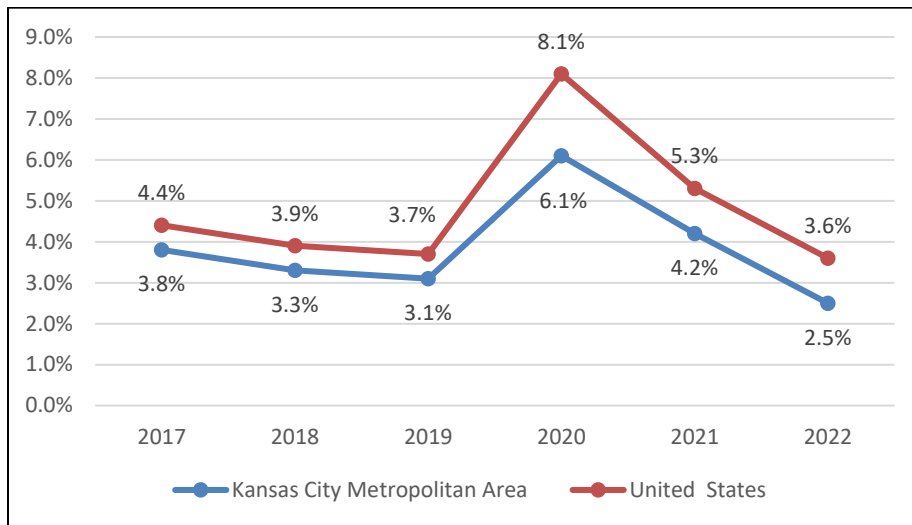
Description: Exhibit 21 portrays socioeconomic indicators for Lesbian, Gay, Bisexual, or Transgender (LGBT) and straight/heterosexual people in Missouri.

Observation

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

Unemployment

Exhibit 22: Annual Unemployment Rates, Kansas City Metropolitan Area, 2017 to 2022



Source: Bureau of Labor Statistics, 2022.

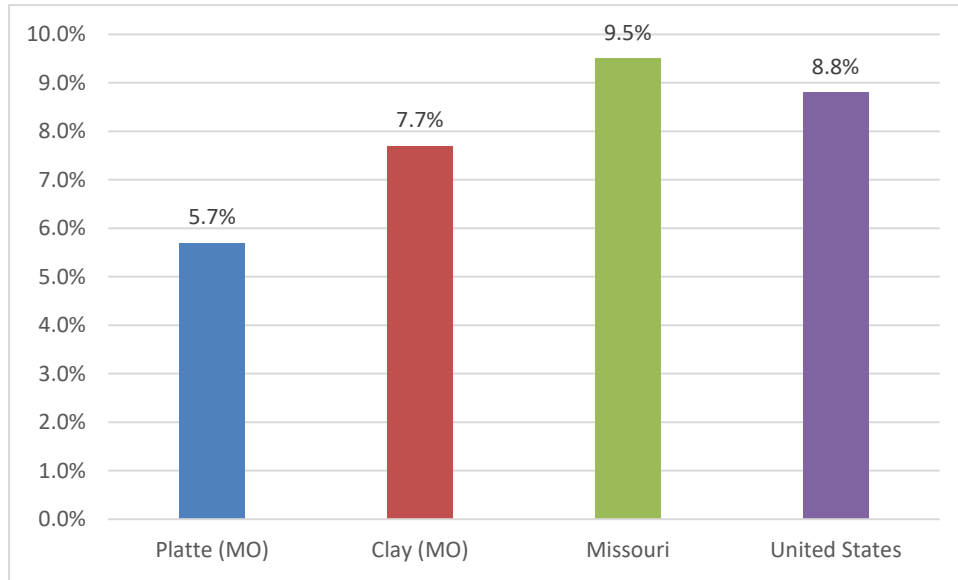
Description: Exhibit 22 shows annual unemployment rates in the Kansas City Metropolitan Statistical Area and for the United States for 2017 to 2022.

Observations

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

Health Insurance Status

Exhibit 23: Percent of Population without Health Insurance, 2017 to 2021



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

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

Observations

- In 2017-2021, Platte and Clay counties had a lower percentage of the population without health insurance than Missouri, and national averages.

Medical Debt

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

Area	Medical Debt in Collections	Medical Debt in Collections (People of Color)	Medical Debt in Collections (Majority White)
Platte (MO)	11.0%	N/A	11.0%
Clay (MO)	13.1%	N/A	13.1%
Missouri	16.4%	31.0%	14.6%
United States	12.6%	14.7%	11.5%

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

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

Observations

- In 2022 and in Clay County, the share of the population with credit bureau records and with medical debt in collections was above the U.S. average. Medical debt was comparatively less prevalent in Platte County.
- Medical debt in collections was higher for communities of color than for majority-White communities.
- The prevalence of medical debt has been higher in Missouri than in the nation.

APPENDIX B – SECONDARY DATA ASSESSMENT

Crime Rates

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

City	County (State)	Violent Crime	Murder	Rape	Robbery	Assault	Property Crime	Burglary	Larceny-Theft	Motor Vehicle Theft
Platte City	Platte (MO)	340	0	120	100	120	1220	160	900	160
Gladstone	Clay (MO)	315	0	25	25	265	1985	229	1394	362
Missouri		495	9	48	81	357	2639	430	1865	343
United States		379	5	43	82	250	2110	341	1550	220

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

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

Observations

- Rates of rape were almost triple U.S. averages in Platte City (Platte County).
- In 2019-2021, assault rates were above U.S. averages in Gladstone (Clay County).

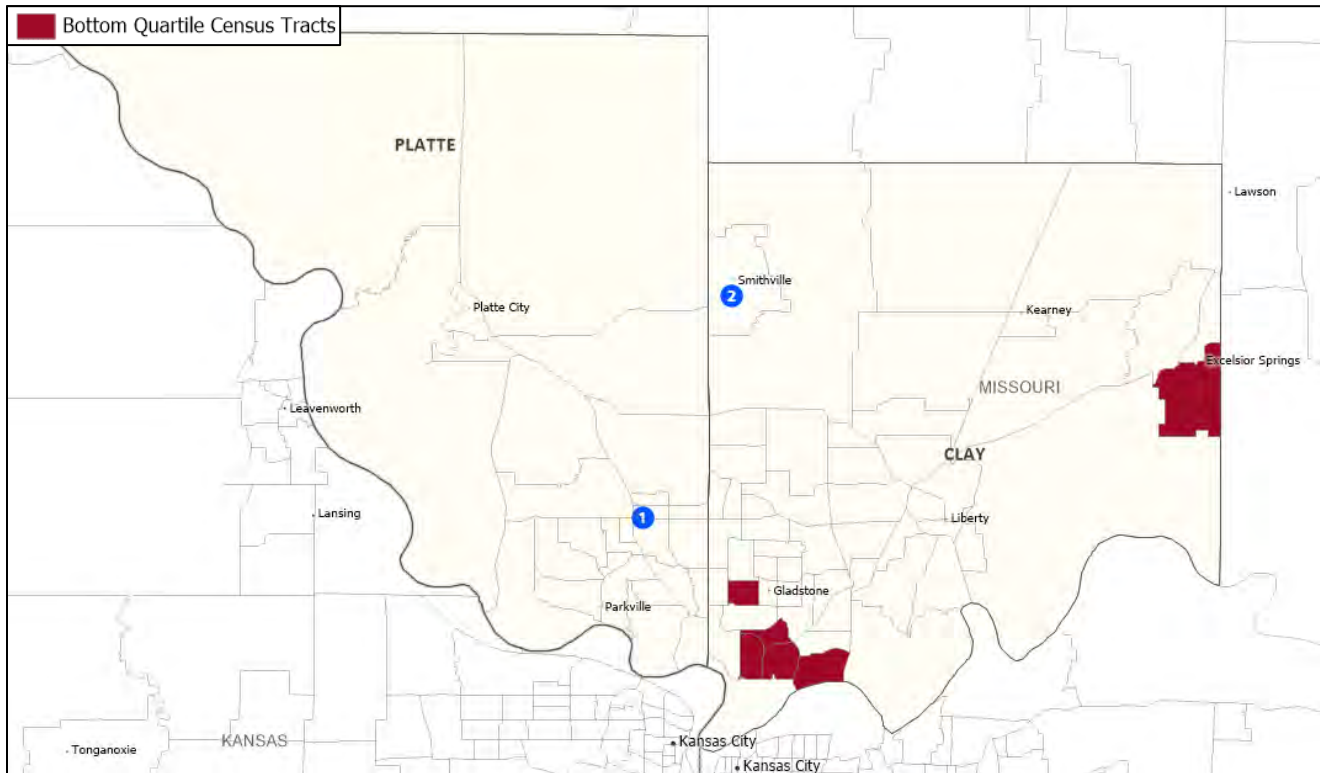
APPENDIX B – SECONDARY DATA ASSESSMENT

Observations

- In 2017-2021, ZIP Codes in Kansas City, and northern Clay and Platte counties had the highest percentage of households designated as rent burdened.

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

Exhibit 29: Socioeconomic Status - Bottom Quartile Census Tracts, 2020



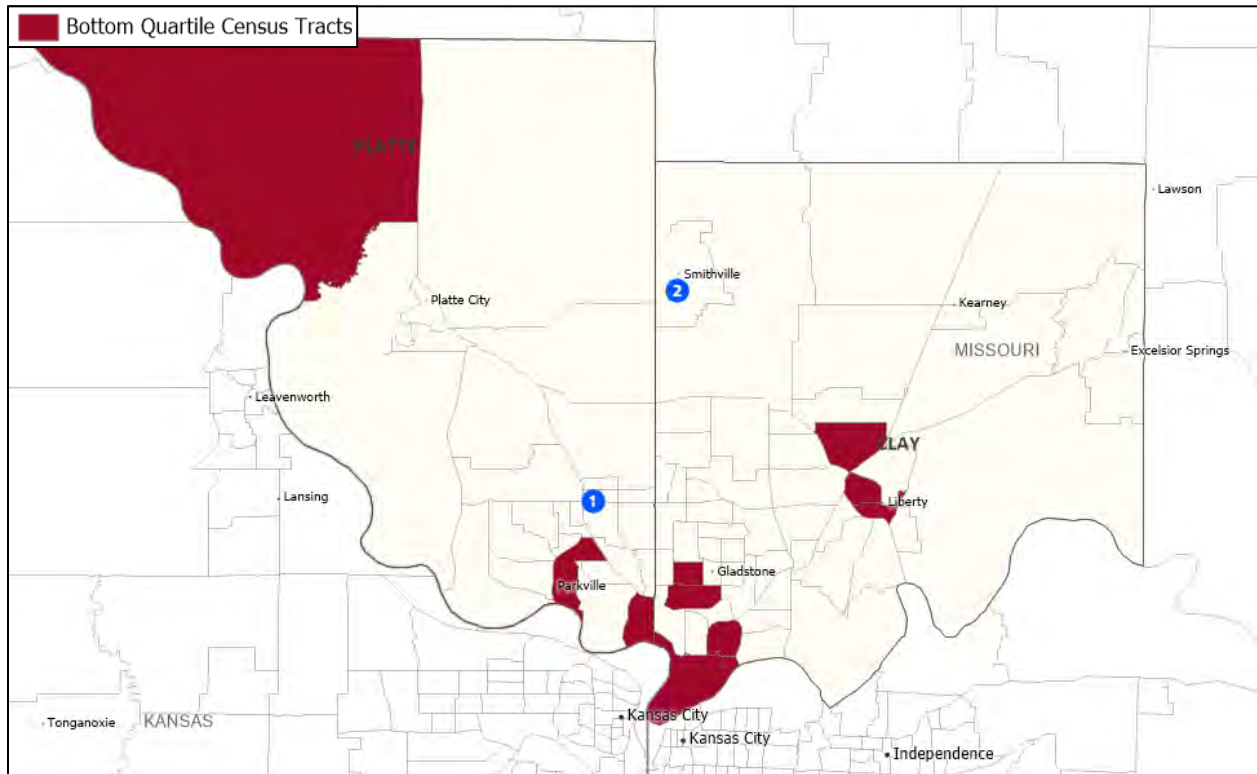
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

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

Observation

- Census tracts with the highest socioeconomic vulnerability were concentrated in Kansas City, and Excelsior Springs.

Exhibit 30: Household Characteristics – Bottom Quartile Census Tracts, 2020



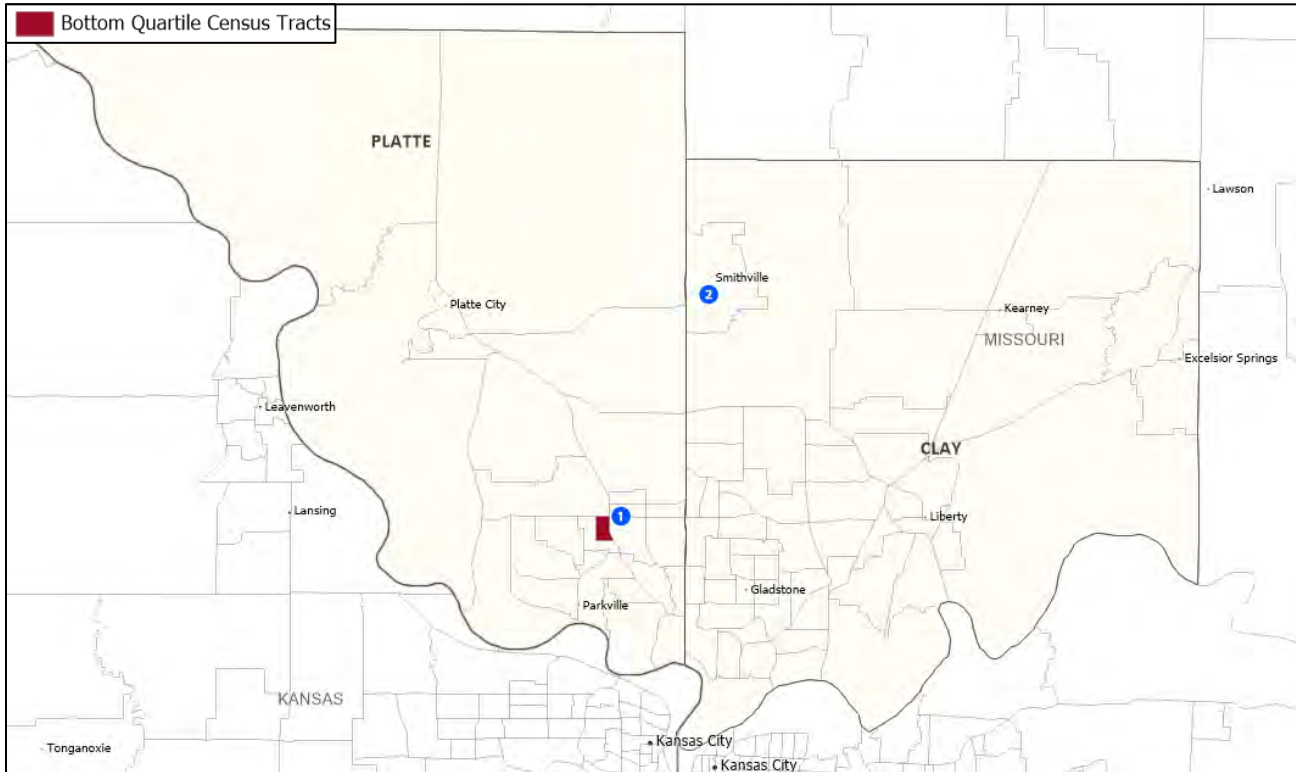
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

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

Observation

- In 2020, census tracts with the highest household characteristics vulnerability were concentrated in Kansas City, central Clay County, and northwestern Platte County.

Exhibit 31: Racial and Ethnic Minority Status – Bottom Quartile Census Tracts, 2020



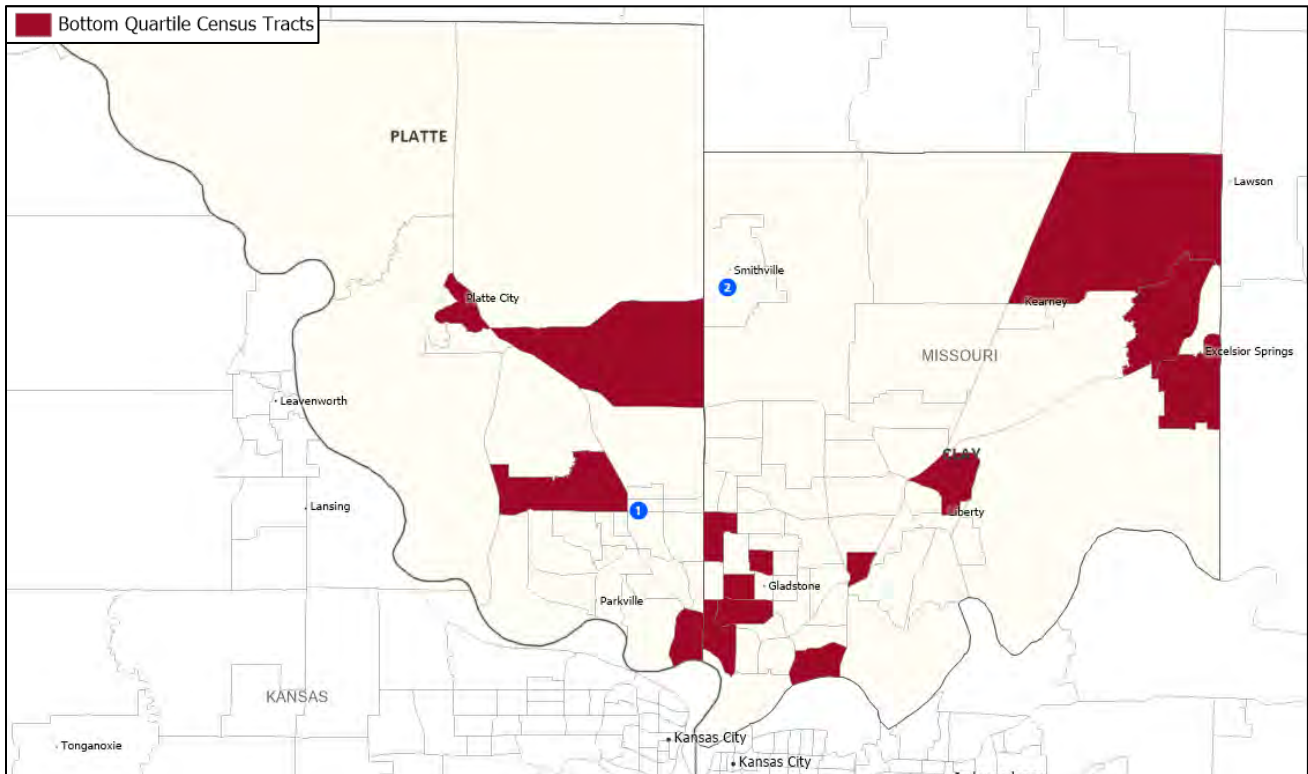
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

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

Observation

- In 2020, there was one census tract in Platte County identified with racial and ethnic minority vulnerability.

Exhibit 32: Housing Type and Transportation – Bottom Quartile Census Tracts, 2020



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

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

Observation

- In 2020, census tracts designated as vulnerable for housing type and transportation were in Kansas City, Excelsior Springs, Platte City, and central Platte County.

Other Health Status and Access Indicators

County Health Rankings

Exhibit 33: County Health Rankings, 2023

Measure	Platte (MO)	Clay (MO)
Health Outcomes	1	5
Health Factors	2	8
Length of Life	1	5
Quality of Life	1	7
Poor or fair health	2	4
Poor physical health days	2	9
Poor mental health days	4	39
Low birthweight	21	23
Health Behaviors	2	8
Adult smoking	2	7
Adult obesity	4	8
Food environment index	3	10
Physical inactivity	1	5
Access to exercise opportunities	8	11
Excessive drinking	92	104
Alcohol-impaired driving deaths	88	100
Sexually transmitted infections	90	95
Teen births	6	14
Clinical Care	4	7
Uninsured	2	4
Primary care physicians	14	26
Dentists	21	15
Mental health providers	39	35
Preventable hospital stays	58	42
Mammography screening	3	16
Flu vaccinations	4	
Social & Economic Factors	3	17
High school graduation	1	9
Some college	1	6
Unemployment	59	95
Children in poverty	2	6
Income inequality	19	14

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

Exhibit 33: County Health Rankings, 2023 (continued)

Measure	Platte (MO)	Clay (MO)
Children in single-parent households	53	65
Social associations	86	91
Injury deaths	14	18
Physical Environment	56	25
Air pollution - particulate matter	99	1
Severe housing problems	35	32
Driving alone to work	47	53
Long commute - driving alone	60	51

Source: County Health Rankings and Verité Analysis, 2023.

Note: There are 114 counties in Missouri.

Description: Exhibit 33 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of “health factors” and “health outcomes.” The health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,¹⁰ social and economic factors, and physical environment.¹¹ *County Health Rankings* is updated annually. *County Health Rankings 2023* relies on data from 2014 to 2021. Most data are from 2017 to 2021.

The exhibit presents 2023 rankings for each available indicator category. Rankings indicate how 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

- Both counties ranked in the bottom quartile for the following indicators:
 - Excessive drinking
 - Alcohol-impaired driving deaths
 - Sexually transmitted infections
 - Social associations

¹⁰ 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.

¹¹ 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.

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Indicator Category	Data	Platte (MO)	Clay (MO)	Missouri	United States
Health Outcomes					
Length of Life	Years of potential life lost before age 75 per 100,000 population	5,653.8	6,374.5	8,859.6	7,300
Quality of Life	% adults reporting fair or poor health	11.3%	13.0%	15.2%	12.0%
	Average number of physically unhealthy days past 30 days	2.9	3.3	3.4	3.0
	Average number of mentally unhealthy days past 30 days	4.5	5.0	4.9	4.4
	% live births with low birthweight (<2500 grams)	6.9%	6.9%	8.6%	8.0%
Health Factors					
Health Behaviors					
Adult Smoking	% adults smoking >= 100 cigarettes & currently smoking	15.0%	18.6%	18.6%	16.0%
Adult Obesity	Percent of adults that report a BMI >= 30	31.8%	34.2%	34.2%	32.0%
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.4	8.2	6.8	7.0
Physical Inactivity	% adults aged 20 and over reporting no leisure-time physical activity	20.1%	21.9%	24.9%	22.0%
Access to Exercise Opportunities	% population with adequate access to locations for physical activity	85.5%	80.7%	75.8%	84.0%
Excessive Drinking	% adults reporting binge plus heavy drinking	19.5%	20.1%	20.0%	19.0%
Alcohol-Impaired Driving Deaths	% driving deaths with alcohol involvement	33.3%	36.9%	27.6%	27.0%
STDs	Chlamydia rate per 100,000 population	413.7	473.7	518.4	481.3
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	10.8	16.4	22.7	19.0
Clinical Care					
Uninsured	% population under age 65 without health insurance	8.4%	10.0%	12.2%	10.0%
Primary Care Physicians	Ratio of population to primary care physicians	1,284:1	1,584:1	1,409:1	1,310:1
Dentists	Ratio of population to dentists	1,723:1	1,558:1	1,617:1	1,380:1
Mental Health Providers	Ratio of population to mental health providers	749:1	672:1	433:1	340:1

Source: County Health Rankings, 2023.

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Indicator Category	Data	Platte (MO)	Clay (MO)	Missouri	United States
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3,015	2,751	3,052	2,809
Mammography Screening	% female Medicare enrollees, ages 67-69, that receive mammography screening	49.0%	43.0%	40.0%	37.0%
Flu Vaccinations	% Medicare enrollees that had an annual flu vaccination	59.0%	57.0%	49.0%	51.0%
Social and Economic Factors					
High School Graduation	% adults ages 25 and over with a high school diploma or equivalent.	96.6%	93.6%	91.0%	89.0%
Some College	% adults aged 25-44 years with some post-secondary education	80.4%	71.8%	67.2%	67.0%
Unemployment	% population age 16+ unemployed but seeking work	4.0%	4.9%	4.4%	5.4%
Children in Poverty	% children under age 18 in poverty	8.1%	10.2%	16.5%	17.0%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	3.8	3.7	4.5	4.9
Children in Single-Parent Households	% children that live in a household headed by single parent	19.7%	21.0%	24.3%	25.0%
Social Associations	Number of associations per 10,000 population	8.8	8.5	11.4	9.1
Injury Deaths	Injury mortality per 100,000	68.0	70.8	95.8	76.0
Physical Environment					
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	8.4	6.2	7.6	7.4
Severe Housing Problems	% households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	10.2%	10.0%	12.9%	17.0%
Driving Alone to Work	% workforce that drives alone to work	79.6%	80.0%	79.4%	73.0%
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	33.8%	31.5%	32.0%	37.0%

Source: County Health Rankings, 2023.

APPENDIX B – SECONDARY DATA ASSESSMENT

Description: Exhibit 34 provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.¹² 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

- The following indicators compared particularly unfavorably for the two counties:
 - Percentage of driving deaths with alcohol involvement
 - Ratio of population to dentists
 - Ratio of population to mental health providers
 - Percentage of workforce that drives alone to work

¹² 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

APPENDIX B – SECONDARY DATA ASSESSMENT

Community Health Status Indicators

Exhibit 35: Community Health Status Indicators, 2023

Category	Indicator	Platte (MO)	Peer Counties	Clay (MO)	Peer Counties
Length of Life	Years of potential life lost rate	5,653.8	6,905.8	6,374.5	6,905.8
Quality of Life	% Fair/Poor health	11.3%	12.9%	13.0%	12.9%
	Physically unhealthy days	2.9	3.1	3.3	3.1
	Mentally unhealthy days	4.5	4.7	5.0	4.7
	% Births – low birth weight	6.9	7.9	6.9	7.9
Health Behaviors	% Smokers	15.0%	16.5%	18.6%	16.5%
	% Obese	31.8%	33.1%	34.2%	33.1%
	Food environment index	8.4	8.2	8.2	8.2
	% Physically inactive	20.1%	21.9%	21.9%	21.9%
	% Population with access to exercise opportunity	85.5%	80.0%	80.7%	80.0%
	% Excessive drinking	19.5%	19.3%	20.1%	19.3%
	% Driving deaths with alcohol	33.3%	28.3%	36.9%	28.3%
	Chlamydia rate per 100,000	413.7	405.0	473.7	405.0
Clinical Care	Teen birth rate per 1,000, ages 15-19	10.8	15.1	16.4	15.1
	% Uninsured	8.4%	9.3%	10.0%	9.3%
	Ratio of population to primary care physicians	1,284:1	1,632:1	1,584:1	1,632:1
	Ratio of population to dentists	1,723:1	1,700:1	1,558:1	1,700:1
	Ratio of population to mental health providers	749:1	490:1	672:1	490:1
	Preventable hospitalization rate per 100,000 Medicare enrollees	3,015.0	2,875.9	2,751.0	2,875.9
	% Mammography screening	49.0%	39.6%	43.0%	39.6%
	% Flu vaccination	59.0%	53.2%	57.0%	53.2%

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

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 35: Community Health Status Indicators, 2023 (continued)

Category	Indicator	Platte (MO)	Peer Counties	Clay (MO)	Peer Counties
Social and Economic Factors	High School graduation rate	96.6%	92.3%	93.6%	92.3%
	% Some college	80.4%	70.5%	71.8%	70.5%
	% Unemployed	4.0%	4.2%	4.9%	4.2%
	% Children in poverty	8.1%	12.1%	10.2%	12.1%
	Income ratio	3.8	4.2	3.7	4.2
	% Children in single-parent households	19.7%	23.3%	21.0%	23.3%
	Social association rate per 10,000	8.8	8.0	8.5	8.0
	Injury mortality per 100,000	68.0	76.2	70.8	76.2
Physical Environment	Average daily PM2.5	8.4	8.1	6.2	8.1
	% Severe housing problems	10.2%	13.6%	10.0%	13.6%
	% Drive alone to work	79.6%	77.0%	80.0%	77.0%
	% Long commute, drives alone	33.8%	39.4%	31.5%	39.4%

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

APPENDIX B – SECONDARY DATA ASSESSMENT

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

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

Exhibit 35 compares each county to its respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties. Underlying statistics are also provided.

See Appendix D for lists of peer counties.

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

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

Observations

- Platte County compared unfavorably to peer counties for 8 of the 33 benchmark CHSI indicators.
- Clay County compared unfavorably to peer counties for 13 of the 33 benchmark CHSI indicators.
- Clay County was in the bottom quartile compared to peer counties for physically and mentally unhealthy days, adult smoking, driving deaths with alcohol involvement, unemployment, percentage of people who drive alone to work.
- Platte County was in the bottom quartile for driving deaths with alcohol-involvement.

APPENDIX B – SECONDARY DATA ASSESSMENT

COVID-19 Cases and Deaths

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

Area	Cases	Deaths	Incidence Rate per 100,000	Mortality Rate per 100,000
Platte (MO)	12,734	107	12,364.9	103.9
Clay (MO)	33,321	408	13,525.1	165.6
Community Total	46,055	515	13,183.0	147.4
Missouri	6,126,452	21,334	26,493.2	348.2
United States	100,577,839	1,092,380	30,827.3	334.8

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

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

Observations

- COVID-19 incidence rates and mortality rates have been below state and national averages in Platte and Clay counties.

APPENDIX B – SECONDARY DATA ASSESSMENT

Mortality Rates

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

Condition	Platte (MO)	Clay (MO)	Missouri
Major cardiovascular diseases	182.4	196.2	248.1
Malignant neoplasms	141.5	161.3	170.6
Diseases of heart	135.8	146.4	193.2
All other diseases	89.5	94.8	90.1
Ischemic heart diseases	67.2	71.1	111.4
Other forms of chronic ischemic heart disease	47.2	50.2	60.6
Other heart diseases	58.0	62.9	69.1
All other forms of chronic ischemic heart disease	35.3	39.1	52.5
Chronic lower respiratory diseases	44.9	49.4	50.5
Accidents (unintentional injuries)	42.0	42.1	55.2
Other chronic lower respiratory diseases	42.7	47.1	46.5
Malignant neoplasms of trachea, bronchus, and lung	35.7	45.6	49.1
Cerebrovascular diseases	32.1	35.4	40.6
All other forms of heart disease	33.1	38.3	40.6
Non-transport accidents	33.0	31.3	39.7
Acute myocardial infarction	19.6	20.1	49.7
Heart failure	24.6	23.9	27.8
Alzheimer's disease	30.1	25.5	30.2
Diabetes mellitus	14.5	15.6	20.6
All other and unspecified malignant neoplasms	17.7	18.7	20.2
Intentional self-harm	15.5	18.3	17.2
Malignant neoplasms of lymphoid, hematopoietic, and related tissue	15.6	17.4	16.0
Influenza and pneumonia	9.4	14.6	16.6
Nephritis, nephrotic syndrome, and nephrosis	14.1	16.3	19.1
Renal failure	14.0	16.2	18.9

Source: Centers for Disease Control and Prevention, 2021.

Description: Exhibit 37 provides age-adjusted mortality rates for selected causes of death. Light grey shading indicates rates above state averages; dark grey shading indicates rates more than 50 percent above state averages.

Observations

- In 2011-2020, in Platte County, all mortality rate indicators compared favorably to Missouri benchmarks.
- In Clay County, mortality rates for several other conditions were above Missouri averages including chronic lower respiratory diseases, and intentional self-harm.

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Type of Cancer	Platte (MO)	Clay (MO)	Missouri
All Cancer Sites Combined	138.6	159.0	166.3
Lung and Bronchus	35.5	41.5	46.4
Female Breast	19.2	20.4	20.3
Prostate	11.7	14.4	17.8
Colon and Rectum	10.1	12.5	14.2
Pancreas	10.6	12.1	11.4
Leukemias	6.6	8.1	6.5
Ovary	N/A	6.7	6.1
Liver and Intrahepatic Bile Duct	4.0	6.2	6.5
Non-Hodgkin Lymphoma	4.6	6.3	5.3
Brain and Other Nervous System	4.6	5.5	4.4
Corpus and Uterus, NOS	N/A	4.7	4.9
Esophagus	4.1	3.0	4.5
Kidney and Renal Pelvis	4.3	4.1	4.2
Urinary Bladder	3.5	3.3	4.4
Myeloma	N/A	3.4	3.3
Cervix	N/A	N/A	2.4
Melanomas of the Skin	N/A	2.9	2.5
Oral Cavity and Pharynx	N/A	2.9	2.9
Stomach	3.1	2.6	2.4
Larynx	N/A	N/A	1.1
Mesothelioma	N/A	N/A	0.6
Thyroid	N/A	N/A	0.5
Hodgkin Lymphoma	N/A	N/A	0.3
Testis	N/A	N/A	0.3

Source: Centers for Disease Control and Prevention, 2021.

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

Observations

- In 2015-2019, both counties compared unfavorably for stomach cancers, brain and other nervous system, and leukemias.

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Area	2017	2020	Percent Change, 2017-2020
Platte (MO)	13.2	17.5	32.6%
Clay (MO)	12.6	19.8	57.1%
Missouri	22.4	30.5	36.2%
United States	21.6	27.7	28.2%

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

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

Observations

- Between 2017 and 2020, drug poisoning mortality rates increased at a significantly higher rate than the national average.
- The drug poisoning mortality rate in Clay County increased nearly 60 percent (from 12.6 to 19.8 deaths per 100,000).

APPENDIX B – SECONDARY DATA ASSESSMENT

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

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

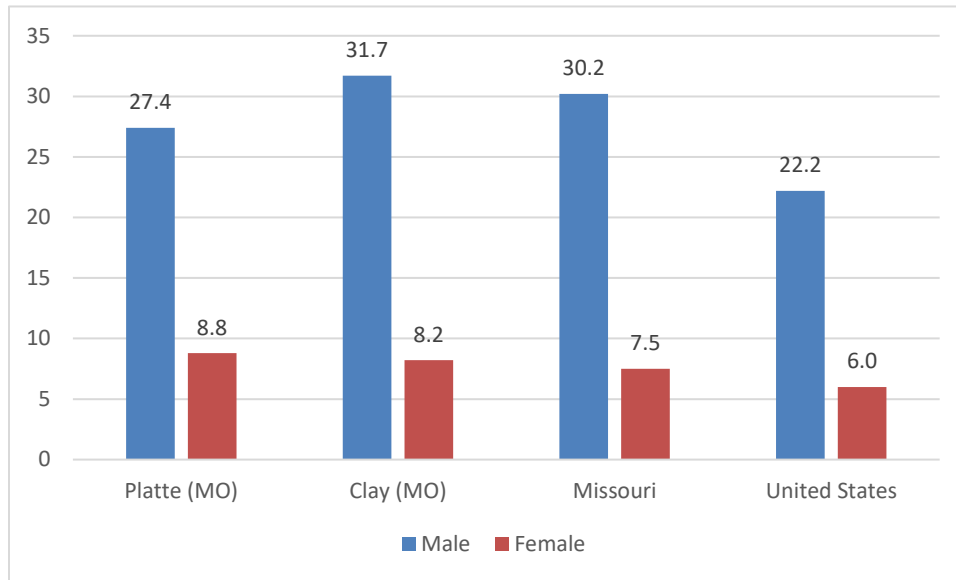
Source: Missouri Department of Health and Senior Services, 2020.

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

Observations

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

Exhibit 41: Age-adjusted Suicide Rate by Gender, per 100,000, 2016-2020



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

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

Observations

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

APPENDIX B – SECONDARY DATA ASSESSMENT

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

County	Non-Hispanic White	Non-Hispanic Black	Hispanic (or Latino)	All Residents
Platte (MO)	19.7	N/A	N/A	17.8
Clay (MO)	20.4	N/A	N/A	19.6
Missouri	20.5	9.6	10.0	18.6
United States	17.4	7.1	7.2	13.8

Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.
 Note: No data available for Non-Hispanic Black or Hispanic (or Latino) residents Platte and Clay counties.

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

Observations

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

APPENDIX B – SECONDARY DATA ASSESSMENT

Communicable Diseases

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

Indicator	Platte (MO)	Clay (MO)	Missouri	United States
HIV diagnoses	N/A	6.2	6.9	10.9
HIV prevalence	152.1	201.8	248.7	379.7
Tuberculosis	N/A	2.0	1.3	2.2
Chlamydia	413.7	473.7	518.4	481.3
Early Non-Primary, Non-Secondary Syphilis	6.7	6.8	9.1	13.1
Gonorrhea	139.8	185.2	274.6	206.5
Primary and Secondary Syphilis	9.6	15.2	13.5	12.7

Source: Centers for Disease Control and Prevention, 2021.

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

Observations

- In 2020 and in Clay County, primary and secondary syphilis rates were above Missouri and U.S. averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

Maternal and Child Health

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

Measure	Clay (MO)	Missouri	United States
Births to Single Mothers	32.2%	39.9%	40.1%
Mothers Using Tobacco During Pregnancy	6.3%	9.9%	4.6%
Low Birthweight Births (<2,500 grams)	7.1%	8.9%	8.5%
Very Low Birthweight Births (<1,500 grams)	0.3%	1.4%	1.4%
Teen Birth Rate (Age 15-19, per 1,000)	2.9%	4.8%	4.0%
Teen Birth Rate (Age 15-17, per 1,000)	0.4%	1.1%	1.0%
Preterm Births < 32 weeks gestation	1.6%	1.8%	1.6%
Preterm Births 32-33 weeks gestation	1.6%	1.5%	1.2%
Preterm Births 34-36 weeks gestation	8.9%	9.2%	7.7%

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics, 2021.
 Note: CDC data not available for Platte County.

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

Observations

- In 2016-2021, Clay County compared unfavorably to national averages for the percent of mothers using tobacco during pregnancy, and preterm births (32 weeks through 36 weeks gestation).
- Missouri compared unfavorably to national averages for most indicators with the percent of mothers using tobacco during pregnancy more than 50 percent above the U.S. benchmark.

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Indicator	All Residents	White	Black
Asthma ER Visits (per 1,000 under 18)			
Platte (MO)	4.6	2.7	13.4
Clay (MO)	6.2	3.4	18.5
Missouri	9.2	4.1	31.6
Healthy Live Births (Percent)			
Platte (MO)	90.3%	91.2%	83.3%
Clay (MO)	92.1%	92.8%	88.2%
Missouri	89.6%	91.0%	83.2%
Care Began First Trimester (Percent)			
Platte (MO)	74.2%	79.1%	56.6%
Clay (MO)	75.9%	79.9%	59.0%
Missouri	71.2%	75.4%	55.7%
Mother Smoked During Pregnancy (Percent)			
Platte (MO)	5.8%	6.4%	2.9%
Clay (MO)	8.1%	9.0%	4.6%
Missouri	12.8%	14.2%	9.7%
Low Birth Weight (per 1,000 Live Births)			
Platte (MO)	6.9	6.4	10.7
Clay (MO)	6.8	6.4	9.8
Missouri	8.7	7.4	15.1
Infant Deaths (per 1,000)			
Platte (MO)	5.8	5.1	11.8
Clay (MO)	5.3	4.6	10.2
Missouri	6.4	5.3	12.0

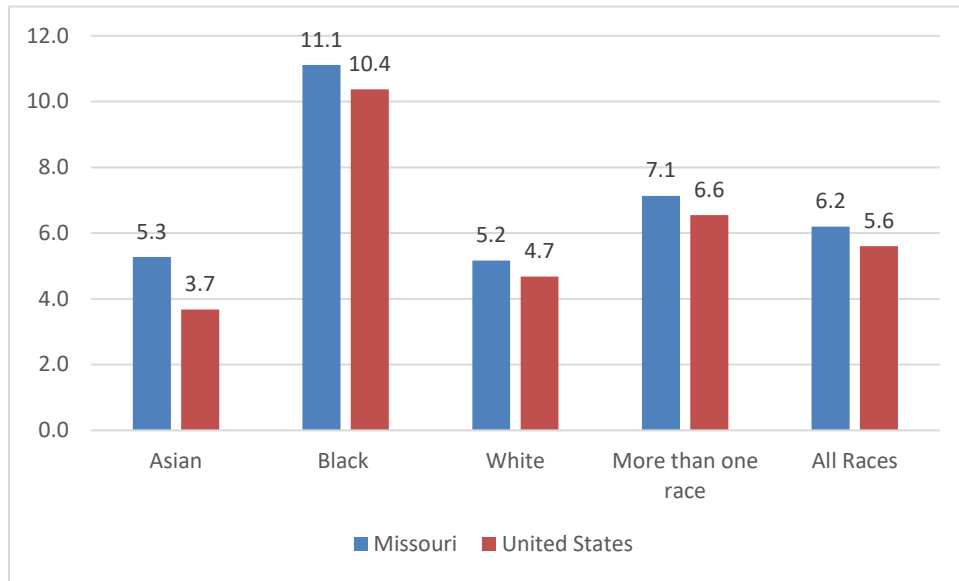
Source: Missouri Department of Health and Senior Services, 2022; Kansas Health Matters, 2022.

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

Observations

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

Exhibit 46: Infant Mortality Rates, by Race, per 1,000 Live Births, 2017-2020



Source: Centers for Disease Control and Prevention, 2020.

Description: Exhibit 46 provides infant mortality data available from the Centers for Disease Control and Prevention by race for Missouri, and the United States.

Observations

- In 2017-2020, mortality rates for Black infants in Missouri, and the United States were significantly above rates for other cohorts.

APPENDIX B – SECONDARY DATA ASSESSMENT

Behavioral Risk Factor Surveillance System

Exhibit 47: Missouri Selected BRFSS Indicators by Race and Ethnicity, 2021

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

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

APPENDIX B – SECONDARY DATA ASSESSMENT

Description: Exhibit 47 presents Missouri-wide selected BRFSS data by race and ethnicity. Light grey shading indicates rates above the Missouri average; dark grey shading indicates rates more than 50 percent above the Missouri average.

Observations

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

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 48: Missouri Selected BRFSS Indicators by Annual Income, 2021

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

Source: Behavioral Risk Factor Surveillance System, 2021.

APPENDIX B – SECONDARY DATA ASSESSMENT

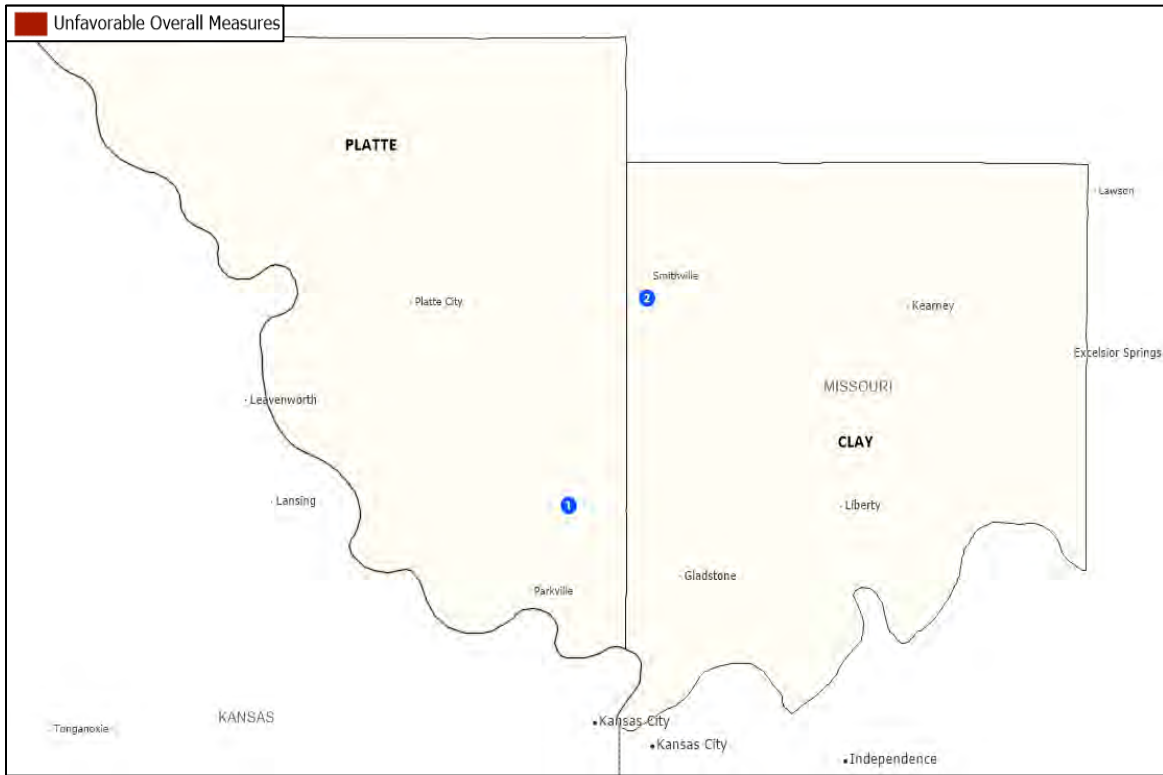
Description: Exhibit 48 presents Missouri-wide selected BRFSS data by income level. Light grey shading indicates rates above the Missouri average (all incomes); dark grey shading indicates rates more than 50 percent above the Missouri average.

Observations

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

CDC PLACES

Exhibit 49: Locations of Unfavorable Overall Measures, 2020



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

Description: Exhibits 49 through 53 present Centers for Disease Control and Prevention PLACES data. PLACES data are derived from BRFSS and are available for every U.S. ZIP Code, census tract, county, and state. Thirty measures are grouped into four categories: Health Outcomes (13 measures), Prevention (10 measures); Health Risk Behaviors (4 measures); and Health Status (3 measures).

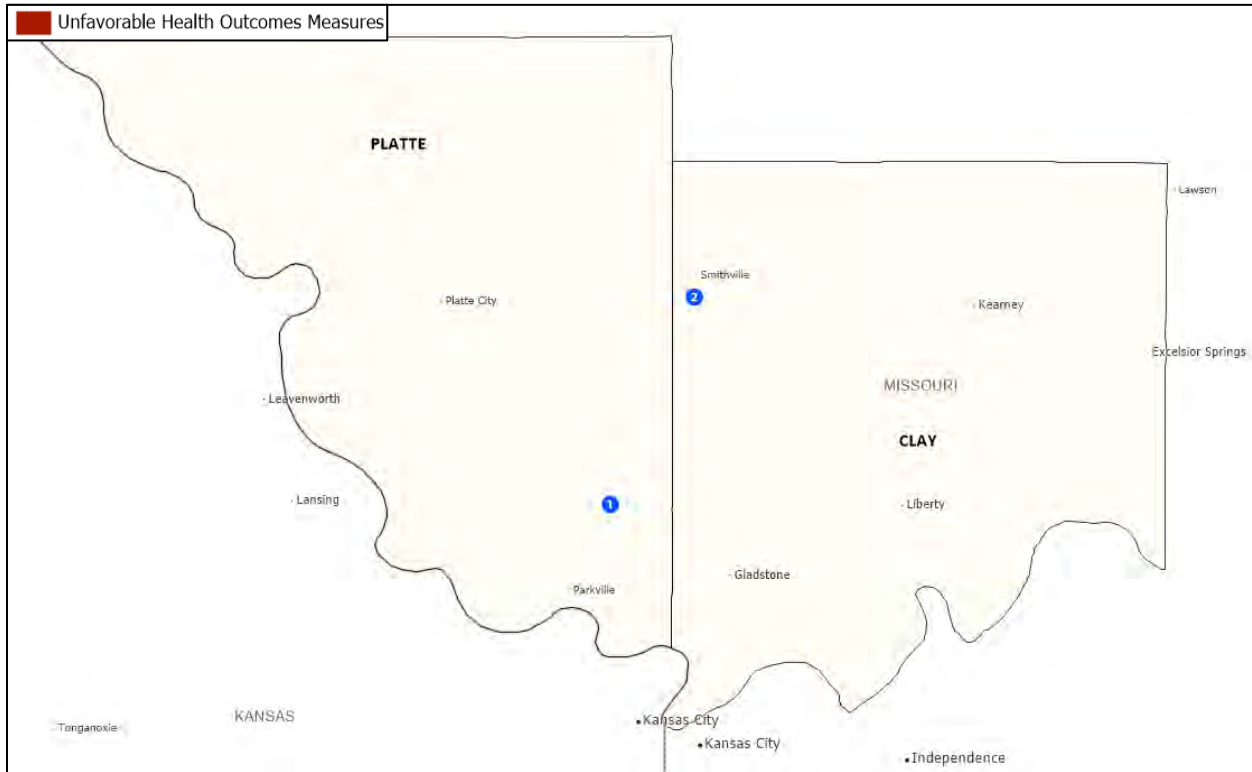
Exhibit 49 identifies ZIP Codes where more than half of the 30 measures were in the bottom quartile nationally.¹³

Observations

- In 2020, no ZIP Codes in the community compared unfavorably for overall measures.

¹³ <https://www.cdc.gov/places/methodology/index.html>

Exhibit 50: Locations of Unfavorable Health Outcomes Measures, 2020



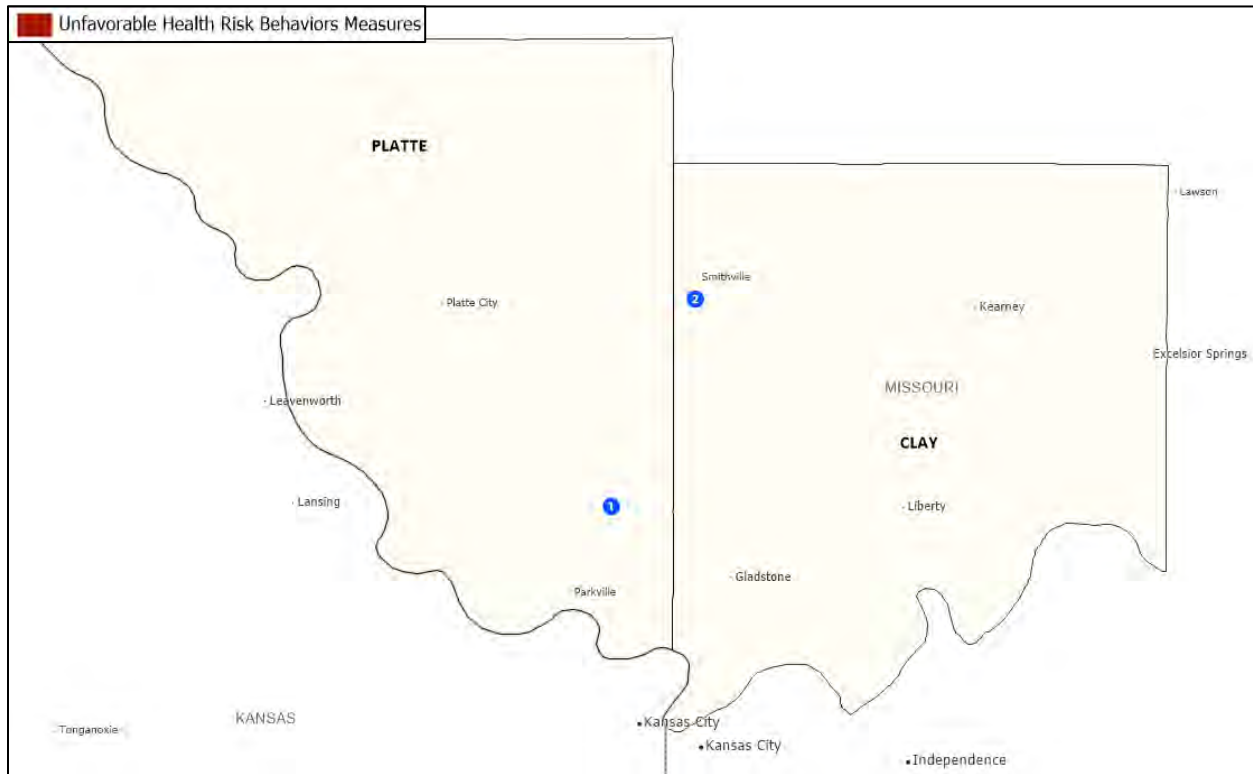
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 50 identifies ZIP Codes where more than half of the 13 Health Outcomes measures in PLACES were in the bottom quartile nationally. This category includes indicators regarding the prevalence of certain chronic diseases, depression, obesity, and adult asthma.

Observations

- In 2020, no ZIP Codes in the community compared unfavorably for Health Outcomes measures.

Exhibit 51: Locations of Unfavorable Health Risk Behaviors Measures, 2020



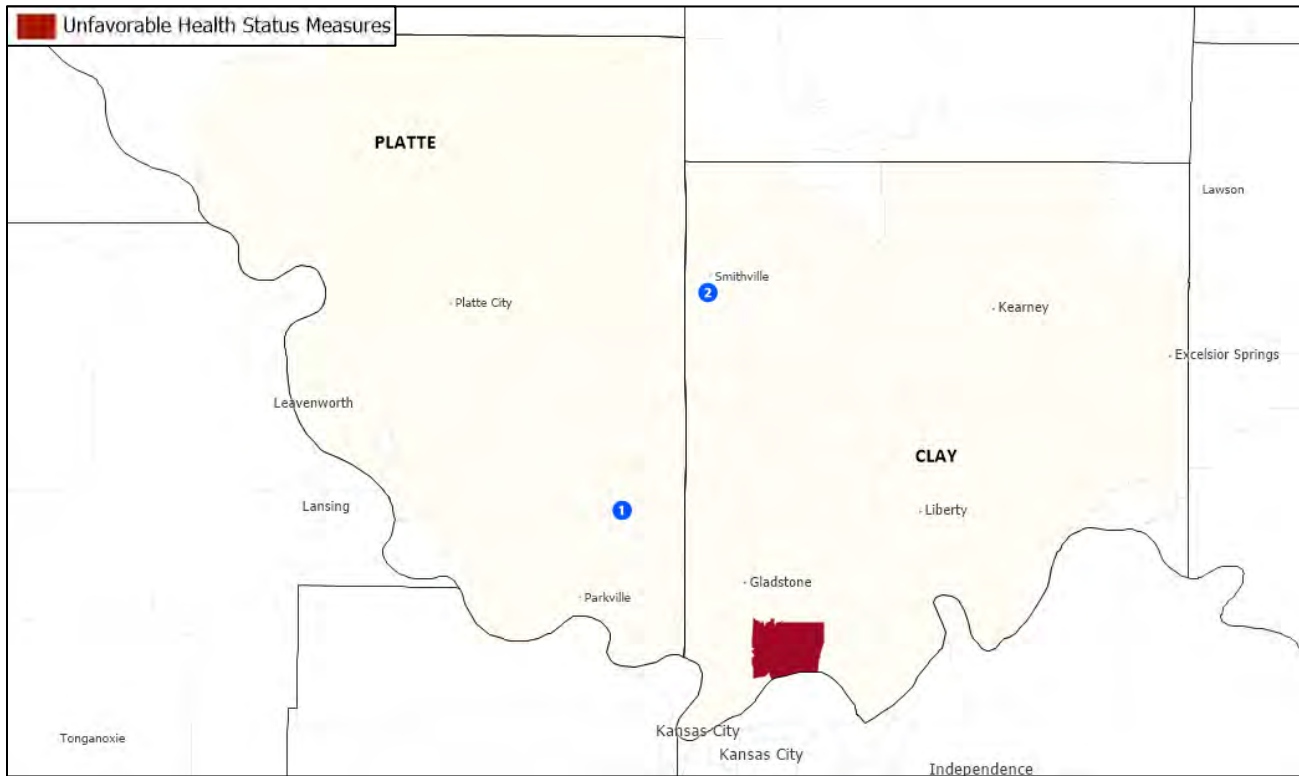
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 51 identifies ZIP Codes where more than half of the four Health Risk Behaviors measures were in the bottom quartile nationally. This category includes indicators for binge drinking, smoking, sleep behaviors, and physical inactivity in the adult population.

Observations

- In 2020, no ZIP Codes in the community compared unfavorably for Health Risk Behaviors measures.

Exhibit 52: Locations of Unfavorable Health Status Measures, 2020



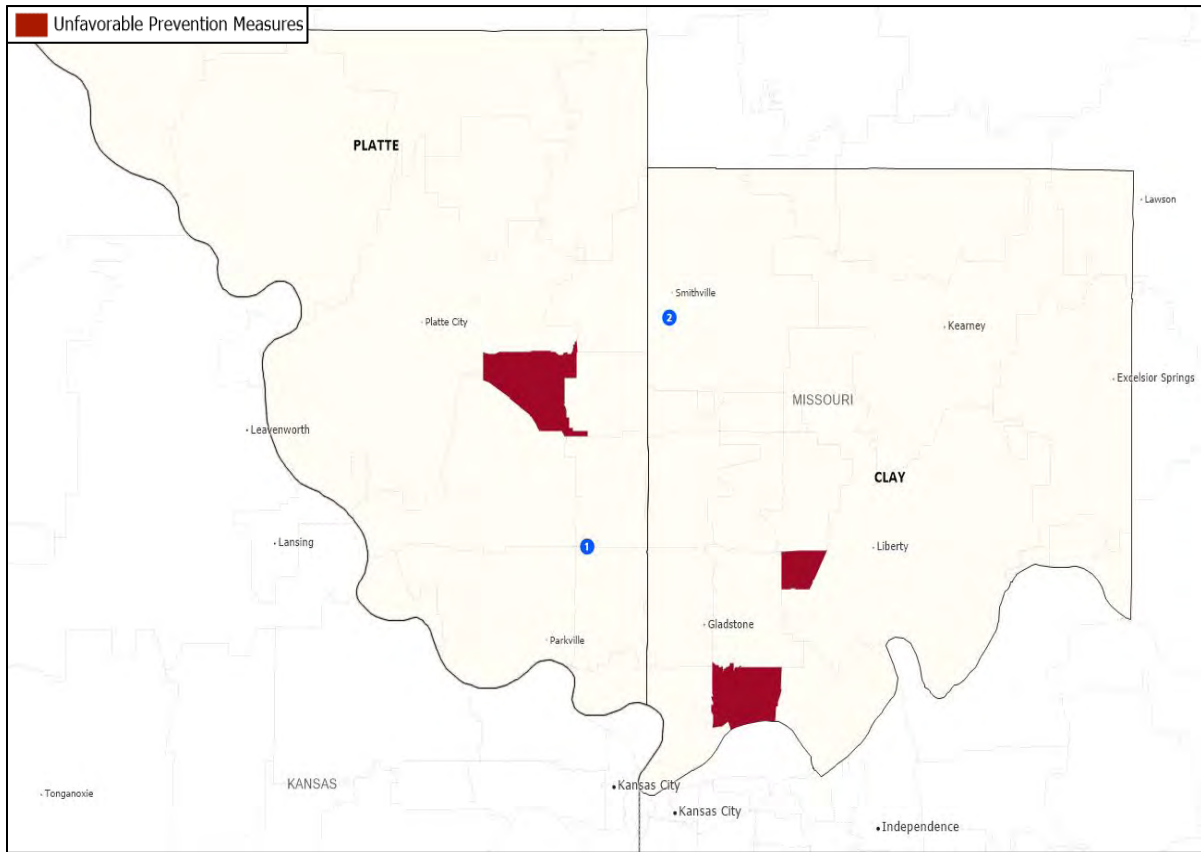
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

Description: Exhibit 52 identifies ZIP Codes where unfavorable Health Status indicators are present. This category includes indicators for self-reported poor mental and physical health.

Observations

- In 2020, unfavorable Health Status measures were concentrated in north Kansas City (Clay County).

Exhibit 53: Locations of Unfavorable Prevention Measures, 2020



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

Description: Exhibit 53 identifies ZIP Codes where more than half of the Prevention measures were in the bottom quartile nationally. This category includes indicators regarding lack of health insurance, lack of routine healthcare access, lack of health screenings and dental visits, and not being up to date on core clinical preventive services among adults.

Observations

- In 2020, unfavorable Prevention measures were concentrated in north Kansas City, and central Platte County.

APPENDIX B – SECONDARY DATA ASSESSMENT

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

BRFSS Measure	Number of ZIP Codes in Bottom Quartile		
	Platte (N=12)	Clay (N=10)	Total (N=22)
Binge Drinking	4	9	13
Annual Checkup	1	4	5
Cholesterol Screening	2	5	7
Taking BP Medication	3	5	8
Health Insurance	1	1	2
Mental Health	0	1	1
Cervical Cancer Screening	0	4	4
All Teeth Lost	0	2	2
Current Smoking	0	2	2
Depression	0	5	5
Dental Visit	0	1	1

Source: Centers for Disease Control and Prevention, 2020.

Description: Exhibits 54 presents the number of ZIP Codes in the bottom quartile nationally for each PLACES measure and for each county. Clay County, for example, has ten ZIP Codes. The rate of binge drinking is in the bottom quartile nationally in nine of those ten ZIP Codes.

Observations

- In 2020, binge drinking rates were problematic in thirteen out of the twenty-two ZIP Codes located in the two-county area assessed by SLN.
- The top community health problems based solely on PLACES data were binge drinking, people not receiving an annual checkup, cholesterol screening rates, blood pressure medication compliance, and depression.

APPENDIX B – SECONDARY DATA ASSESSMENT

Ambulatory Care Sensitive Conditions

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

Condition	Platte (MO)	Clay (MO)	Five County Region
Diabetes Short-Term Complications	51	20	252
Diabetes Long-Term Complications	56	31	364
Chronic Obstructive Pulmonary Disease (COPD)	68	20	442
Hypertension	29	14	253
Lower-Extremity Amputation among Patients with Diabetes	16	2	72
Heart Failure	191	79	1,832
Bacterial Pneumonia	74	26	465
Urinary Tract Infection	53	15	483
Uncontrolled Diabetes	11	5	120
Asthma in Younger Adults	3	-	29
Total ACSC Discharges	552	212	4,312
Total Adult Discharges	4,412	2,128	32,351
Percent	12.5%	10.0%	13.3%

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

Exhibit 57: Saint Luke’s Health System ACSC (PQI) Discharges by Hospital, 2022

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

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

APPENDIX B – SECONDARY DATA ASSESSMENT

Discussion: Exhibits 56 and 57 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.”¹⁴ 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.

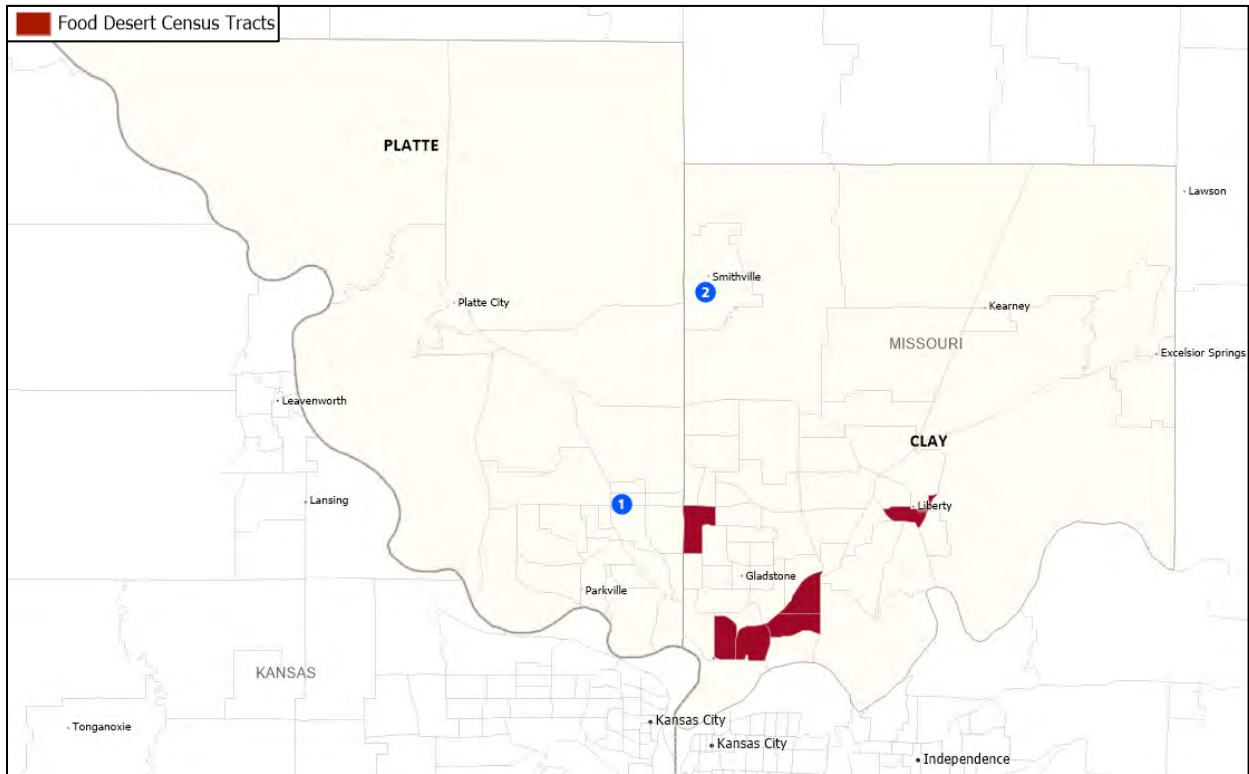
Observations

- Platte and Clay County residents were discharged less frequently for Ambulatory Care Sensitive Conditions than residents of the other counties.
- About 13 percent of SLN’s discharges were for ACSC, the second lowest percentage for the hospitals assessed.

¹⁴Agency for Health care Research and Quality (AHRQ) Prevention Quality Indicators.

Food Deserts

Exhibit 58: Locations of Food Deserts, 2019



Source: U.S. Department of Agriculture, 2021, and Caliper Maptitude, 2022.

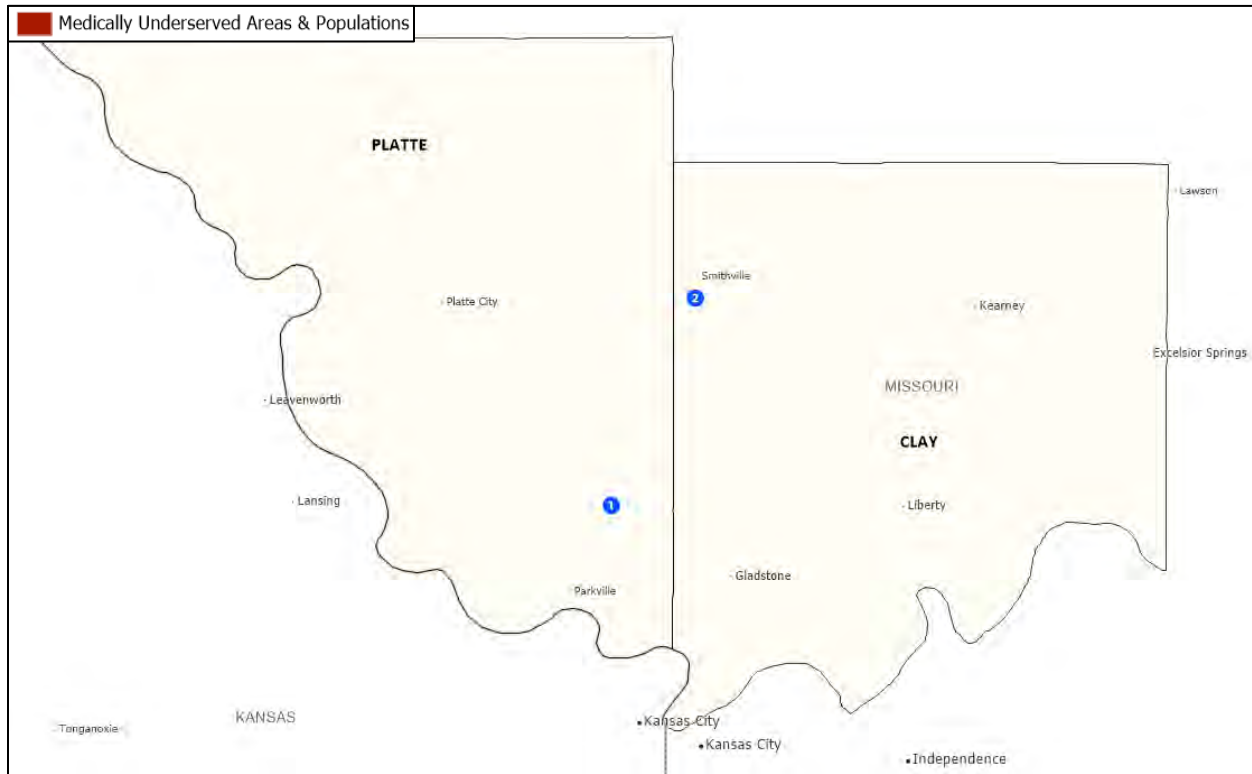
Description: Exhibit 58 identifies where food deserts are present in the community. The U.S. Department of Agriculture’s Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store, and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations

- In 2019, census tracts designated as food deserts were concentrated in southern Clay County.

Medically Underserved Areas and Populations

Exhibit 59: Locations of Medically Underserved Areas and Populations, 2023



Source: Health Resources and Services Administration, 2023, and Caliper Maptitude, 2022.

Description: Exhibit 59 identifies Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs), based HRSA’s “Index of Medical Underservice”¹⁵ MUP designation includes groups with economic, cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state.”¹⁶

Observations

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

¹⁵ Health Resources and Services Administration. The index is based on the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. See <http://www.hrsa.gov/shortage/mua/index.html>.

¹⁶*Ibid.*

APPENDIX B – SECONDARY DATA ASSESSMENT

Health Professional Shortage Areas

Exhibit 60: Population and Facility HPSA Designations, 2023

HPSA Name	County	HPSA Type Description
Low Income Mental Health Care Act (MHCA) 6	Platte (MO)	HPSA Population
Low Income Mental Health Care Act (MHCA) 6	Clay (MO)	HPSA Population

Source: Health Resources and Services Administration, 2023.

Description: Exhibit 60 provides a list of federally designated population and facility Health Professional Shortage Areas (HPSAs) in the community.

Observations

- The low-income Mental Health Care Act (MHCA) 6 populations of Platte and Clay counties have been designated as HPSAs.

Findings of Other Assessments

Kansas City Health Improvement Plan (2022-2027)

In 2021, 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 2022 through 2027. The CHIP used a lens of health being an overall state of wellbeing influenced by many societal factors, not just the absence of disease. The CHIP states: “While CHIPs have traditionally focused on downstream, siloed issues, like chronic disease, this CHIP seeks to advance health by identifying and addressing root causes of poor health, with a focus on racism.” Using this lens, the following priority areas and goals were developed:

- **Priority Area 1: Robust Public Health and Prevention Infrastructure**
 - Goal 1: Increase public health capacity of residents of KCMO.
 - Goal 2: Increase local funding for public health with a priority focus on BIPOC communities.
 - Goal 3: Increase federal funding for public health in KCMO.
- **Priority Area 2: Safe and Affordable Housing**
 - Goal 4: Adopt, at the Municipal Level, a Health in All Policies (HiAP) Framework.
 - Goal 5: Invest in truly safe, affordable rental housing in low life expectancy zip codes.
 - Goal 6: Increase investment in zoning policies to create more diverse, mixed-income communities in high priority zip codes.
 - Goal 7: Monitor, in real-time, affordable housing stock.
- **Priority Area 3: Trauma-Informed and Funded Education**
 - Goal 8: Prioritize funding for schools in disinvested areas with lower property values.
 - Goal 9: Increase trauma-informed and anti-racist education and practices in the Kansas City education systems.
 - Goal 10: Improve Kansas City, MO student graduation rates for BIPOC students.
- **Priority Area 4: Implementation of Medicaid Expansion**
 - Goal 11: Remove barriers to equitable enrollment for newly expanded Medicaid population.
 - Goal 12: Support expanded capacity for service providers to provide equitable access to care for expanded Medicaid population.
- **Priority Area 5: Violence Prevention**
 - Goal 13: Ensure that experiences between citizens and police are just and rehabilitative, residents and their families must be able to trust that their humanity is fully recognized, and that the justice system will work equitably for all residents.

APPENDIX B – SECONDARY DATA ASSESSMENT

- Goal 14: Expand community-based restorative and transformative justice programs within education, community, and law enforcement.
- Goal 15: Change the way overall self-directed, interpersonal, and collective violence data are collected to overturn inequities.
- Goal 16: Decrease community violence through application of Crime Prevention throughout Environmental Design (CPTED) strategies.
- **Priority Area VI: COVID-19**
 - Goal 17: Ensure equity in testing, vaccine distribution, and resources.
 - Goal 18: Provide culturally responsive and language appropriate resources for all Kansas City residents on COVID-19 resources and the long-term impacts of COVID.

Northland Health Alliance Community Health Assessment

Established in 2014, the Northland Health Alliance (NHA) 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 assessment (CHA) was conducted by the Northland Health Alliance in 2021. The NHA hosts an online dashboard consisting of health information collected from community surveys, focus groups, and community census data.

- The 2021 CHA found two main priority areas of focus:
 - Mental and Behavioral Health
 - Health Equity – including transportation and access to healthy food.
- The 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.
- The NHA developed a community insight survey that was distributed to members of the community. The following needs were identified as most important by respondents:
 - Chronic Disease
 - Obesity
 - Mental/Emotional Problems
 - Drug Abuse
 - Impact of Covid
- The survey asked community members about health behaviors with the greatest impacts on overall community health. One-third of residents identified access to housing as a top barrier to health.
- Residents are impacted by unhealthy behaviors and habits. About one-third (27.7 percent) of adults report no leisure-time physical activity. A similar percentage (31.7 percent) of adults get less than seven hours of sleep per night.
- Obesity is reported among 33.3 percent of adults, with 27.2 percent of adult residents having high blood pressure.
- Mental health is a top challenge, according to the Northland Health Alliance. Poor mental health was reported among 14.3 percent of residents, and 22.2 percent of adults are diagnosed with depression.

APPENDIX B – SECONDARY DATA ASSESSMENT

- There are 19.6 age-adjusted suicides per 100,000 people. For Clay and Platte counties, higher suicide rates were reported among people aged 45-64 when compared to the state of Missouri.
- The number of deaths caused by opioid overdoses increased by 96 percent between 2019 and 2020.
- Residents report that the Covid-19 pandemic significantly impacted access to healthcare, economic stability, and food security.
 - Almost 50 percent of residents report delaying seeking healthcare due to the pandemic.
 - About one-third of residents (34.1 percent) reported needing care but did not access the care needed. The economic impact of Covid-19 was significant – 44.2 percent of residents report having some difficulty paying expenses.
 - Survey respondents report that 11.1 percent of children were not eating enough.

Missouri Maternal Child Health Strategic Map

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

Through this process, the department also conducts statewide needs assessment to identify state maternal and child health priority needs and direct Title V resources to meet these needs through state and local partnerships and collaboration. The strategic map from 2020 to 2023 identified the following as priority areas, priority needs, and objectives.

- **Women/ Maternal Health**
 - Priority Need: Improve preconception, prenatal and postpartum health care services for women of childbearing age.
 - Develop/promote strategies to increase the percent of women who had an annual preventive medical visit from 72.9 percent (BRFSS 2018) by 2025.
 - Promote strategies to reduce the incidence rate of severe maternal morbidity from 74.0 per 10,000 delivery hospitalizations (SMM rate based on without blood transfusion, PAS 2018) by 2025.
- **Perinatal/Infant Health**
 - Priority Need: Promote safe sleep practices among newborns to reduce sleep-related infant deaths.
 - Increase the percentage of infants placed to sleep on their backs from 84.0 percent (2018 PRAMS) by 2025.
 - Increase the percentage of infants placed to sleep on a separate approved sleep surface from 39.9 percent (2018 PRAMS) by 2025.
 - Increase the percentage of infants placed to sleep without soft objects or loose bedding from 48.7 percent (2018 PRAMS) by 2025.
- **Child Health**
 - Priority Need: Reduce obesity among children and adolescents.

APPENDIX B – SECONDARY DATA ASSESSMENT

- Increase the percentage of children, ages 6 through 11, who are physically active at least 60 minutes per day in the past week from 37.4 percent (NSCH 2017-2018) by 2025.
 - Priority Need: Enhance access to oral health care services for children.
 - Increase the percent of children, ages 1 through 17, who had a preventive dental visit in the past year from 70.9 percent (NSCH 2017-2018) by 2025.
- **Adolescent Health**
 - Priority Need: Reduce intentional and unintentional injuries among children and adolescents.
 - Decrease the rate of hospital admissions for non-fatal injury among adolescents, ages 10 through 19 from 250.2 per 100,000 (PAS 2018) by 2025.
 - Priority Need: Promote Protective Factors for Youth and Families
 - Reduce the suicide death rate among youth 10-19 years from 7.8 percent per 100,000 (CY 2019 Vital Statistics) by 2025.
- **Children with Special Health Care Needs**
 - Priority Need: Ensure coordinated, comprehensive, and ongoing health care services for children with and without special health care needs.
 - Increase the percent of children with and without special health care needs, ages 0 through 17, who have a medical home from 50.0 percent (NSCH 2017-2018) by 2025.
- **Cross-Cutting/ Systems Building**
 - Priority Need: Address social determinants of health inequities.
 - Increase the number of DCPH staff and contracted partners working with maternal and child populations who complete core MCH, Health Equity, and Racial Justice training.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Exhibit 61: Interviewee Organizational Affiliations

Organization
Boys & Girls Club of Greater Kansas City
Community Assistance Council
Community Services League
Crittenton Children's Center
Health Forward Foundation
KC CARE Health Center
Platte County Health Department
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 62: Community Meeting Participants

Organization
Clay County Public Health Center
Clay County Senior Services
Hillcrest Platte County
Northland Center for Advanced Professional Studies (CAPS)
Northland Health Care Access
Park Hill School District
Platte County Health Department
Saint Luke's North Hospital
Saint Luke's Health System
YMCA of Greater Kansas City

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 63** lists peer counties for Platte County, MO; and Clay County, MO. These two counties share the same peer county group.

Exhibit 63: CHSI Peer Counties

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

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 2020. This is not an inclusive list of all initiatives aligned with the 2020 CHNA. Given that the process for evaluating the impact of various services and programs on health outcomes is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. Each Saint Luke’s facility continues to evaluate the cumulative impact.

The 2020 Saint Luke’s North Hospital CHNA identified the following as significant needs and priority areas for the 2022-2023 Implementation Strategy:

1. Access to Care
2. Mental Health
3. Poverty and Social Determinants of Health

Saint Luke’s North Hospital (SLN)

Priority 1: Access to Care

Goal: Increase the number of community members who receive comprehensive, high-quality health care services.

Initiative: Improve access to primary care physicians, specialists, and qualified mental health professionals via telehealth services.

Highlighted Impact: Telehealth services, that originated at SLN, allowed 2,779 patients across the Northland to access specialists, primary care physicians, and qualified mental health professionals, therefore increasing access to care by mitigating common barriers to accessing health care identified in this report (i.e., transportation, time commitment).

Initiative: Improve health insurance coverage for populations with low-income by advocating for and supporting Medicaid expansion.

Highlighted Impact: Saint Luke’s Health System assisted in the successful passage of Medicaid expansion in Missouri, along with the successful implementation as it received full funding in advance of July 1, 2021.

Initiative: Improve health insurance coverage for populations with low-income by assisting with enrollment and utilization of Medicaid and other benefits.

Highlighted Impact: In 2022, there were 341 inpatient approvals for Medicaid and 460 outpatient approvals utilizing Centauri.

Initiative: Continue active efforts to recruit new specialty services to the region.

Highlighted Impact: Several new specialty services were established in the region, as of 2023, including oncology, neurology, and otorhinolaryngology (ear, nose, and throat).

Initiative: Expand access to Medicaid recipients at all SLN locations improves access to care for Northland residents.

Highlighted Impact: SLN continues to accept and serve patients enrolled in Missouri Medicaid and KanCare, the Kansas Medicaid program, allowing many residents to receive healthcare services that may otherwise prove inaccessible or unaffordable. In 2022, SLN had over 1,550 inpatient Medicaid patients.

Initiative: Provide educational opportunities that proactively facilitate learning and discussion around mental health topics, including suicide prevention, as well as stroke/STEMI and diabetes prevention, within the community and virtually.

Highlighted Impact: SLN provided 12 diabetes education courses along with 12 behavioral health courses virtually to over 7,000 registrants. The diabetes courses included topics such as meal planning diabetes basics, plant-based meal planning, and type 1 diabetes management. The behavioral health class topics ranged from anxiety to suicide prevention to coping with seasonal depression. Also, the SLN stroke/STEMI coordinator was able to reach over 175 community members through education programs.

Priority 2: Mental Health

Goal: Improve mental health in the Northland.

Initiative: Expand access to medication management services to patients in the Northland via telehealth clinics.

Highlighted Impact: Saint Luke's Health System provides several medical services via telehealth, thus increasing services, such as medication management for patients in the Northland. Over 78% of outpatient visits are conducted virtually. Additionally, all patients that present with mental and behavioral health needs in Saint Luke's emergency departments are conducted virtually via the Behavioral Assessment Center.

Initiative: Utilize Saint Luke's Behavioral Access Center (BAC) to increase access to behavioral and mental health services by providing qualified mental health professionals (QMHPs) at all metro Saint Luke's Health System Emergency Departments (except for Saint Luke's Hospital of Kansas City).

Highlighted Impact: BAC provided safety planning for all patients assessed in the Emergency Department, also providing information about community resources to address behavioral health concerns when discharged. At SLN, with QMHP available in the ED, over 1,050 mental health assessments were completed in 2022.

Initiative: Expand opportunities to provide preventive and educational programs, in partnership with community organizations.

Highlighted Impact: SLN partnered with several community organizations to host Kevin Hines for a suicide awareness and prevention event in May during Mental Health Awareness Event in 2022. Over 100 people were reached. In addition, SLN staff presented mental health issues at organizations throughout the community such as the local chamber, senior center, and the Saint Luke's North Hospital board of directors.

Priority 3: Poverty and Social Determinants of Health

Goal: Improve residents' ability to earn steady incomes that allow them to meet their health needs.

Initiative: Increase the hourly minimum wage for Saint Luke's Health System employees, to keep up with a competitive labor market, as well as to support its existing staff.

Highlighted Impact: In November 2021, Saint Luke's Health System established a new minimum base wage of \$17.50 for all workers. This was the second hourly minimum wage increase in two years by the health system. The previous year, 2020, SLHS raised the hourly minimum wage to \$15.00. SLHS was the first area health care provider to raise its hourly minimum wage, with other hospital networks quickly following suit.

Initiative: Continue providing Allied Health Professions training programs that contribute to the supply of health professionals across the region and provide improved career opportunities for residents.

Highlighted Impact: Saint Luke's North continues to provide training opportunities for students in social work, occupational therapy, physical therapy, speech language pathology, cardiac rehab, and qualified mental health professions training, thus contributing to the supply of allied health professionals across the Kansas City region. Students conducted 2,878 hours in clinical education and shadowing of Saint Luke's North clinical staff in 2022. Students receive hands-on training as part of their education and clinical experiences resulting in well-prepared clinicians ready to practice in the KC community upon graduation.

Goal: Connect patients and community members with appropriate resources.

Initiative: Utilize Saint Luke's Community Resource Hub to connect patients with appropriate resources through a closed-loop referral system.

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

Initiative: Continue the hospital's Medication Assistance Program for patients who are underinsured and/or uninsured.

Highlighted Impact: In 2022, 122 patients were served by the Medication Assistance Program at Saint Luke's North. The actual cost of medication dispensed was \$7,154.

Initiative: Decrease barriers to accessing health care services by providing transportation to patients in need.

Highlighted Impact: During 2022, SLN provided 821 transportation (taxi and/or Uber/Lyft) vouchers for low-income patients who needed transportation post-discharge.

◆ **Contact us**

Saint Luke's North Hospital

5830 NW Barry Road
Kansas City, MO 64154

816-891-6000
saintlukeskc.org/north



Download the [SaintLukesKC app](#)

