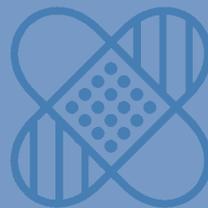




2015

NORTHLAND HEALTH CARE ALLIANCE

Northland Community Health Assessment





2015 Northland Health Care Alliance Community Needs Assessment

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INTRODUCTION

Organizing for Success

Northland Health Care Alliance Mission

To ensure quality patient care is delivered in the most efficient and appropriate methods possible to positively impact the health and wellness of patients accessing the health care system in Clay and Platte counties.

Northland Health Care Alliance Member Organizations*

Clay County Public Health Center
 Kansas City Health Department
 KC Metro Physicians-ACO
 Liberty Hospital
 MetroCARE
 North Kansas City Hospital
 Northland Community Services Coalition
 Northland Health Care Access
 Platte County Health Department
 Saint Luke's Hospital
 Samuel U. Rodgers Health Center
 Tri County Mental Health

*A list of the individuals participating in the NHC Alliance is attached as Appendix A.

Improving the health of a community is now widely understood to be a collaborative effort. The effort may begin with public health officials and health care providers, but to achieve impact it must also engage a diversity of community partners including social service agencies, schools, health care institutions, medical providers and community organizations. Perhaps most importantly, the process of identifying community health issues and priorities, and determining how best to address them, must include the active participation of the broader community, the people who live, work and play there every day. Broad community participation, across organizations and individuals, provides the benefit of collective thinking which can open the door to new, effective ideas for creating sustainable change. It is also a powerful means to build alignment across the community regarding the most pressing health issues faced, and to create unified focus on the efforts that will be undertaken to address them. This community “ownership” is essential to both the health assessment process, and to the successful implementation of long term plans to improve the health of the community.

The Northland Health Care Alliance (NHC Alliance), including representatives from county and city health departments, hospitals, health care providers and nonprofit organizations focused on health care access, was established in August 2014 to bring together health care organizations and providers who serve the health needs of a unique geographic area. The Northland, as locals refer to this area, is situated just north of downtown Kansas City, Missouri.

It encompasses two counties, Clay and Platte, and a large portion of the Northland population (approximately 30 percent) resides within the city limits of Kansas City. It also includes such communities as Platte City,

Weston, Kearney and Excelsior Springs, resulting in a mix of urban, suburban and rural communities. It is one of the fastest-growing areas in the state. Since 2010, Clay and Platte Counties have experienced a combined growth rate of over 5.5%. While the Northland has no official designation, the cities, towns, communities and people living there are inter-connected in a multitude of ways. The Northland Health Care Alliance was created

“Design and implement a community health needs assessment through a planning partnership inclusive of area hospitals, county public health departments and safety net clinics and NHC Alliance by September 2015.”

in recognition of the need for collaborative effort to improve health and prevent disease, illness and injury in Northland communities. The group acknowledged that the road to improved health outcomes for the Northland had to begin with a comprehensive assessment of the existing health status. Therefore, at the first meeting of the NHCA, the members adopted the following short-term goal:

“Design and implement a community health needs assessment through a planning partnership inclusive of area hospitals, county public health departments and safety net clinics and NHC Alliance by September 2015.”

The MAPP process includes six phases:

- 1 Organizing for Success and Partnership Development
- 2 Visioning
- 3 Four MAPP Assessments
- 4 Identify Strategic Issues
- 5 Formulate Goals & Strategies
- 6 Take Action



Community Health Assessment Process Overview

Assessing the health of a community requires the ongoing systematic collection, aggregation, analysis and distribution of both qualitative and quantitative information about the health needs of the community. It is the essential first step for identifying the factors affecting health in the community. With this information in hand, the community can make informed decisions about prioritizing health needs and determining where to invest community resources to most effectively address them. NHC Alliance initiated a nine-month process to assess the health of the Northland utilizing MAPP-Mobilizing for Action through Planning and Partnerships, a planning process developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the

Community Health Assessment Subcommittee*

Clay County Public Health Center
 Kansas City Health Department
 Liberty Hospital
 North Kansas City Hospital
 Northland Community Services Coalition
 Northland Health Care Access
 Platte County Health Department
 Samuel U. Rodgers Health Centers
 St. Luke's Health System
 St. Luke's North Hospital
 Swope Health Services
 Tri-County Mental Health Services

*A list of the individuals participating in the Community Health Assessment Subcommittee is attached as Appendix B.

Community Health Status Assessment Data Taskforce Members*

Clay County Public Health Center
 Kansas City Health Department
 Liberty Hospital
 North Kansas City Hospital
 Northland Health Care Access
 Northland Community Services Coalition
 Platte County Health Department
 Samuel U. Rodgers Health Centers
 St. Luke's Health System
 Tri-County Mental Health

*A list of the individuals participating in the Community Health Status Assessment Taskforce is attached as Appendix C.

CDC.¹ This nationally recognized, best practice framework enables the community to apply a strategic approach to identifying and prioritizing public health issues.

The MAPP process includes six phases:

- > Organizing for Success and Partnership Development
- > Visioning
- > MAPP Assessments
- > Identifying Strategic Issues
- > Formulate Goals and Strategies
- > Take Action

NHC Alliance initially established a subcommittee to facilitate better utilization of health data among members. When it became clear the Northland would benefit from the completion of a collaborative Community Health Assessment, this data utilization committee became the Community Health Assessment Subcommittee in October 2014. Understanding that examining community health and wellness requires more complex analysis than simply surveying the health care system, the subcommittee initiated efforts to explore the health of the Northland communities using surveys and forums involving Northland residents. These activities to gather qualitative data were complemented by a statistical review of a variety of health indicators including demographic characteristics, socioeconomic data, availability of health care, behavioral risk factors, social and mental health, maternal and child health, communicable diseases, and sentinel events. To facilitate this process, the subcommittee convened a group of Epidemiologists and Epidemiology Specialists to create the Community Health Status Assessment (CHSA) Task Force that met regularly to collect, analyze and report data using four MAPP assessments:

- **Community Health Status Assessment** reflecting data about health status, quality of life, and risk factors in the community using the Core and Extended Indicator list from NACCHO's clearinghouse of resources.²
- **Community Themes and Strengths Assessment** presenting data on community health themes, perceptions about quality of life, and community assets gathered through Community Health Surveys and Community Health Forums involving people from across the Northland.³
- **Local Public Health System Assessment** measuring the capacity of the local public health system to conduct essential public health services. This effort, too, involved community forums.⁴
- **Forces of Change Assessment** identifying forces—such as trends, factors, or events—that are or will be influencing the health and quality of life of the community and the local public health system.⁵

Assessment Data Sources

BRFSS – Behavioral Risk Factors Surveillance Survey

Centers for Medicare and Medicaid Services

Clay County Public Health Center Data Sets

Community Commons

Kansas City Health Department

Kids Count

Liberty Hospital

Maternal and Child Health Task Force

MICA – Missouri Information for Community Assessment

North Kansas City Hospital

Platte County Health Department

Robert Wood Johnson Foundation-County-Health Rankings

Samuel U. Rodgers, FQHC

St. Luke’s North Hospital

U.S. Census Track Data

Telling the story of the health status of the Northland requires weaving together information from the two counties and the major metropolitan area that make up this larger community. Therefore for this report, wherever possible, statistical data gathered through the MAPP assessments are presented in distinct sets: Clay County, Platte County, and Kansas City, Missouri. It is important to note the overlap that exists in the data between the counties and Kansas City. The data gathered and reported by Clay and Platte Counties reflect information about all county residents, including those who live within the boundaries of Kansas City. The data gathered and reported by Kansas City reflect information about the entire population of that city, not just those that reside in the Northland.

Statistical data is most useful when comparisons are available to provide context to help understand both how a community compares to a larger group of people and how health varies among different people within the community. The data from Kansas City provide insight into the health status of the general region. Where available, data points about the health status of the state of Missouri and the United States as a whole are also included in the data presented to provide additional context and points of comparison to deepen understanding of the health status of the Northland.

Assessment Summary and Priorities

Through analysis of the assessment data, the Community Health Status Assessment Task Force identified three community health priorities:

Access to Care | Mental Health | Chronic Disease

The Task Force presented an overview of the data to the Community Health Assessment Subcommittee whose members ratified these priorities. At their recommendation, the findings were emailed to the full membership of the Northland Health Care Alliance in May 2015 and adopted by them as the Community Health Priorities via electronic vote. These priorities will become the foundation of community health improvement efforts undertaken by the Northland Health Care Alliance.

The Northland Health Care Alliance Community Health Assessment includes a summary of the work completed and a description of how NHC Alliance completed the first four phases of the MAPP process: Organizing for Success and Partnership Development; Visioning; MAPP Assessments to determine community health status; and Identification of Strategic Issues. For the purposes of this document, the data shared focuses on information most relevant to the three health priorities identified as a result of the Community Health Assessment. Additional data gathered during the assessment process can be found in documents appended to this report.

*Our vision is to continue to improve
the quality of life for all who live, work,
and play in the Northland*

Visioning

In 2010 the Northland community came together to review and update the Vision North five-year strategic plan. This effort engaged community stakeholders in Clay and Platte counties in a comprehensive process to identify emerging needs and reach consensus about how to address community priorities in an effective and measurable way. During these discussions involving more than 100 stakeholders, Community Wellness was identified as a Vision North priority and the following Vision Statement adopted: The Northland is an integrated health community that ensures quality, affordable, accessible, and comprehensive health services at all stages of life focusing on prevention and wellness. The Community Wellness Task Force included representatives from many Northland Health Care Alliance members. When the Vision North 2010-2015 plan was adopted in July 2011 it included three high level community health goals: Prevention leading to Wellness, Education, and Access.

Upon formation of the NHC Alliance in 2014, the group discussed the ongoing work that had been completed on all goals outlined in the Vision North plan. As many NHC Alliance members had participated in the Vision North process there was strong consensus to build on the momentum generated by Vision North to support the Community Health Assessment effort. To enhance this continuity the group voted at the October 7, 2014 meeting to embrace the Vision North theme and to adopt the following Vision Statement:

“To continue to improve the quality of life for all who live, work, and play in the Northland.”



SECTION II

MAPP Assessments

The thorough assessment of a community's health status must also include exploration of the effectiveness of the local public health system.

Assessment One: Local Public Health System Assessment

The thorough assessment of a community's health status must also include exploration of the effectiveness of the local public health system, including all public, private and voluntary entities that work together to help keep the community healthy and safe.

To that end, the Northland Health Care Alliance Community Health Assessment Subcommittee embarked on a formal assessment process using a nationally recognized tool called the National Public Health Performance Standards Local Assessment Instrument. During initial planning for the Local Public Health System Assessment (LPHSA), the subcommittee reviewed the 10 Essential Public Health Services and identified a list of organizations in the Northland that provide or are impacted by these Essential Services. From that list, the group identified key personnel from each of the targeted organizations to be invited to participate in the assessment process. The NHCA Community Health Assessment Subcommittee invited these stakeholders by letter to attend a series of meetings in January and February 2015. The instrument used for the assessment is structured around the Model Standards for each of the ten Essential Public Health Services, therefore each meeting focused on assessment of two to three Essential Services. Discussion was guided by a pre-determined list of questions.

The Local Public Health System Assessment is intended to answer the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"⁶ The assessment sessions were facilitated by Dr. Lora Lacey-Haun, Professor Emeritus, UMKC and current chair of the Kansas City Health Commission, and began with an orientation to build understanding of the Local Public Health System and provide background about the Essential Services to be discussed in that meeting. Group discussion about how well the public health system is meeting the needs of residents in the Northland was captured on flip charts and via notes. Following the group discussion, each attendee voted on their perception of the system's current capacity to meet the Essential Services that were the topic of the meeting. Turning Technologies Electronic Voting System was used to collect audience feedback and voting results were displayed in real time for the group.

Participating Community Organizations*

Barry Point Family Care
 Clay County Public Health Center
 Clay County Senior Services
 Clay County Sheriff's Office
 Collaboration Works
 Excelsior Springs Medical Center
 General Community Members
 Kansas City Health Department
 LACIE – Lewis & Clark Information Exchange
 LGBT Affirmative Therapist Guild
 Liberty Fire Department
 Liberty Hospital
 Liberty Hospital Foundation
 Liberty Parks and Recreation
 Liberty Public Schools
 Maritas Health Oakview
 Mid-America Regional Council
 Ministerial Alliance
 Missouri Department of Health and Senior Services
 Missouri Institute of Community Health
 North Kansas City Hospital
 Northland Community Services Coalition
 Northland Health Care Access
 Northland Regional Ambulance District
 Park University
 Platte County Health Department
 Platte County Sheriff's Office
 Rabbinical Association of GKC
 Saint Luke's Health System
 Saint Luke's North Hospital
 Samuel U. Rodgers Health Centers
 St. Teresa's North
 Swope Health Services
 Synergy Services
 Tri-County Mental Health Services
 UMKC School of Pharmacy
 University of Missouri Extension
 William Jewell College

* See Appendix D for meeting dates, topics, the list of participants, and a sample invitation letter.

As meeting participants answered the questions posed in the assessment instrument, the resulting dialogue was useful in helping the Northland Health Care Alliance, the Clay County Public Health Center, and Platte County Health Department identify strengths and weaknesses, determine opportunities for immediate improvements, and establish priorities for long-term investments for improving the public health system.⁷

The information gathered through this assessment will be used to inform the community health improvement planning process, and to drive assessment and improvement activities the public health departments in Clay and Platte Counties may undertake to improve the local public health system.

The National Public Health Performance Standards organization took the results from each of the assessment meetings and created individual Local Public Health System Assessment Reports for Clay County Public Health Center and Platte County Public Health Department. According to NPHPSA “The purpose of these reports is to promote continuous improvement that will result in positive outcomes for system performance.” NPHPSA also suggests health departments and their public health system partners use these Assessment Reports as a working tool to:

- Better understand current system functioning and performance.
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement.
- Articulate the value that quality improvement initiatives will bring to the public health system.
- Develop an initial work plan with specific quality improvement strategies to achieve goals.
- Begin taking action for achieving performance and quality improvement in one or more targeted areas.
- Re-assess the progress of improvement efforts at regular intervals.

Calculating the Scores⁸

The NPHPS assessment instruments are constructed using the ten Essential Services as a framework. Within the Local Instrument, each Essential Service includes between 2-4 Model Standards that describe the key aspects of an optimally performing public health system. Each Model Standard is followed by assessment questions that serve as measures of performance. Responses to these questions indicate how well the Model Standard – which portrays the highest level of performance or “gold standard” – is being met.

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service and the overall assessment score is the average of the Essential Service scores. Based upon the responses provided during the assessment, NPHPS calculates an average for each of the ten Essential Services. Each

Figure 1. Summary of Assessment Response Options

Figure 1 below characterizes levels of activity for Essential Services and Model Standards. Using the responses to all of the assessment questions, a scoring process generates score for each Model Standard, Essential Service, and one overall assessment scores.

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Essential Service score can be interpreted as the overall degree to which the public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

It is important to note there are a number of limitations to the NPHPS assessment data due to self-report, wide variations in the breadth and knowledge of participants, the variety of assessment methods used, and differences in interpretation of assessment questions. Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system or used for comparisons between jurisdictions or organizations. Use of NPHPS generated data and associated recommendations are limited to guiding an overall public health infrastructure and performance improvement process for the public health system as determined by organizations involved in the assessment. In the assessment of the Clay County and Platte County Public Health Systems, the performance level for each Essential Service and Model Standard was determined by a majority vote of participants. These votes could be quite close, e.g. 90% of all responses might be divided between rating performance levels: Moderate Activity and Significant Activity. However, only one level can be used for the NPHPS report, therefore the assessment team selected the level it felt most accurately reflected the discussions in the room.

In summary, the local public health systems were rated on their performance in delivering the Essential Services (ES) of Public Health in the following way:

Clay County Public Health System

- Scored highest in the areas of ES 2: Diagnose and Investigate; ES 6: Enforce Laws; and ES 1: Monitor Health Status
- ES 5: Emergency Planning Services was identified by participants as the strongest in the system.
- Most Essential Services provided by the system fell into the range of Moderate to Significant activity.
- Areas identified for improvement are: ES 9: Evaluate Services; ES 8: Assure a competent workforce; and ES 10: Research and Innovation.

Platte County Public Health System

- Scored highest in the areas of ES2: Diagnose and Investigate; ES 6: Enforce Laws; and ES 3: Educate and Empower.
- Participants rated ES 5: Developing Plans and Policies under Emergency Planning Services as the area in which there is the strongest cooperation and collaboration.
- Most Essential Services provided by the system fell into the range of Moderate to Significant Activity. A small percentage scored as Optimal Activity.
- Areas for improvement are ES10: Research and Innovation; ES 9: Evaluate Services; and ES 8: Assure a competent workforce.

Following are tables provided by NPHSP displaying the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services, first for Clay County Public Health Center, followed by the tables reflecting the Platte County Health Department scores. Examination of these scores can immediately give a sense of the greatest strengths and weaknesses of each public health system. Note the black bars that identify the range of reported performance score responses within each Essential Service.

Overall Scores for Each Essential Public Health Service

Figure 2: Summary of Average Essential Public Health Service Performance Scores: Clay County

In the tables below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the

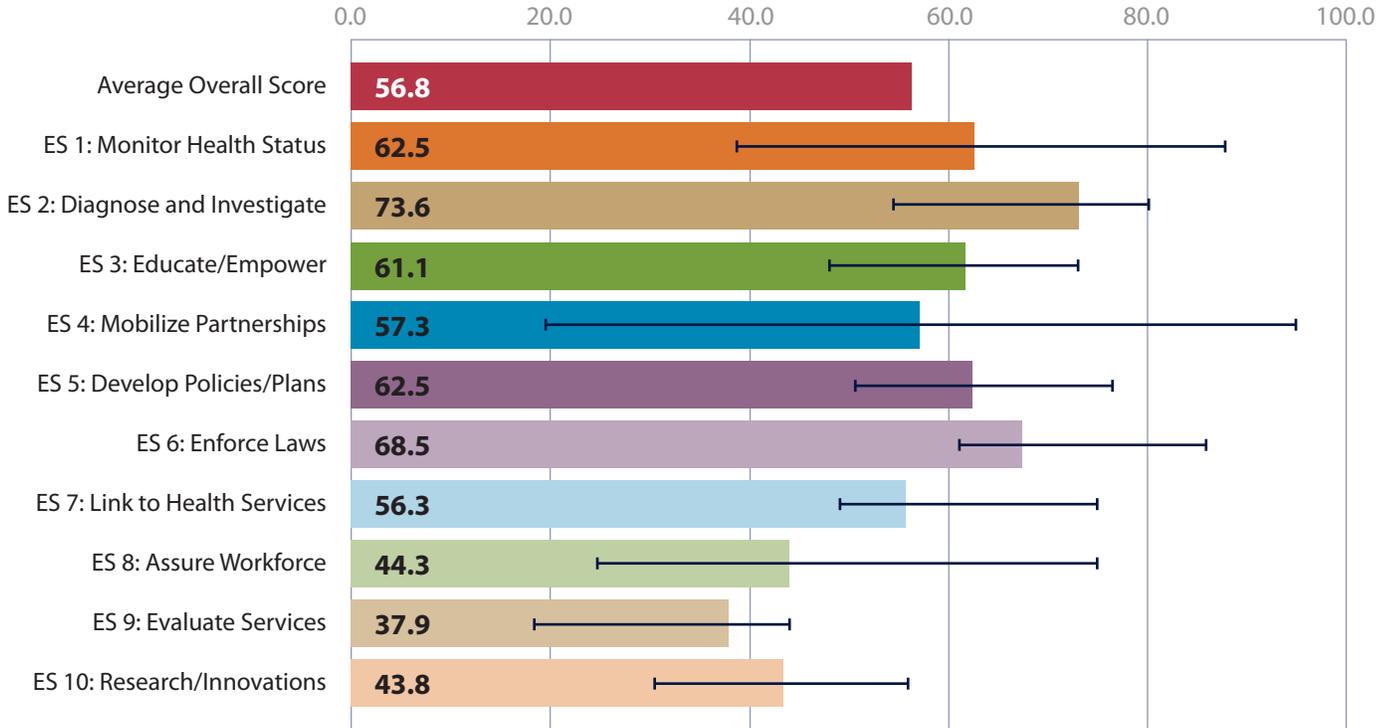
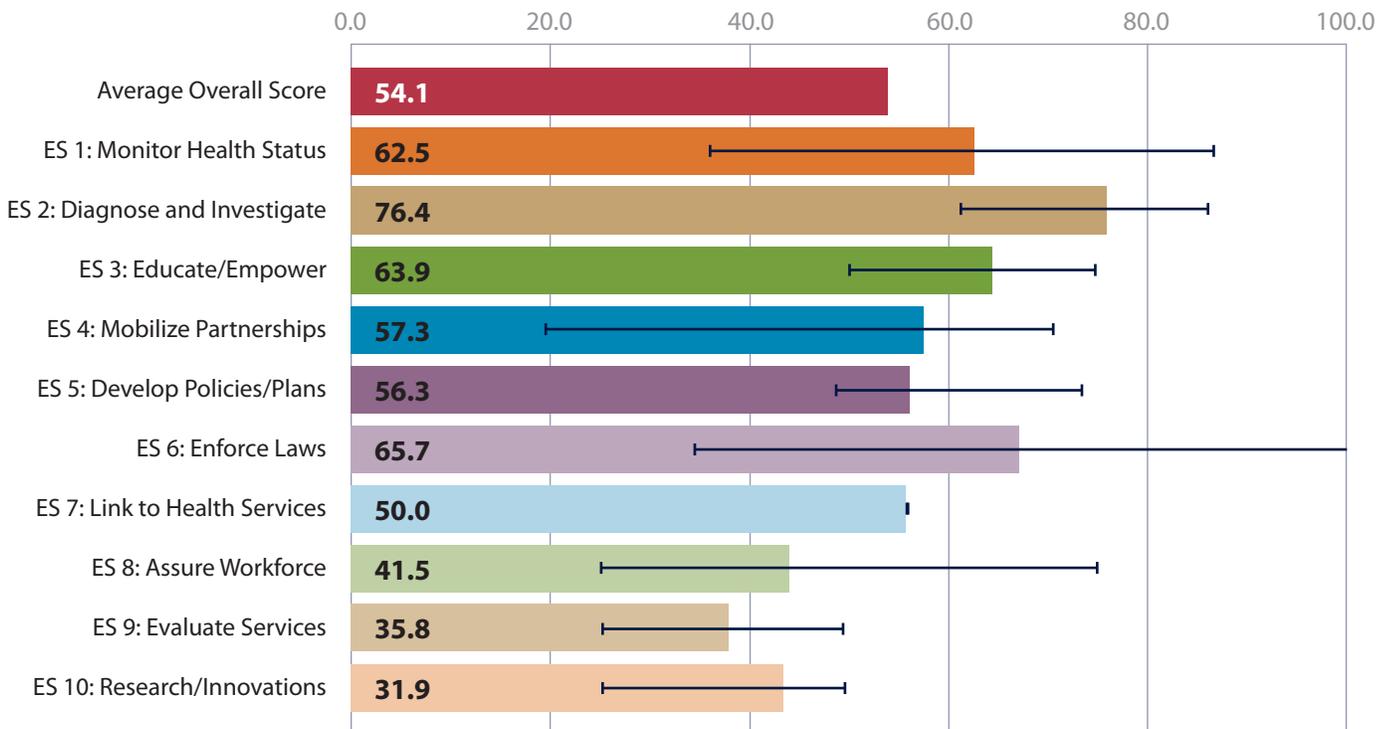


Figure 3: Summary of Average Essential Public Health Service Performance Scores: Platte County



respective Model Standard scores within that Essential Service.

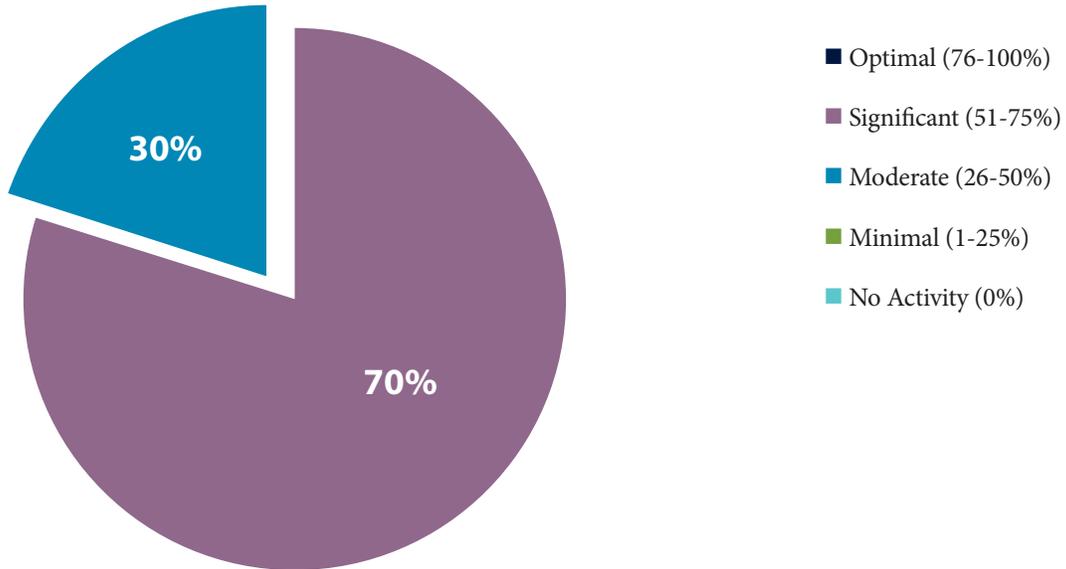
Figure 4: Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard-Clay County

Model Standards by Essential Services	Performance Scores
ES 1: Monitor Health Status	62.5
1.1 Community Health Assessment	66.7
1.2 Current Technology	58.3
1.3 Registries	62.5
ES 2: Diagnose and Investigate	73.6
2.1 Identification/Surveillance	58.3
2.2 Emergency Response	75.0
2.3 Laboratories	87.5
ES 3: Educate/Empower	61.1
3.1 Health Education/Promotion	75.0
3.2 Health Communication	50.0
3.3 Risk Communication	58.3
ES 4: Mobilize Partnerships	57.3
4.1 Constituency Development	56.3
4.2 Community Partnerships	58.3
ES 5: Develop Policies/Plans	62.5
5.1 Governmental Presence	50.0
5.2 Policy Development	58.3
5.3 CHIP/Strategic Planning	41.7
5.4 Emergency Plan	100.0
ES 6: Enforce Laws	68.5
6.1 Review Laws	68.8
6.2 Improve Laws	66.7
6.3 Enforce Laws	70.0
ES 7: Link to Health Services	56.3
7.1 Personal Health Service Needs	56.3
7.2 Assure Linkage	56.3
ES 8: Assure Workforce	44.3
8.1 Workforce Assessment	25.0
8.2 Workforce Standards	58.3
8.3 Continuing Education	50.0
8.4 Leadership Development	43.8
ES 9: Evaluate Services	37.9
9.1 Evaluation of Population Health	37.5
9.2 Evaluation of Personal Health	45.0
9.3 Evaluation of LPHS	31.3
ES 10: Research/Innovations	43.8
10.1 Foster Innovation	43.8
10.2 Academic Linkages	50.0
10.3 Research Capacity	37.5

Performance Relative to Optimal Activity

Figure 5: Percentage of the system’s Essential Services scores that fall within the five activity categories – Clay County

This chart provides a high level snapshot summarizing the composite performance measures for all 10 Essential Services.



This chart provides a high level snapshot summarizing the composite measures for all 30 Model Standards.

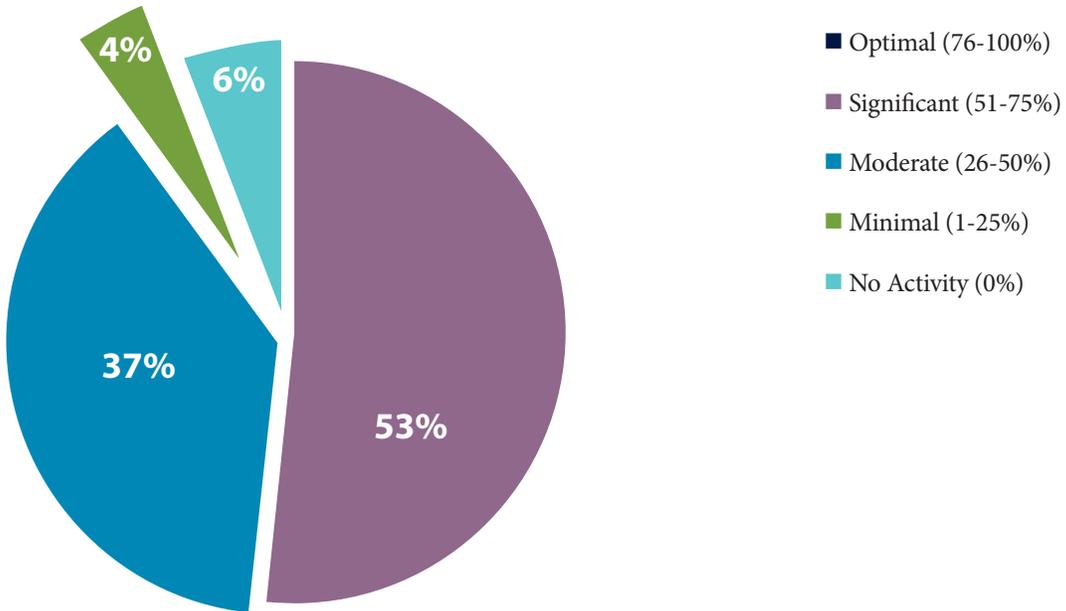


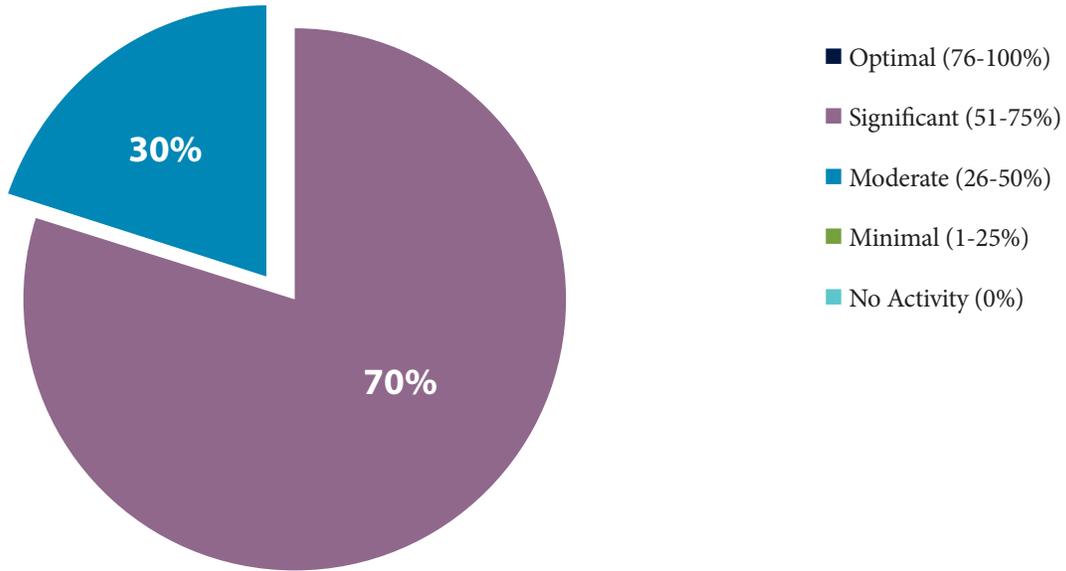
Figure 6: Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard – Platte County

Model Standards by Essential Services	Performance Scores
ES 1: Monitor Health Status	62.5
1.1 Community Health Assessment	58.3
1.2 Current Technology	66.7
1.3 Registries	62.5
ES 2: Diagnose and Investigate	76.4
2.1 Identification/Surveillance	66.7
2.2 Emergency Response	75.0
2.3 Laboratories	87.5
ES 3: Educate/Empower	63.9
3.1 Health Education/Promotion	75.0
3.2 Health Communication	50.0
3.3 Risk Communication	66.7
ES 4: Mobilize Partnerships	57.3
4.1 Constituency Development	56.3
4.2 Community Partnerships	58.3
ES 5: Develop Policies/Plans	56.3
5.1 Governmental Presence	41.7
5.2 Policy Development	50.0
5.3 CHIP/Strategic Planning	33.3
5.4 Emergency Plan	100.0
ES 6: Enforce Laws	65.7
6.1 Review Laws	68.8
6.2 Improve Laws	58.3
6.3 Enforce Laws	70.0
ES 7: Link to Health Services	50.0
7.1 Personal Health Service Needs	50.0
7.2 Assure Linkage	50.0
ES 8: Assure Workforce	41.5
8.1 Workforce Assessment	25.0
8.2 Workforce Standards	58.3
8.3 Continuing Education	45.0
8.4 Leadership Development	37.5
ES 9: Evaluate Services	35.8
9.1 Evaluation of Population Health	37.5
9.2 Evaluation of Personal Health	45.0
9.3 Evaluation of LPHS	25.0
ES 10: Research/Innovations	31.9
10.1 Foster Innovation	31.3
10.2 Academic Linkages	33.3
10.3 Research Capacity	31.3

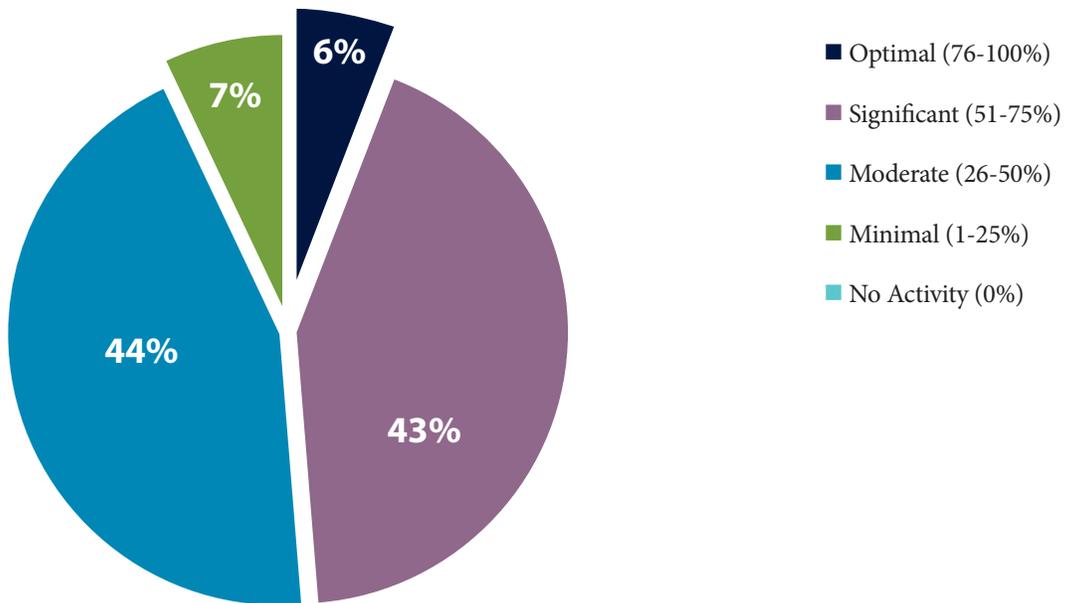
Performance Relative to Optimal Activity

Figure 7: Percentage of the system's Essential Services scores that fall within the five activity categories – Platte County

This chart provides a high level snapshot summarizing the composite performance measures for all 10 Essential Services.



This chart provides a high level snapshot summarizing the composite measures for all 30 Model Standards.



Assessment Two: Community Themes and Strengths

The Community Themes and Strengths Assessment (CTSA) is the MAPP Assessment that seeks input from the community to understand how locals feel about health, wellness and quality of life.⁹ It was important to the members of the Northland Health Care Alliance to listen to communities to create an understanding that supports data gathered in the Community Health Status Assessment, to build consensus about health issues and create buy-in around community health priorities. The findings of the CTSA were used in conjunction with the results of the other MAPP assessments to identify the key strategic issues and priorities for community action and will inform the NHC Alliance's community health improvement efforts.

The findings of the CTSA were used in conjunction with the results of the other MAPP assessments to identify the key strategic issues and priorities for community action and will inform the NHC Alliance's community health improvement efforts.

Northland Health Care Alliance members worked collaboratively to develop a community survey to capture feedback from residents of Clay County, Platte County and other Northland communities. The survey tool was adapted from example surveys found on the Community Themes and Strengths Clearinghouse on the NACCHO website. Questions asked participants to rate the overall health of the community, to identify the health problems they believe are most important, to rate the "risky behaviors" they believe are having the greatest impact on the community, to share where they typically receive health care and how they pay for it. It also included general demographic questions.

Community Survey Partners

Alzheimer's Association	Little Wolf Productions	Platte County Back-to-School Fair Committee
American Indian Council	Love Inc. of Clay County	Platte Co. Board of Services
CHIA Award Winners	Missouri City School District	Platte County Health Department
Clay County Public Administrator	Missouri Gas Energy	Platte County Public Administrator
Clay County Public Health Center	North Kansas City, City of	Platte County R-3 School District
Clay County Senior Services	North Kansas City Business Council	Platte County Senior Fair Committee
Crossroads Hospice	North Kansas City Hospital	Platte County Senior Fund
Diversity Advisory Council for Health Equity	North Platte School District	Primrose Retirement
Family Promise	Northland Career Center	Rebuilding Together Clay County
Gladstone, City of	Northland Community Services Coalition	Right at home
Good Samaritan Center	Northland Health Care Access	Riverside, City of
HealthCare USA	Northland Mother and Child Health Partnership	Saint Luke's Health System
Heartland Habitat for Humanity	Northland Neighborhoods	Seniors Blue Book
Hillcrest Hope Clay Co.	Northland Shepherd's Center	Shepherds Center – Kansas City
Home State Health	Park Hill School District	St. Therese School
KCP&L	Parkville, City of	The Whole Person
Kansas City Missouri Health Department	Phoenix Housing	Tri-County Mental Health
Liberty, City of	Platte City Area Chamber of Commerce	University of Missouri Extension
Liberty Hospital	Platte City, City of	Vocational Rehabilitation
Linden Woods Village		West Platte School District

The survey was piloted at the Platte County Day of Hope event on December 6, 2014. Insights gained from the experiences of survey takers at that event led to changes being made to several survey questions. Once finalized, the survey was produced in English and Spanish language versions (see Appendix E). In order to reach the broadest possible audience, a link to an online version of the survey was shared with a wide range of community partners who were asked to distribute it to their networks. In an effort to engage the entire community as partners in the Community Themes and Strengths Assessment process, one of the networks utilized was the Diversity Advisory Council on Health Equity (DACHE – see page 49 for a list of participating organizations), established by Clay County Health Center in 2014. In addition, the Northland Rotary Club, North Kansas City Hospital, Platte County R-III Schools, both the Clay and Platte Public Health Departments, and the City of Parkville shared the survey via social media. Also, paper versions of the survey were provided to clients at the Clay County Public Health Center Clinic, Samuel U. Rogers Federally Qualified Public Health Center, clients at the Platte County Health Department, and with staff and residents of the Good Samaritan Center in Excelsior Springs, MO. Finally, the general public was made aware of the survey and how to access it through articles in several Northland newspapers.

The Northland community is fairly evenly divided in its opinion about how healthy the community is.

The online and paper versions of the survey were available from January 28, 2015 to March 31, 2015. More than 1000 members of the Northland community participated in the survey.

Overview: Community Health Assessment Survey

The Northland community is fairly evenly divided in its opinion about how healthy the community is. 50% see it as Somewhat Healthy, Unhealthy, or Very Unhealthy, while 49% see it as Healthy or Very healthy. Looking at the data by county 58% of respondents from Platte County residents rated their community as Very Healthy or Healthy. 45% of Clay County residents rated their community as Very Healthy or Healthy. Nearly 72% of all survey respondents agreed or strongly agreed that they are satisfied with the quality of life in the community, feel it is a safe place to live (75.9%), and feel it is a good place to grow old (61%). (Figure 8)

Figure 8
Q1: How would you rate your community as a “Healthy Community?”

Very Unhealthy	Unhealthy	Somewhat Healthy	Healthy	Very Healthy	Total	Weighted Average
0.84% 10	6.49% 77	43.47% 516	41.36% 491	7.83% 93	1,187	3.49

Regarding availability of health and wellness activities and availability of healthcare in the community, 64.7% either agreed or strongly agreed with the statement “The community has enough health and wellness activities to meet my needs,” and 71% agreed with the statement “I am satisfied with the availability of healthcare in the community.” Opinion is divided on the subject of availability of medical care for low-income residents. While 33.2% agreed or strongly agreed there is enough access for low-income residents, 34.5% disagreed or strongly disagreed with the statement. Respondents from Platte County households with income less than \$75,000 tended to agree or strongly agree that there is enough access to medical care for residents with low income in the community. In Clay County respondents were of the same opinion regardless of household income level (less than \$75,000 or \$75,000 and over). (Figure 9)

The majority of residents have a medical home, more than 75% indicate they have their own doctor to see when sick. An important note is that respondents with a college degree or higher were more likely to agree or strongly agree with the statement they see their own doctor when ill than those with a high school diploma or less. The financial implications of health care is underscored by the 30% of all respondents who said they chose not to receive health care services because of cost in the last year. In Clay County respondents who pay by cash only for health care services were most likely to agree with this statement. In Platte County, those who use public insurance were more likely to agree. In general, female residents of the Northland chose not to receive health care services due to cost at higher rates than males. (Figure 9)

Alcohol and drug abuse was identified as the top health problem in the community, followed by obesity and mental health problems. Cancer, diabetes, heart disease, stroke, and high blood pressure also ranked highly, supporting the inclusion of chronic disease as a community health priority. A higher proportion of Northland males than females identified obesity as one of the three most important health problems in the community. A higher proportion of Northland females than males identified mental health as one of the three most important health problems in the community. (Figure 10)

Alcohol and drug abuse were the top two risky behaviors cited by survey participants. They were followed closely by lack of exercise and poor eating habits, both directly correlated to obesity and chronic illness. Tobacco use/e-cigarette use was noted by nearly a quarter of respondents. Among Clay County residents, a higher proportion of males than females ranked alcohol abuse one of the three most important risky behaviors; in Platte County, a higher proportion of females than males considered alcohol abuse one of the three most important risky behaviors. (Figure 11)

Figure 9
Q2: Please indicate your level of agreement with each of the following statements

Answer Options	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Rating Average	Response Count
I am satisfied with the quality of life in our community (think about well-being, safety, physical and mental health, education, recreation, and social belonging).	0.46% 5	10.17% 111	17.69% 193	56.37% 615	15.31% 167	3.76	1091
The community has enough health and wellness activities to meet my needs.	1.55% 17	13.97% 153	19.82% 217	50.50% 553	14.16% 155	3.62	1095
I am satisfied with the health care available in our community.	2.84% 31	9.52% 104	16.48% 180	52.66% 575	18.5% 202	3.74	1092
I have access to the medical specialists I need.	2.66% 29	7.16% 78	13.68% 149	53.08% 578	23.42% 255	3.87	1089
In the last year, I chose not to receive health care services due to cost.	29.05% 314	27.84% 301	12.77% 138	18.5% 200	11.84% 128	2.56	1081
I have my own doctor I see whenever I am sick.	6.35% 69	11.05% 120	7.27% 79	39.41% 428	35.91% 390	3.87	1086
I am satisfied with public health services (food safety, disease prevention, birth certificates, immunizations, etc).	1.37% 15	5.13% 56	17.6% 192	51.51% 562	24.38% 266	3.92	1091
This community is a good place to grow old (consider senior housing, transportation to medical services, shopping, senior day care, and other services for the elderly living alone).	2.4% 27	11.54% 126	25.18% 275	43.22% 472	17.58% 192	3.62	1092
It is easy for me to get to places (grocery stores, doctor, work, etc).	1.74% 19	6.58% 72	8.04% 88	52.93% 579	30.71% 336	4.04	1094
There are jobs available in the community (consider locally owned and operated businesses, jobs with career growth, reasonable commute, etc.)	3.77% 41	14.52% 158	27.39% 298	41.08% 447	13.24% 144	3.45	1088
I feel my community is a safe place to live and raise children (consider crime, schools, etc).	0.92% 10	4.59% 50	13.49% 147	55.14% 601	25.87% 282	4.00	1090
I have enough housing choices to fit my needs in my community (consider size, location, cost, etc).	2.93% 32	10.07% 110	18.32% 200	49.63% 542	19.05% 208	3.72	1092
If I need help or assistance during times of stress, I have support in my community.	2.9% 29	8.1% 88	27.83% 302	45.53% 494	15.85% 172	3.64	1085
I feel helpless in making changes to my community.	13.73% 149	33.82% 367	33.55% 364	14.47% 157	4.42% 48	2.62	1085
There is enough access to medical care for residents with low income in our community.	9.32% 101	23.89% 259	32.29% 350	25.46% 276	9.04% 98	3.01	1084

Figure 10

Q3: What do you think are the most important health problems in our community? Please mark no more than 3 issues.

Answer Options	Response Percent	Response Count
Aging problems (e.g. arthritis, hearing/vision loss)	18.5%	188
Alcohol/Drug Abuse	42.3%	429
Bullying	14.6%	148
Cancer	22.6%	229
Child Abuse/Neglect	16.1%	163
Dental Problems	10.8%	110
Diabetes	13.5%	137
Domestic Violence	10.7%	108
Fire-arm related injuries	3.4%	34
Heart Disease and Stroke	18.2%	185
High Blood Pressure	10.4%	105
HIV/AIDS	0.9%	9
Homicide	3.4%	34
Inadequate Housing	7.2%	73
Infant Death	1.0%	10
Infectious Disease (hepatitis, TB)	0.7%	7
Mental Health Problems	31.3%	317
Motor Vehicle Crash Injuries	5.7%	58
Obesity	36.9%	374
Rape/Sexual Assault	1.8%	18
Respiratory/Lung Disease	3.2%	32
Sexually transmitted diseases	2.2%	22
Suicide	3.6%	36
Teenage Pregnancy	7.8%	79
Other (please specify)	4.7%	48

Figure 11

Q4: What do you think are the most important “risky behaviors” in our community? (those behaviors that have the greatest impact on overall community health) Please mark no more than 3 issues.

Answer Options	Response Percent	Response Count
Alcohol/Drug Abuse	42.5%	434
Dropping out of school	13.2%	135
Drug abuse	48.2%	492
Lack of exercise	32.2%	328
Poor eating habits	42.0%	428
Not getting “shots” to prevent disease	12.9%	132
Racism	6.9%	70
Texting/cell phone while driving	43.1%	440
Tobacco use/E-cigarette use	23.6%	241
Not using birth control	6.1%	62
Not using seat belts or child safety seats	9.8%	100
Unsafe sex	11.7%	119
Other (please specify)	1.7%	17

Overview: Demographics of Survey Participants

Survey respondents were asked to provide data on a number of demographic topics, including gender, race, age, relationship status, employment status, primary language spoken, educational attainment, household income, and zip code location of residence.

The majority of respondents were female (72.5%), white (91%), married/living together (61%), employed full time (54%), and had a college degree or higher (63%). The majority of respondents fell into the 18-39 age (38%) and 40-54 (27%) age range, although Platte County had a higher percentage of younger (<40) and lower percentage of older (>65) survey respondents when compared to Clay County. Income levels were more evenly distributed with 20% making more than \$100,000 and 17% making less than \$20,000. 23% had household income of \$20,000-\$49,000 and 35% had household incomes of \$50,000-\$100,000. (See Appendix F for full Northland Survey Data Results.)

It is important to note that these survey results cannot be generalized across the entire Northland community as the survey was not conducted as a random sample.

2015 Community Health Forums

Excelsior Springs

March 19

Good Samaritan Center

Smithville

March 24

Smithville High School Cafeteria

North Kansas City

March 26

North Kansas City Hospital

Kearney

March 31

Old Fire House

Gladstone

April 1

Gladstone Community Center

Liberty

April 7

Liberty Community Center

* See Appendix G for results by community.

Overview: Community Health Forums

While the primary method of data collection was the community health survey, Clay County Public Health Center recognized the potential value of community forums to gain a more in-depth understanding of the issues that were most important to the community. These forums were also viewed as an effective method for acquiring meaningful input from community members who may have been less likely to respond to the survey, those uncomfortable with the online format or those with lower literacy levels. During March and April 2015 CCPHC conducted community forums in Excelsior Springs, Gladstone, Kearney, Liberty, Smithville and North Kansas City to gather feedback from residents representing urban, suburban and rural communities.

The discussions in these Community Health Forums were built around the questions asked in the Community Health Survey. Participants used an electronic voting tool to rate the health of their community, the availability of health care services, barriers to health care, quality of life, and to identify what they perceived to be the biggest health problem. Forum participants mentioned a wide variety of topics during the discussions, some of which did not align directly with the three priorities identified in this report. However, common themes were apparent throughout, with significant discussion devoted to the issues of mental health including substance abuse, chronic disease and obesity.

Assessment 3: Community Health Status Assessment

The Community Health Status Assessment Task Force structured the gathering and recording of assessment data using the list of Core and Extended Indicators developed by the National Association of County and City Health Officials. The list of Indicators includes 11 categories ranging from Community Demographics to Sentinel Events.¹⁰ The Task Force collected data on all 11 indicators, however, taking its cue from the issues and priorities identified in the Local Public Health System Assessment, Community Health Survey and the Community Health Forums, aligned the focus of the data presented in this report to the following key indicators: Demographics, Social Determinants of Health, Health Resource Availability/Access to Care, Quality of Life (gathered through the survey and forums), Behavioral Risk Factors, Social and Mental Health, and Maternal and Child Health. These indicators provide pertinent background about the three health priorities identified by the community and will profoundly impact the development of the community health improvement plans around Access to Care, Mental Health and Chronic Disease.

Much of the statistical data presented in the Community Health Assessment comes through U.S. Census Tract data, Missouri Information for Community Assessment (MICA) and the Behavioral Risk Factor Surveillance System (BRFSS). The Centers for Disease Control and Prevention (CDC), in collaboration with state and local health departments, carry out an annual population based survey to measure health behaviors of the U.S. population annually.¹¹ Data collected through the BRFSS makes it possible to

NACCHO List of Health Indicators

- Demographics
- Social Determinants of Health
- Health Resource Availability
- Quality of Life
- Behavioral Risk Factors
- Environmental Health
- Social and Mental Health
- Maternal and Child Health
- Death, Illness and Injury
- Communicable Disease
- Sentinel Events

compare health behaviors across states and among counties within states. This surveillance enables health professionals to identify and track trends in health behaviors, making it a valuable system for informing the discussion about health policies and for providing evidence to guide health policy choices.

Health Indicators: Demographics and Social Indicators of Health

The demographic characteristics of a community provide a snapshot of the people who live there. Some key demographic measures typically considered in a community health assessment are percent of total population by age group, gender, race and ethnicity, and how the population is distributed geographically.¹² The social determinants of health are the circumstances in which people are born, grow up, live, work, and age. They also include the systems in place to deal with illness, including access to health care, as well as educational attainment, employment status, and household income. These social determinants are further influenced by a variety of external forces, including economics, social policies, and politics.¹³

Before asking the question, *How healthy is our community?* it is important to first gain an understanding of just what that community looks like. By reviewing general demographic information and socioeconomic indicators, the Northland Health Care Alliance gains insight into the factors that directly measure health, and identifies contributing factors significantly affecting the overall health of the community. This contextual information is essential for both thoughtful analysis of a community's health status and for the development of health improvement plans to address identified priorities.

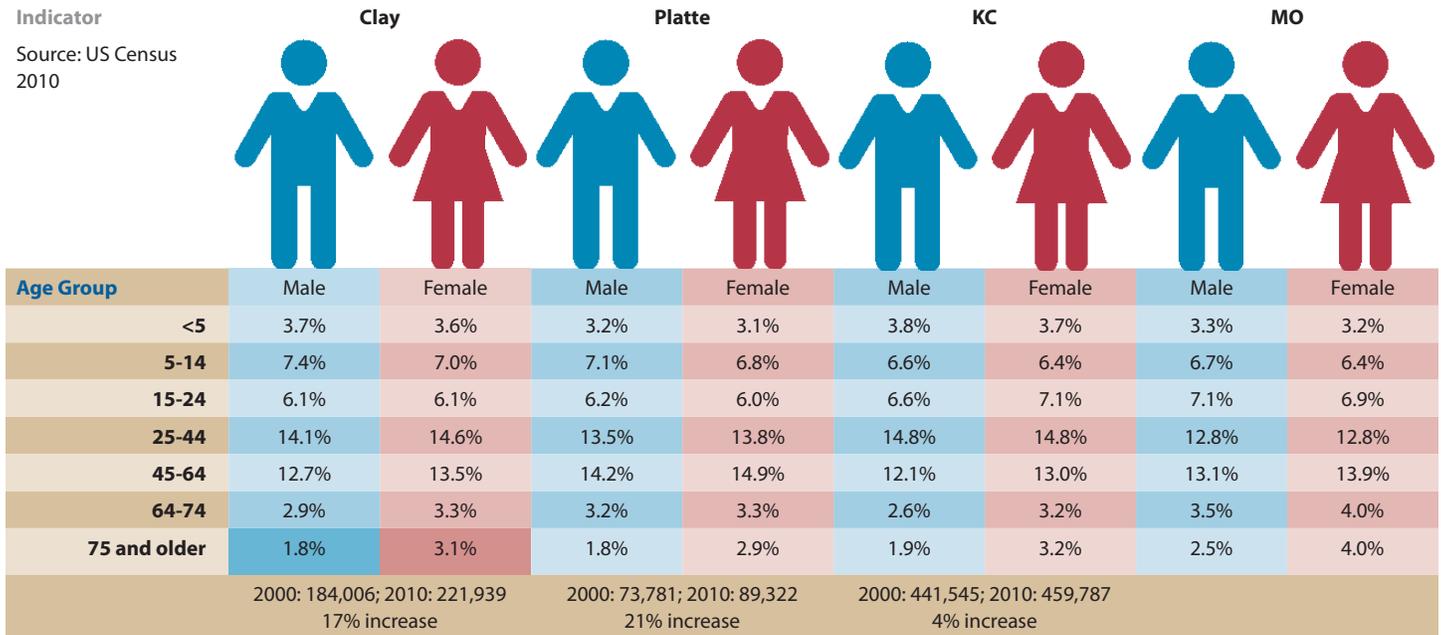
Overview: Population Size, Age, Diversity

According to the 2000 census Clay County was home to 184,006 people and Platte County to 73,781. By 2010 both counties had experienced significant population growth, an increase of 17% in Clay and 21% in Platte. This increase is significantly higher than the 4% growth rate experienced by Kansas City, Missouri. The population in the Northland is generally evenly split between males and females, with females comprising a slightly larger percentage of the population in both Clay (51.3%) and Platte (50.8%) counties. This aligns with general populations trends in the U.S. The majority of the population in both counties falls between the ages of 15 and 64 (67% Clay, 69% Platte). Those aged 65 and older make up the smallest portion of the population of both counties, approximately 11%. (Figure 12)

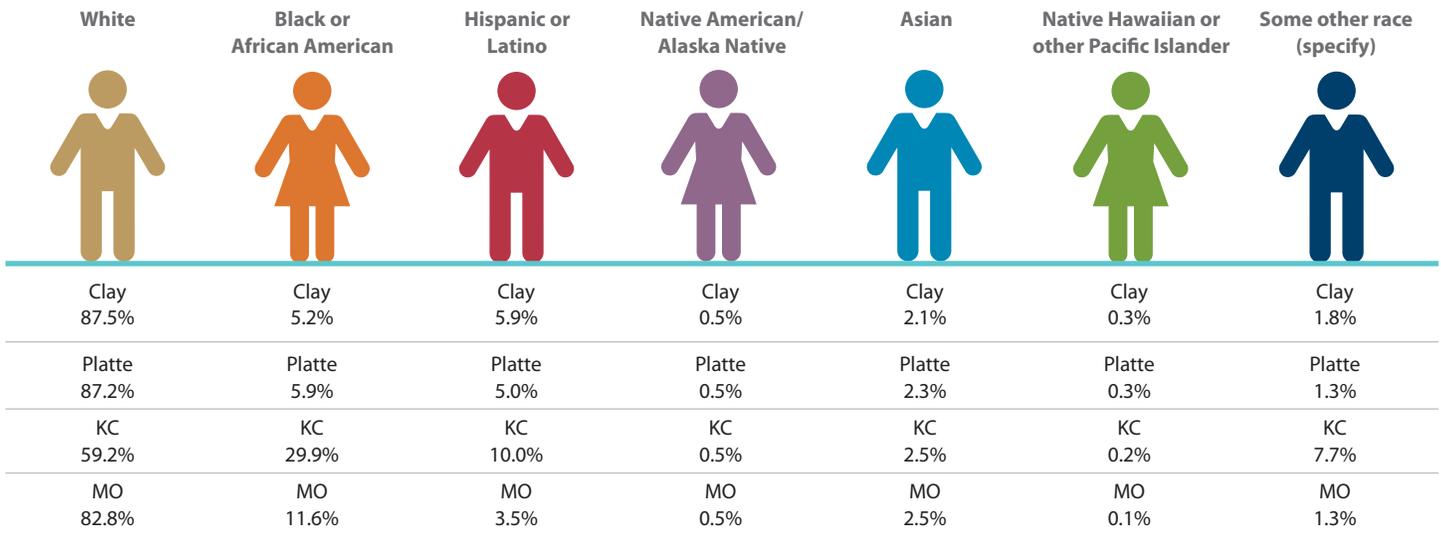
Figure 12: Overview Demographic Information

Indicator

Source: US Census 2010



Demographic Profile: Race/Ethnic Distribution



The Northland is significantly less diverse than neighboring Kansas City. African Americans account for 5.2% of the Clay County population and 5.9% of the Platte County population. In Kansas City, African Americans account for nearly 30% of the total population. Those of Hispanic or Latino descent comprise 5.9% of the Clay County population, 5.0% of the Platte County population, and 10.0% of the Kansas City population. Population diversity in the Northland aligns more closely with that of the state of Missouri where the African American population comprises 11.7% and the Hispanic/Latino population 3.5% of the total. This diverse population is expected to continue to grow across the state and across all Northland communities.

Overview: Urban/Rural

The Northland is more urban than the state of Missouri and the United States in general. (U.S. Census, 2010). Platte County has a higher percentage of people residing in rural communities (15.8%) than Clay County (9.8%). When these totals are combined it reveals that about a quarter of the Northland residents live in rural communities where they may experience unique risk factors known to contribute to health issues compared to their urban and suburban counterparts. **Rural residents are at higher risk for experiencing isolation, lower socioeconomic status, higher rates of health risk behaviors, and limited job opportunities. Rural residents also tend to be older and have reduced access to healthcare.**¹⁴ These issues will have significant implications for the creation of community health improvement plans.

Figures 13 and 14 below map the population distribution of rural, suburban and urban communities in Clay and Platte Counties.

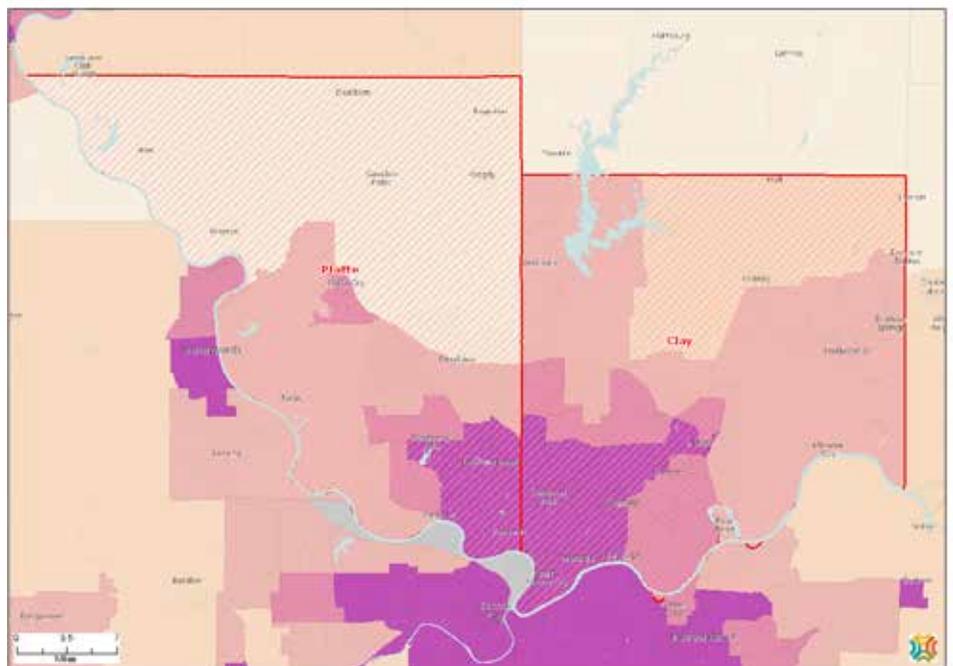
Figure 13: Urban and Rural Population

Indicator	Platte	Clay	KC	MO	U.S.	Year	Source
Percent Urban	84.19%	90.18%	-	70.44%	80.89%	2010	Community Commons, U.S. Census, Decennial Census
Percent Rural	15.81%	9.82%	-	29.56%	19.11%	2010	Community Commons, U.S. Census, Decennial Census

Figure 14: Rural/Urban Population Distribution in Clay and Platte Counties

Urban Population, Percent by Tract, US Census 2010

- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed



Overview: Income/Poverty

The connection between income and health is inextricable. It has long been clear richer, better-educated people live longer than poorer, less-educated people. As far back as 1980 the National Longitudinal Mortality Survey noted that people with incomes in the top 5% had a life expectancy 25% longer than those with incomes in the bottom 5%.¹⁵ Multiple studies have demonstrated mortality rates and morbidity – the proportion of sickness or of a specific disease in a particular population or geographic location – improve with higher socioeconomic status.¹⁶ This connection can be seen in the data collected as part of the Community Health Status Assessment presented in the tables below.

The median income in both Clay and Platte counties is significantly above both the Missouri and national medians. (Figure 15) The per capita income of the communities (overall income of the population divided by the number of people included in the population) is slightly higher in Platte County than in Missouri as a whole and about \$7000 higher than the U.S. average of \$52,520. The Clay County per capita mirrors that of Missouri and is about \$2000 higher than the figure for the U.S. as a whole. (Figure 16) It is important to point out that a per capita figure does not always give an accurate representation of the quality of life in a community due to the function's inability to account for skewed data. For instance, if there is an area where 50 people are making \$1 million per year and 1,000 people making \$100 per year the per capita income is \$47,714, but that does not give a true picture of the living conditions of the entire population.¹⁷

Figure 15: Median Household Income by Jurisdiction

Indicator	Platte	Clay	KC	MO	U.S.	Year	Source
Median Household Income	\$63,438	\$60,541	\$45,551	\$46,931	\$52,250	2013	County Health Rankings & Roadmaps 2015 Report (ACS)

Figure 16: Per Capita Income

Indicator	Platte	Clay	KC	MO	U.S.	Year	Source
Per Capita Income	\$33,452	\$27,937	\$26,202	\$27,937	\$25,384	2013	U.S. Department of Commerce United States Census Bureau American Fact Finder, Clay County

The poverty threshold or Federal Poverty Level (FPL) is set by the Federal government annually using size of household and annual income before taxes. Households making less than this set amount are considered to be living in poverty. In 2014, the FPL was \$24,008 for a family of four.¹⁸ Populations are affected by poverty disproportionately. Females, people living with disabilities, single parent households, ethnic minorities, etc. are more likely to live in poverty, and thus are more likely to experience health inequalities than other groups.¹⁹

Poverty data is collected primarily through the US Census Bureau. Based upon the 2013 data collected, nearly 11% of Clay County residents and nearly 9% of Platte County residents were living below poverty level, both lower than the poverty rate experienced in Kansas City, Missouri (15.9%) and the U.S. (15.8%). (Figure 17) **However, nearly 20% of the African Americans living in Platte County and slightly more than 23% of those living in Clay County live below the poverty line. (Figure 18) Households headed by females (no husband present) are significantly more likely to be living in poverty. In Platte County 31.6% of such households and 29.4% in Clay County are living on incomes at less than 125% of the Federal Poverty Level (FPL).** (Figure 19) The picture is brighter for married couples where 3.9% of such households in Platte County and 5.7% such households in Clay live on incomes at less than 125% of FPL. The overall number of families living below the poverty level, 7.7% Clay, 5.4% Platte, are significantly lower than the Missouri, 11.5%, and Kansas City 14.1%. (Figure 21)

Figure 17: Total below poverty level

Indicator	Platte	Clay	KC	MO	U.S.	Healthy People Target	Year	Source
Total Below Poverty Level	8.5%	10.9%	18.9%	15.9%	15.8%	2010 = 15.0% 2020: Not applicable (No target indicated)	2013	U.S. Department of Commerce United States Census Bureau American Fact Finder

Figure 18: Percent of persons living in poverty by race

Population below 100% FPL – Percent by race alone
American Community Survey via Community Commons, 2008-2012

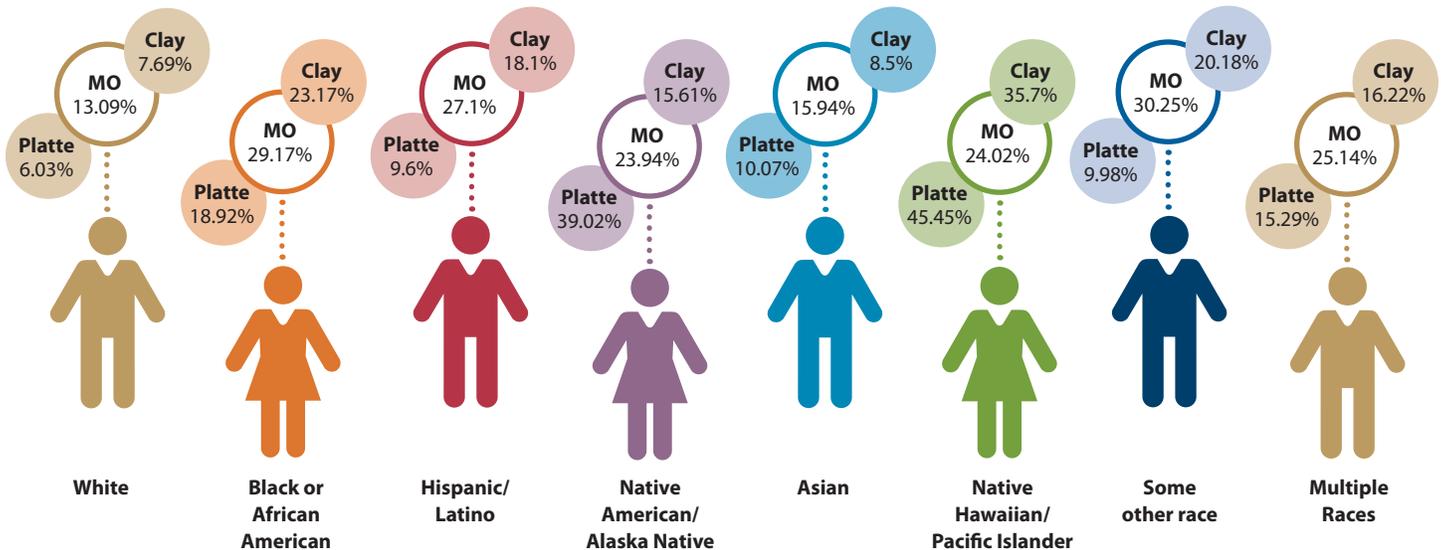


Figure 19: Percent families below poverty level

Indicator	Platte	Clay	KC	MO	U.S.	Year	Source
Percent Families Below Poverty Level	5.4%	7.7%	14.10%	11.5%	11.6%	2013 (ACS)	U.S. Department of Commerce United States Census Bureau American Fact Finder

Households headed by females in both counties are particularly at risk for living in poverty. In both Clay and Platte Counties, about 30% of all households headed by females are at or below the Federal Poverty Level. (Figure 20) Income inequality is a likely culprit. A 2013 study by the National Partnership for Women and Families found a wage gap exists in every state and in the country’s largest 50 metropolitan areas. An analysis of 2011 US Census Bureau data found in the Kansas City metro area, on average, a woman who holds a full-time job is paid \$38,783 per year while a man who holds a full-time job is paid \$50,422 per year. This means that women in the Kansas City area are paid 77 cents for every dollar paid to men in the area, amounting to a yearly gap of \$11,639 between men and women who work full time.²⁰ This wage gap has major implications for the ability of women to purchase basic necessities, and inevitably limits their access to health care.

Figure 20: Female Household at less than 125% FPL – no husband present

Indicator	Platte	Clay	KC	MO	U.S.	Year	Source
Female Headed Households at less than 125% Federal Poverty Level – No husband present	31.6%	29.4%	45%	43.6%	40.9%	2013	U.S. Census

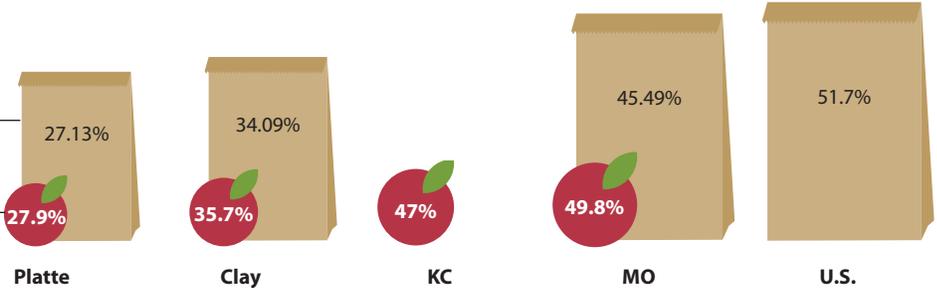
Figure 21: Married Couple Families at less than 125% FPL

Indicator	Platte	Clay	KC	MO	Year	Source
Married Couple Families at less than 125% Federal Poverty Level	3.9%	5.7%	10.8%	9.8%	2013	U.S. Census

According to 2013 estimates reported by Kidsdata.org, “10% of American households with children were food insecure at some time during the previous year. This translates to an estimated 3.8 million households that were unable to provide adequate, nutritious food for their children. Free or reduced price school meals (FRPL) provide a safety net to help ensure low-income children get adequate nutrition. Such programs address food insecurity among low-income children and have demonstrated impact on improving the physical health of students (including obesity) as well as on behavior, school performance, and cognitive development.”²¹ In Clay County approximately one-third of all students are eligible for Free or Reduced Price Lunches (FRPL). (Figure 22) However, in some schools the number of eligible students is 70%²² or greater. Slightly more than a quarter of all students in Platte County are eligible for the lunch program. **Students eligible for FRPL are less likely to have access to a healthy breakfast meaning they are more likely to be distracted at school and need more academic and social support than other students.**

Figure 22. Free and Reduced Price Lunch

Children Eligible for Free and Reduced Price Lunch
 National Center for Education Statistics, 2012-13
Percent of children enrolled in school free/reduced lunch programs
 Kids Count, Dese.mo.gov, 2013



Overview: Employment

Employment and health are closely linked. **Individuals who deal with unemployment also frequently experience other socioeconomic-related challenges and are more likely to report poorer health outcomes.**²³ This reality is demonstrated by data showing unemployed or laid-off workers are 54% more likely to have fair or poor health and 83% are more likely to develop a stress-related heart condition when compared to those who are continuously employed.²⁴ As the majority of Americans receive health insurance coverage through their employers, the loss of a job frequently also means the loss of health benefits, a reality that exacerbates the negative health effects unemployment can have on both individuals and families.

Both Clay and Platte Counties recorded unemployment rates lower than those posted by the US, Missouri and Kansas City in April of 2015. (Figure 23)

Figure 23: Percent unemployed

Indicator	Platte	Clay	KC	MO	U.S.	Year	Source
Percent Unemployed	4.4%	4.8%	5.9%	5.5%	5.1%	April 2015	Missouri Dept. of Economic Development

Overview: Affordable housing

Researchers have long understood there is a connection between housing and health. It has been suggested the provision of affordable housing may impact health outcomes for children and families in a number of ways. These include freeing up family resources for nutritious food and health care expenditures, reducing stress through greater residential stability, improved mental health by increasing stability and control and minimizing disruptions caused by frequent, unwanted moves, and improved outcomes for those with chronic illnesses who are better able to maintain treatment regimens and achieve higher rates of medical care.²⁵

The generally accepted housing expense ratio is 30%, meaning housing costs should account for no more than 30% of before tax income. Approximately one-third of households in Platte County exceed this ratio; the figure is slightly lower in Clay County, 26.5%. In both, the number of households exceeding the housing expense ratio is below the U.S. average of 35.5%. (Figure 24)

Figure 24: Housing/Monthly Income

Indicator	Platte	Clay	MO	U.S.	Year	Source
Housing Exceeds 30% or more of monthly income	29.06%	26.52%	29.8%	35.47%	2013	American Community Survey (ACS)

Overview: Education

Research draws a clear correlation between education and health status. A policy brief on Education and Health published by the National Poverty Center at the University of Michigan reported data indicating the better educated a person is, the better health outcomes he or she is likely to enjoy, regardless of income, family background or labor market factors. Further, the study of research findings reviewed in the policy brief suggested these better health outcomes can be seen in both morbidity rates for acute and chronic diseases, in mortality rates, and in life expectancy. Research cited in the brief also noted better educated individuals are less likely to self-report a past diagnosis of an acute or chronic disease, less likely to die from the most common acute and chronic diseases such as heart disease and diabetes, and are less likely to report anxiety or depression. Finally, the brief presented data indicating those with four years of education beyond high school also reported more positive health behaviors. They are less likely to smoke, to drink a lot, to be overweight or obese, or to use illegal drugs.²⁶ In the Northland Community Health Survey, 82% of respondents with a college degree or higher agreed/strongly agreed that they have their own doctor to see when they are sick, compared to only 65% of respondents with a high school diploma or lower education level. These findings have serious implications for the Northland where 36.7% of Clay County residents aged 25 and above have a high school diploma or less. The figure is 28.2% of the population in Platte County. **The data suggests education policies may have the potential to substantially improve health and need to be considered as part of community health improvement planning discussions.**

In the 2011-12 school year, 92% of seniors graduated from high school in Platte County, 89% in Clay County. (Figure 25) In Platte County 32% of the population holds an associate’s or bachelor’s degree. That figure is 29% in Clay County. Both counties are above the Kansas City (27%) and U.S. (26.5%) percentages. Nationally 13% of Americans, age 25 or older, are functioning with less than a high school diploma. In Clay County that number is 8%, in Platte 4%. (Figures 26 & 27)

Figure 25: High School Graduation Rate

High School graduation Rate: Percent of 9th grade cohorts that graduate in 4 years
 County Health Rankings & Roadmaps, 2015 Report, 2011-12

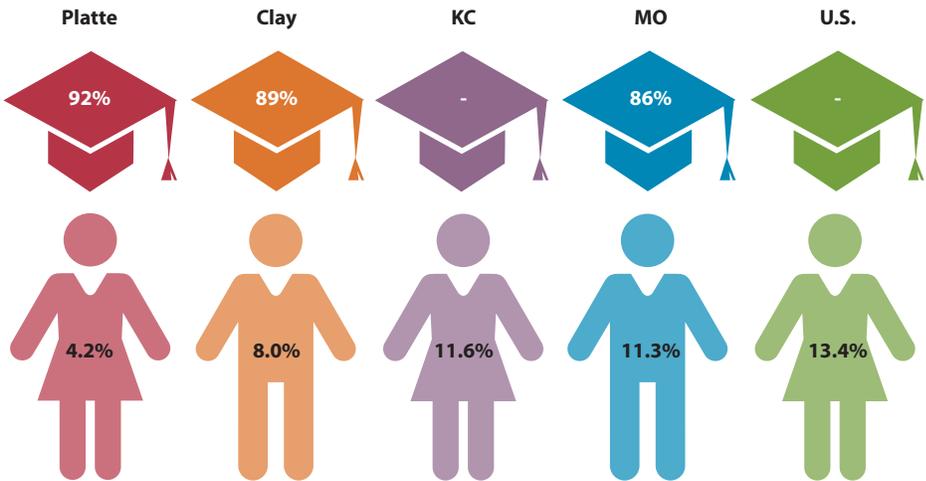


Figure 26: Persons aged 25 and older with less than high school diploma

Persons aged 25 and older with less than a high school education
 U.S. Department of Commerce United States Census Bureau American Fact Finder, 2013

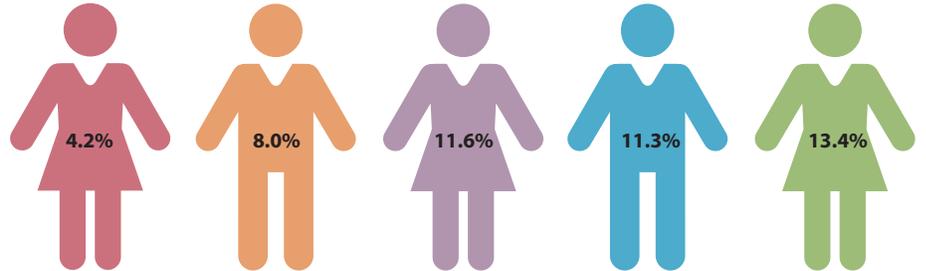
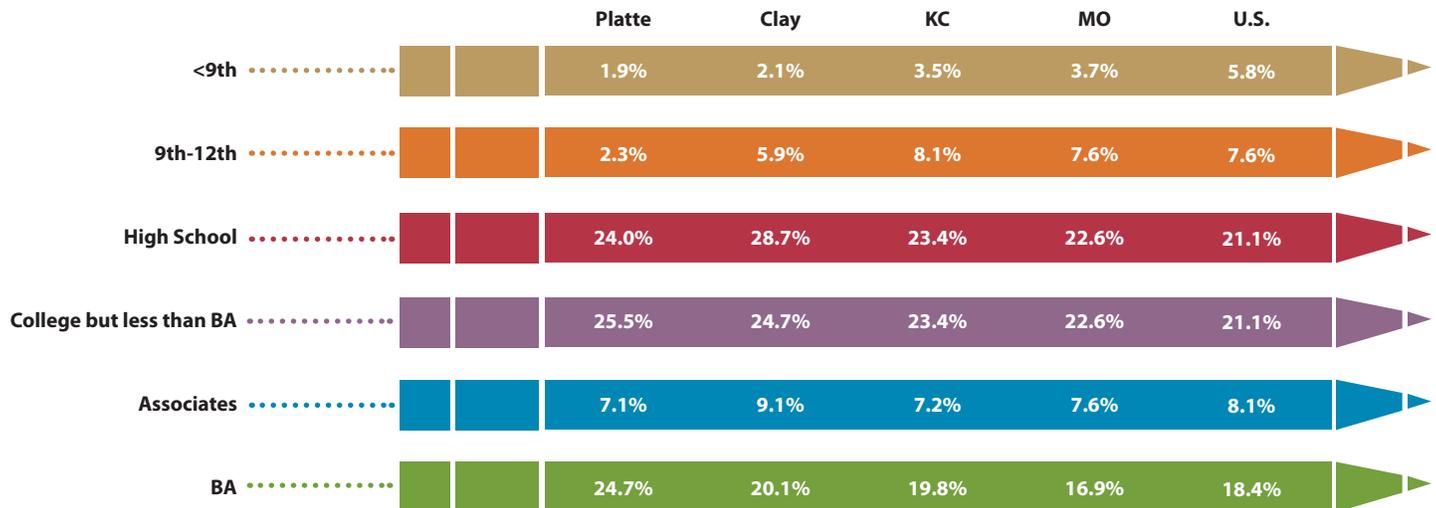


Figure 27: Educational attainment among adults aged 25 years or older

American Community Survey, 2013



Overview: Household Demographics

As noted previously, single parent families, particularly those headed by females, are more likely to face economic struggles which in turn impacts their ability to access health care and ultimately their health outcomes. Speaking a language other than English can impact a family's ability to navigate the healthcare system leading to poorer health outcomes. People with disabilities tend to be in poorer health and to use health care at a significantly higher rate than people who do not have disabilities. They also experience a higher prevalence of secondary conditions, use preventive services at lower rates, and generally experience more problems accessing health care than other groups. Those with the most significant disabilities also are in the poorest health.²⁷

Over a quarter of the children living in Clay and Platte Counties reside in homes headed by a single parent, significantly higher than the U.S. total of 18% but less than the figures for both Missouri and Kansas City. (Figure 28) In Clay County about 11% of the population has a disability, in Platte County just under 10% of the population does. The percentage of the population (age 5 and over) with limited English proficiency equals 2.7% in Clay County and 3% in Platte County. (Figures 29, 30 & 31)

Figure 28: Single parent families

Indicator	Platte	Clay	KC	MO	U.S.	Year	Source
Percentage of children that live in households headed by single parent	27%	28%	36.6%	33%	18%	2008-2012	County Health Rankings & Roadmaps, 2015 Report (ACS Data)

Population with a Disability

The Diversity Advisory Council for Health Equity established by Clay County Public Health Center discussed issues faced by the visually impaired. Unemployment rates are high and many report experiencing employment discrimination. According to data gathered and reported by the U.S. Census in the 2011-2013 American Community Survey (ACS) slightly less than 50% of those with visual difficulty are employed. More than 40% are not in the workforce at all. These include students, homemakers, retired workers, and institutionalized people as well as seasonal workers who were interviewed in an off season, people doing only incidental unpaid family work and those who are not looking for work. The ACS reported unemployment among the visually impaired in Clay County is almost 3% higher than in Jackson County, Missouri, but 2% lower than in Platte County.

Figure 29: Population with a Disability

Indicator	Platte	Clay	MO	U.S.	Year	Source
Population with a disability	9.86%	11.13%	14.01%	12.13%	2009-2013	American Community Survey

Language/Cultural Demographics

The Diversity Advisory Council for Health Equity noted an assortment of challenges faced by immigrant populations in the Northland when it comes to accessing health care services. Simply navigating differing cultural expectations about health care services, (e.g. expecting to always see a medical provider of the same gender) is an immediate obstacle. Lack of access to skilled interpreters can impair communication and potentially weaken health outcomes. Cultural stigma about certain health issues can inhibit a patient's reaching out for care. One Council member discussed seeing Somali children with behavioral issues such as depression and PTSD resulting from the trauma incurred in their homeland or experienced as a result of their time in refugee camps who could benefit from mental health services but whose families either would not reach out for help or did not know how to do so. Meeting the health care needs of American born citizens can be challenging. **Meeting the needs of immigrant populations presents additional complications for the public health system in the Northland.**

Figure 30: Percent foreign born

Indicator	Platte	Clay	KC	MO	U.S.	Year	Source
Special Populations number proportion of total population: Percent Foreign Born	5.50%	4.90%	7.6%	3.90%	12.90%	2008-2012	American Community Survey

According to a series of studies published in a special supplement to the November 2007 Journal of General Internal Medicine, patients who speak little or no English are far less likely to receive all recommended health care services than English-speaking patients.²⁸ Limited access to trained bilingual staff also presents health care risks for non-English speaking patients. **Language creates barriers to health literacy as well as to access to care.** Creating health care information in appropriate languages and making it available in places where members of minority communities live, work, and worship were two recommendations made by the Diversity Advisory Council on Health Equity.

Figure 31: Non-English Speakers

Indicator	Platte	Clay	KC	MO	U.S.	Year	Source
Percent Population 5+ with limited English Proficiency	3.01%	2.72%	5.2%	2.28%	8.63%	2009-2013	American Community Survey

Overview: Chronic Disease

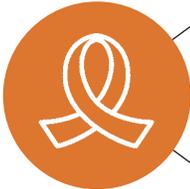
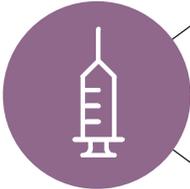
Chronic diseases are the leading causes of death and disability in the U.S. They are associated with high healthcare cost, low productivity and loss of quality of life, yet they are the most preventable of all health problems. According to the Missouri Department of Health and Senior Services, nearly 7 out of every 10 Missourians who die each year will die of a chronic disease.²⁹ In 2014, the chronic diseases with the highest mortality rates in the Northland were: cancer, heart disease, chronic lower respiratory disease and cerebrovascular disease, followed by Alzheimer’s disease, kidney disease and diabetes. Most of these diseases share common risk factors including tobacco use, smoking, unhealthy diet, physical inactivity and overweight/obesity. The Missouri Department of Health and Senior Services estimates that 10,000 Missourians die each year from tobacco-related causes. While the number of smokers in the state has dropped considerably since 2011-2012, at 20.6 % of adults and 14.9% of teenagers, the rate is still one of the highest in the nation.³⁰

Throughout this section comparisons between the health status of Clay and Platte County residents and the goals of Healthy People 2020 are made. Healthy People 2020 was established by the Centers for Disease Control 30 years ago “to provide science-based, national goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States.”³¹ The health benchmarks established by Healthy People 2020 are noted in this report to provide a frame of reference for interpreting the data included in the Community Health Assessment.

The data collected as part of the community health assessment shows that chronic disease is the leading cause of death in the Northland. The seriousness of this issue is recognized by the community at large as indicated by the high percentage of Northland survey respondents who listed obesity (36.9%), heart attack and stroke (18.2%),

and high blood pressure (10.4%) as serious community health problems in the Northland Community Health Survey.³² Obesity, directly linked to many chronic health issues, ranked as the third most important health problem in the Northland. The following data provides insight into the impact of chronic diseases on Northland citizens and the health behaviors that may be influencing the health of the community.

Cancer is the leading cause of death in the Northland, followed closely by heart disease. In 2012 lung and bronchus cancer was the leading cause of cancer death for men and women in Clay County.³³ In 2012, the mortality rate for heart disease in both counties (121.1 deaths per 100,000 Platte, 151.6 deaths per 100,000 Clay) is well above the Healthy People 2020 goal of 103.4 deaths per 100,000. At 149.6 deaths per 100,000, the Platte County mortality rate for all cancers is under the Healthy People 2020 goal of 161.4 deaths per 100,000. Clay County is slightly above the goal with 165.5 deaths per 100,000. Chronic Obstructive Lung Disease is a larger issue in Clay County than in Platte County.

		Platte	Clay	KC	MO	Healthy People 2020
Heart Disease MICA, 2012 		121.1	151.6	165.2	191.5	103.5
	Heart Disease (mortality per 100,000)					
Cancer MICA, 2012 		149.6/100,000	165.5/100,000	187.9/100,000	181.0/100,000	161.4/100,000
	Mortality – Age adjusted Rates: All cancers: AAM, Total (mortality per 100,000)					
		151/100,000	167.7/100,000	174.6/100,000	177.5/100,000	
	Mortality – Age adjusted Rates: All cancers: White (mortality per 100,000)					
COPD MICA–Chronic, 2012 		90.4@/100,000	104.9@/100,000	212.6/100,000	222.3/100,000	
	Mortality – Age adjusted Rates: All cancers: Black/African American (mortality per 100,000)					
		38.9/100,000	51.1/100,000	48.7/100,000	51.6/100,000	
Diabetes MICA, 2011-2013 		15.4/100,000	15.8/100,000	23.5/100,000	20.2/100,000	66.6/100,000
	Chronic obstructive lung disease (mortality per 100,000)					
		14.0/100,000	15.5/100,000	18.3/100,000	18.6/100,000	
	Mortality – Age adjusted Rates: All cancers: AAM, Total (mortality per 100,000)					
	91.9@/100,000	18.7@/100,000	36.1/100,000	38.0/100,000		
Mortality – Age adjusted Rates: All cancers: White (mortality per 100,000)						
Mortality – Age adjusted Rates: All cancers: Black/African American (mortality per 100,000)						

* @ symbol indicates an unstable rate with fewer than 20 events.

The mortality rate in Clay County is of 51.1 deaths per 100,000 (which closely mirrors the mortality rate for the state of Missouri), versus 38.9 deaths per 100,000 in Platte. Mortality rates for those with diabetes are higher for non-whites in Clay County, 18.7 deaths per 100,000 than for whites, 15.5 deaths per 100,000. The overall mortality rate for diabetes in the county is lower, 15.8 deaths per 100,000, than in Missouri, 20.2 deaths per 100,000. Mortality rates for diabetes in Platte County are generally lower than those in Clay County, with the mortality rate for whites at 14.0 deaths per 100,000 (Figure 32). It is important to note while the diabetes mortality rate for African Americans in both Clay and Platte Counties is higher than that of white residents, the data presented in the table is considered unstable. Instability in rate typically occurs when analyzing data for small areas, such as a single county, or for low frequency events, in this instance cause-specific mortality.³⁴ Therefore no true conclusions can or should be drawn from this data.

Health Indicator: Behavioral Risk Factors

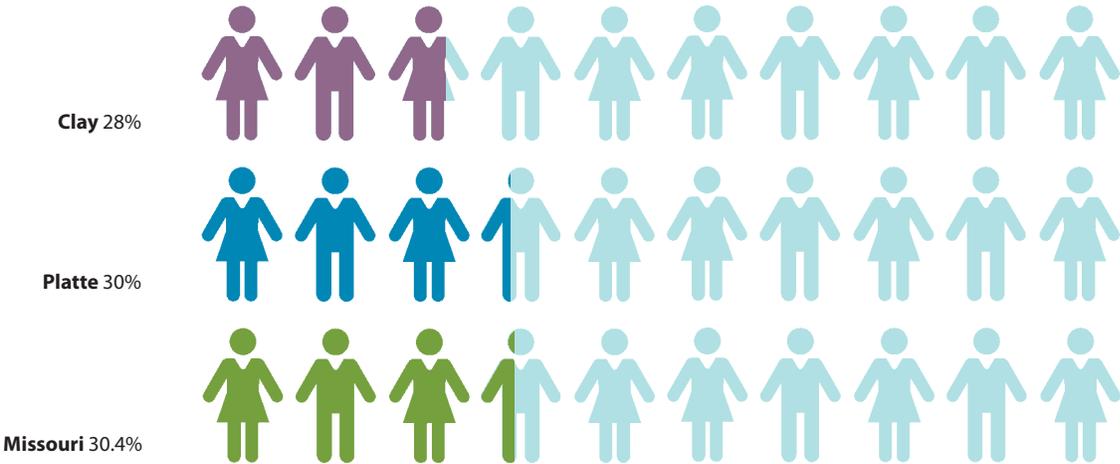
Overview: Obesity

According to the Robert Wood Johnson Foundation Report on the State of Obesity, **Missouri has the 16th highest rate of adult obesity (BMI of 30 or more) in America at 30.4%.** That figure reflects a steady increase up from 30% in 2011, 23.9% in 2004, and 11.3% in 1990.³⁵ With one exception, obesity rates for children and teens in Missouri are also on the rise. In 2013, 14.9% of high school students were obese, a slight increase from 2011, ranking the state 8th in the nation. In 2011, 13.5% of children, ages 10-17 were obese. The state has shown improvement in obesity rates for children ages 2-4 from low income families, down from 13.9% to 12.9% in 2011, a statistically significant improvement from rate noted in 2008.³⁶

The obesity rate of adults in Clay and Platte Counties closely mirrors that of the state of Missouri. As obesity increases the risk of developing conditions such as diabetes and heart disease, it is clear the drive to decrease chronic illness in the Northland will require significant focus to address the issue of obesity in the community. (Figure 33)

Figure 33: Obesity

Healthy People 2011
Baseline 33.9; Target 30.5



Overview: Diet and Nutrition

Strong scientific evidence supports the value of eating a healthful diet, especially whole grains, fruits, vegetables, low-fat or fat-free dairy products, and lean meats and other protein sources. A healthy diet can help people improve their health status and reduce their risk for a variety of health conditions including obesity and chronic disease.³⁷

To assess the quality of the diet consumed by Americans, the Behavioral Risk Factor Surveillance System looks at fruit and vegetable consumption of children and adults. In 2009, it was estimated that just 27.3% of adults in Missouri were eating two or more servings of fruit a day, and only 28% were eating three or more servings of vegetables a day.³⁸ These compared to the national average of 32.5% eating the recommended daily number of servings of fruit, and 26.3% eating the recommended number of servings of vegetables. **In the Northland, the data indicates more than three-quarters of adults do not eat an adequate diet of fruits and vegetables.** (Figure 34) It is important to note the difficulty low income families face in accessing affordable, healthy food. For them, the choice between cheap but unhealthy junk food and fresh greens or fruits is frequently an economic one.

Figure 34: Fruit and Vegetable Consumption

Percent of Adults with Inadequate Fruit and Vegetable Consumption

BRFSS via Community Commons, 2005-2009



Overview: Physical Activity

Physical activity is also known to have direct correlation to health. **Regular physical activity can improve the health status and quality of life for people of all ages, regardless of the presence of chronic disease or disability. For people who are inactive, even small increases in physical activity can be linked to positive health benefits and improvements.**³⁹ The BRFSS Prevalence and Trends Data for Exercise 2012 report suggests that personal, social, economic, and environmental factors may play a role in the level of physical activity reported for youth, adults, and older adults. In the U.S., more non-Hispanic white adults (22.8%) met the 2008 Physical Activity Guidelines for aerobic and muscle-strengthening activity than non-Hispanic African American adults (17.3%), and Hispanic adults (14.4%). Men, too, were more likely to meet this guideline (52.1%) than women (42.6%), and young adults were more likely to meet it than older adults.⁴⁰ According to the 2015 Robert Wood Johnson Foundation County Health Rankings, more than a quarter of adults in the Northland reported no leisure time physical activity.⁴¹

Many factors have been positively associated with adult physical activity including higher income, post-secondary education, social support from peers, family or spouse and safe neighborhoods.⁴² Understanding the barriers to and facilitators of physical activity will be essential to developing plans for improving the health of Northland communities.

Clean Indoor Air

The dangers of second-hand smoke, and the harm it does to children and adults are well understood. Tobacco smoke contains more than 7,000 chemicals, including hundreds that are toxic, and about 70 that can cause cancer. The only way to truly protect non-smokers is to eliminate smoking in all homes, worksites and public places.⁴³ In the Northland, Kansas City, Gladstone, North Kansas City, Excelsior Springs, and Liberty have passed regulations or ordinances on smoking. In addition, 41 businesses in Platte County have established their own no-smoking policies. (Figure 35)

Figure 35: Clean Indoor Air

Indicator	Platte	Clay	KC
Clean Indoor Air Policies; As of May 2015	Passed Regulations/Ordinances: Kansas City, Parkville; 41 other business have no-smoking policies	Passed Regulations/Ordinances: Gladstone, Kansas City, North Kansas City, Excelsior Springs, Liberty	No smoking in bars, hotels, restaurants

Health Indicator: Social and Mental Health

Mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”⁴⁴ Research by the World Health Organization indicates mental illness results in more disability in developed countries than any other group of illnesses, including cancer and heart disease. Published studies report that about 25% of all U.S. adults have a mental illness and that nearly 50% of U.S. adults will develop at least one mental illness during their lifetime.⁴⁵ The National Institute of Mental Health (NIMH) conservatively estimates the total costs associated with serious mental illness, those disorders that are severely debilitating and affect about 6 percent of the adult population, to be in excess of \$300 billion per year. These costs include direct expenditures for mental health services and treatment, and indirect costs, from losses related to the disability including public expenditures for disability support and lost earnings among people with serious mental illness.⁴⁶ Mental illness is a major public health concern, both in its own right, and because it increases the risk of unhealthy behaviors like smoking, drinking and drug use as well as chronic disease conditions like heart disease and cancer. **Individuals living with mental illness face an increased risk of chronic health conditions and those living with a serious mental illness die on average 25 years earlier than other Americans, largely due to treatable medical conditions.**⁴⁷

The Missouri Department of Mental Health estimates that nearly one in five Missouri adults suffers from mental illness and one in 13 suffers from substance use disorders.

The Missouri Department of Mental Health estimates that nearly one in five Missouri adults suffers from mental illness and one in 13 suffers from substance use disorders. Data collected for years 2011 and 2012 by the National Survey on Drug Use and Health (NSDUH) indicate an estimated 19%, or 855,000 Missouri adults (ages 18 and older) had mental illness in the past year, and 8% of adults (367,000 people) had a substance use disorder in the past year. The 2012 NSDUH national data indicate that nearly 20% of adults with any mental illness have a co-occurring substance disorder and over 40% of adults with a substance disorder have co-occurring mental illness. This suggests 150,000-160,000 Missourians may have co-occurring mental illness.⁴⁸ **The data is particularly significant to Clay and Platte Counties as the U.S. Department of Health and Human Services, Health Resources and Services Administration identified them in 2015 as Designated Health Professional Shortage Area (HPSA) for Mental Health.** Addressing this gap in health care services will be essential in the community health improvement planning.

In the Northland Community Health Survey, mental health problems were identified by 31.3% of respondents as one of the top three health problems in the community. More than 42% identified substance abuse, frequently linked to mental health problems as a top health priority in for the community. Female respondents in Clay County (65.1%) were more likely to agree/strongly agree that if they need help or assistance during times of stress, they have the support in the community compared to their male counterparts (59.4%).

Poor mental health days

On average residents in the Northland reported having four mentally unhealthy days (defined by the CDC as days in which they felt stressed, depressed, or had problems with emotions)⁴⁹ in the prior 30 days. (Figure 36)

Figure 36: Poor Mental Health Days

Indicator	Platte	Clay	MO	Year	Source
Average number of mentally unhealthy days reported in the past 30 days (age adjusted)	3.4	4	3.8	2006-2012	RWJF County Health Rankings; 2014 Report

Psychiatric Admissions & Emergency Room Visits

Mental illness accounts for more emergency room visits than alcohol and drug abuse. In 2012, mental disorders were the principal diagnosis among more than 82,000 Missouri emergency room episodes. Over 21,000 E.R. visits were attributed primarily to alcohol and 14,000 to drugs. Approximately 35% of the individuals treated in the emergency room primarily for mental disorders were admitted to the hospital for additional services. Among individuals treated primarily for alcohol or drug disorders, 25% were admitted to the hospital. Additionally, large numbers of individuals entered emergency departments with secondary diagnoses of mental, alcohol, and/or drug disorders.⁵⁰ (Figure 37)

Figure 37: Inpatient Hospitalization for mental disorders

Indicator	Platte	Clay	MO	Year	Source
Inpatient Hospitalization for mental disorders	91.3 per 10,000 population	101 per 10,000 population	134.7 per 10,000 population		Missouri Department of Health and Senior Services. Inpatient Hospitalization MICA. Retrieved November 6, 2014 from http://health.mo.gov/data/mica/mica/hosp_new.php

As part of the Northland Community Health Assessment, primary data was collected via three hospitals, North Kansas City Hospital, Liberty Hospital, and St. Luke's Health System to gain an understanding of the behavioral health issues affecting residents. The hospitals provided data on diagnosis codes for inpatient hospitalizations, emergency rooms visits, and behavioral health diagnosis. The following are highlights from the analysis of data related to behavioral health.

- Tobacco use disorder was the leading cited behavioral health diagnosis in emergency room visits in the Northland.
- Depressive disorder, anxiety, alcohol abuse, bipolar disorder, suicidal ideation, psychosis, attention deficit disorder with hyperactivity, dementia, and cannabis abuse were also ranked in the top ten ICD-9 codes related to emergency room visits due to behavioral health.
- In the 1-14 age group in the Northland, the two leading causes of inpatient visits were related to depression. Depression was also the leading cause of inpatient hospitalizations in the 15-24 age group.

Suicide

Suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.⁵¹ The suicide rate in Clay County, 15.0 deaths per 100,000 residents, is slightly but not significantly higher than that in Platte County, and on par with rates in Kansas City and the state of Missouri. It is higher than the Healthy People 2020 goal. (Figure 38) While the suicide rate for African Americans in both Clay and Platte Counties appears to be higher than the rates for Missouri and Kansas City it is important to note the data presented in the table is considered unstable. Instability in rate typically occurs when analyzing data for small areas, such as a single county, or for low frequency events, in this instance cause-specific mortality. Therefore no true conclusions can or should be drawn from this data.⁵²

Figure 38: Suicide Rates

Indicator	Platte	Clay	KC	MO	Healthy People 2020	Year	Source
Suicide rate: age adjusted; total	12.1 per 100,000 population	15.0 per 100,000 population	14.9 per 100,000 population	15.1 per 100,000 population	Reduce the suicide rate. Baseline: 11.3 suicides per 100,000 population in 2007. Target: 10.2 suicides per 100,000 population	2011-2013	Missouri Department of Health and Senior Services. Death MICA. Retrieved June 12, 2015 from http://health.mo.gov/data/mica/DeathMICA/
Suicide rate: age adjusted; white	12.7 per 100,000 population	15.1 per 100,000 population	17.9 per 100,000 population	16.4 per 100,000 population		2011-2013	
Suicide rate: age adjusted; Black/African American	10.5 @ per 100,000 population*	11.7 @ per 100,000 population*	8.3 per 100,000 population*	6.7 per 100,000 population*		2011-2013	

* @ symbol indicates an unstable rate with fewer than 20 events.

Overview: Substance Use/Abuse

According to the National Institute on Drug Abuse, the total costs of drug abuse and addiction due to use of tobacco, alcohol and illegal drugs are estimated at \$559 billion a year. Illicit drug use alone accounts for \$181 billion in health care, productivity loss, crime, incarceration and drug enforcement.⁵³ Excessive alcohol use, either in the form of heavy drinking (drinking 15 or more drinks per week for men or 8 or more drinks per week for women), or binge drinking (drinking 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women), can lead to increased risk of health problems such as liver disease or unintentional injuries.⁵⁴

The 2014 Status Report on Substance Abuse and Mental Health Problems in Missouri approximated the number of adults with substance abuse dependence or abuse disorders. Those with primarily alcohol dependence or abuse disorder totaled approximately 254,000. Those with primarily illicit drug dependence or abuse totaled approximately 77,000. Some 36,000 are estimated to have both alcohol and illicit drug dependence or abuse. Young Missouri adults have substantially higher rates of substance use disorders

In the 2015 Northland Community Health Survey, 42.3% of respondents identified drug and alcohol abuse as one of the three most important health problems in the community.

than older adults or adolescents. Over 17% of adults 18-25 years of age have had a past-year substance use disorder, compared to less than 7% of adults over age 25 and 6% of adolescents under age 18. They also have higher rates of past-year major depression than older adults.⁵⁵

Statistical data on the county level on substance use and abuse is limited. However, the Missouri Student Survey, conducted by the Missouri Department of Mental Health in even numbered years, is administered to students in 6th through 12th grades in participating school districts and can provide insight into possible future trends. In 2012, 38% of Clay County youth responding to the survey said marijuana is easy to get, and 18% believe it would be easy to get other drugs such as cocaine, methamphetamine and ecstasy. In Platte County 45.4% of students responding said marijuana is easy to get and 19.5% said other drugs would be easily obtainable. Regarding alcohol, an estimated 64% of youth in Platte County said they believe it is easy to obtain alcohol, and 54.5% have friends who drink alcohol. The numbers in Clay County are higher, nearly 60% (59.2%) believe it is easy to obtain alcohol and 51% have friends who drink alcohol.

In the 2015 Northland Community Health Survey, 42.3% of respondents identified drug and alcohol abuse as one of the three most important health problems in the community. When asked to identify the three most important risky behaviors in the community, 48.3% and 42.6% of respondents chose Drug Abuse and Alcohol Abuse respectively. Looking at the data by county, a higher proportion of males in Clay County ranked alcohol abuse as one of the three most important risky behaviors than females. The reverse was true in Platte County where a higher proportion of females ranked this among the top risky behaviors than males.

Overview: Drug possession

The health impacts of illegal drug use on the community are substantial. Injection drug use can spread diseases such as hepatitis and HIV/AIDS. Premature death caused by overdose or accidental poisoning, and motor vehicle accidents caused by impaired drivers resulting in injury or death take a major toll. Drug-related hospitalization and the cost of co-occurring mental illness are a financial drain on the community.

As stated previously, statistical data on the use and abuse of drugs at the county level is limited, however, the rates of illegal drug possession leading to arrest can provide insight into the burden of drug use in the Northland population. The arrest rate for Clay and Platte Counties is higher than for neighboring Kansas City and for Missouri as a whole. The meaning of this data is open to several interpretations. It could mean law enforcement agencies in both counties are doing a superior job in arrests for drug possession. From a public health standpoint, a more likely conclusion is that both counties have significant substance abuse problems. (Figure 39)

Figure 39: Drug Possession Arrests

Indicator	Platte	Clay	KC	MO	Year	Source
Illegal drug possession: rate per total population (arrests)	558.8 per 100,000 (256 count)	655.8 per 100,000 (712 count)	255.49 per 100,000 (1,179 count)	529.9 per 100,000 (32,029 count)	2012	Missouri State Highway Patrol Statistical Analysis Center. Crime in Missouri 2012. Retrieved November 7, 2014 from http://www.mshp.dps.missouri.gov/MSHPWeb/SAC/pdf/2012CrimInMO.pdf

Overview: Alcohol Consumption Rates

According to the Alcohol-Related Disease Impact report from 2006–2010, there were approximately 88,000 deaths annually attributable to excessive alcohol use. Excessive alcohol use is the 3rd leading lifestyle-related cause of death for people in the United States each year.⁵⁶

In Clay County 17.2% of adults respondents age 18 and older self-reported in the last 30 days having 5 or more drinks during a single occasion (for men) or 4 or more drinks (for women) during a single occasion. In Platte County the rate was 21.2%. These numbers align with national data indicating 17% of the population binge drank in the last 30 days. (Figure 40)

Figure 40: Binge Drinking

Indicator	Platte	Clay	MO	U.S.	Year	Source
Binge Drinking	21.2%	17.2%	17.9%	16.94%	2006-2012	BRFSS via Community Commons

Overview: Alcohol impaired Driving Deaths

Over a five-year period (2009-2013) the Northland experienced 52 deaths that could have been prevented if alcohol had not been involved. In Platte County, nearly half of all driving deaths were related to alcohol impairment. (Figure 41) As noted in the previous section, binge drinking is a serious problem among youth in the Northland and according to the 2015 County Health Rankings Report binge drinking account for most episodes of alcohol-impaired driving. Eliminating alcohol-impaired driving could reduce motor vehicle deaths by 30% or more in the Northland.

Figure 41: Alcohol Impaired Driving Deaths

Indicator	Platte	Clay	MO	Year	Source
Driving Deaths: Alcohol Impaired	41% (24)	29% (28)	35%	2009-2013	County Health Rankings, 2015 Report; Fatality Analysis Reporting System

Health Indicator: Maternal and Child Health

Assuring the health of infants and pregnant women is essential to the mission of public health organizations. Ensuring healthy pregnancies, births and infancies protects adult health and plays a key role in determining the health of the next generation. Working with women during pregnancy can provide an opportunity to identify existing health risks and prevent future health problems for both women and their children. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Programs that protect the health of mothers, infants, and children help build communities where all people can be healthy throughout their entire lives, and more broadly, can assist communities to predict future health challenges for families and the health care system as a whole.⁵⁷

Social determinants such as poverty and racial disparities can impact the health status of a mother as well as her ability to access to care. The data from Clay and Platte Counties suggest these issues may be having negative implications for poor mothers and children in their communities.

Approximately one of every six pregnant women in Missouri smokes, a rate significantly higher than the national average. Smoking during pregnancy increases the risk for preterm delivery, stillbirth, low birth weight and Sudden Infant Death Syndrome.⁵⁸

Overview: Prenatal Care and Low Birth Weight

Having a healthy pregnancy is one of the best ways to promote a healthy birth.

Having a healthy pregnancy is one of the best ways to promote a healthy birth. Getting early and regular prenatal care improves the chances of a healthy pregnancy by reducing complications. Prenatal visits also present an opportunity to inform women about important steps they can take to protect the health of their child, thereby reducing the risk postnatal complications.⁵⁹

On average only 1% of mothers giving birth in Clay or Platte County receive no prenatal care. The number is higher for those who wait receive their first prenatal care during the third trimester of pregnancy; 4.0% of all live births in Clay County (which aligns with the state percentage) and 3.7% in Platte County. (Figure 42)

Low birth weight is a leading cause of neonatal mortality (death before 28 days of age). Low birth weight infants are more likely to experience physical and developmental health problems or die during the first year of life than are infants of normal weight.⁶⁰ Nationally, the rate of low birth weight is higher among non-Hispanic black women than for women of other racial/ethnic groups. It is also linked to maternal age, where the rate of low weight births is highest among mothers under the age of 15 and to mothers between the ages of 40 and 54.⁶¹

These national disparities are reflected in the data in the Northland where the disparity between white and non-white mothers and low birth weights is notable. In Clay County 6.3% of white children are born with low birth weights, 11.6%

percent of non-white children have low birth weights. The disparity in Platte County is slightly lower, with 6.6% of white babies with low birth weights and 9.1% of nonwhite babies. (Figure 43)

Figure 42: Prenatal Care

3rd trimester prenatal care: percent of total per live births

Missouri Department of Health and Senior Services, Birth MICA, (updated 4/28/2014), <http://health.mo.gov/data/mica/BirthMICA/index.html> , Retrieved December 2, 2014; 2012

Prenatal Care; no care; percent of total per live births

Missouri Department of Health and Senior Services, Birth MICA, (updated 4/28/2014), <http://health.mo.gov/data/mica/BirthMICA/index.html> , Retrieved December 2, 2014; 2012

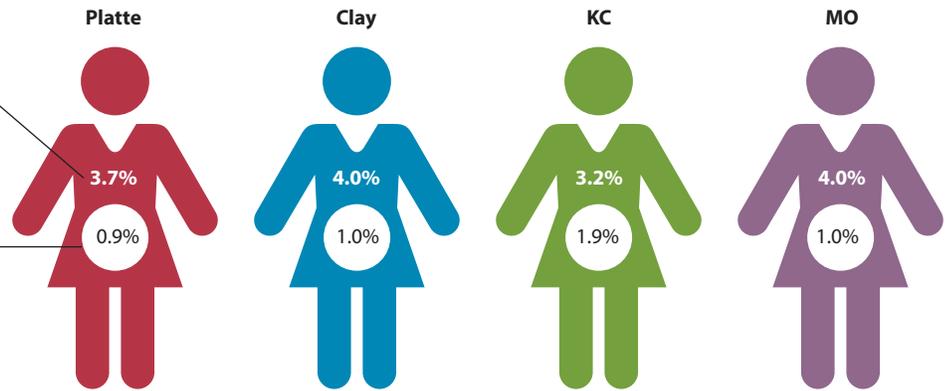


Figure 43: Low Birth Weight

Indicator	Platte	Clay	KC	MO	Year	Source
Low birth weight: percent of total live births	6.9% live births	6.8% live births	8.5% live births	7.80%	2008-2012	Missouri Department of Health and Senior Services, Community Data Profiles, Infant Health (updated 7/3/13), http://health.mo.gov/data/CommunityDataProfiles/index.html , Retrieved December 2, 2014
Low birth weight: percent of white live births	6.6% live births	6.3% live births	6.3% live births	7.0% live births	2008-2012	Missouri Department of Health and Senior Services, Birth MICA, (updated 4/28/2014), http://health.mo.gov/data/mica/BirthMICA/index.html , Retrieved December 2, 2014
Low birth weight: percent of non-white live births	9.1% live births	11.6% live births	12.6% live births	13.7% live births	2008-2012	Missouri Department of Health and Senior Services, Community Data Profiles, Infant Health (updated 7/3/13), http://health.mo.gov/data/CommunityDataProfiles/index.html , Retrieved December 2, 2014

Overview: Neonatal/Post Neonatal Mortality

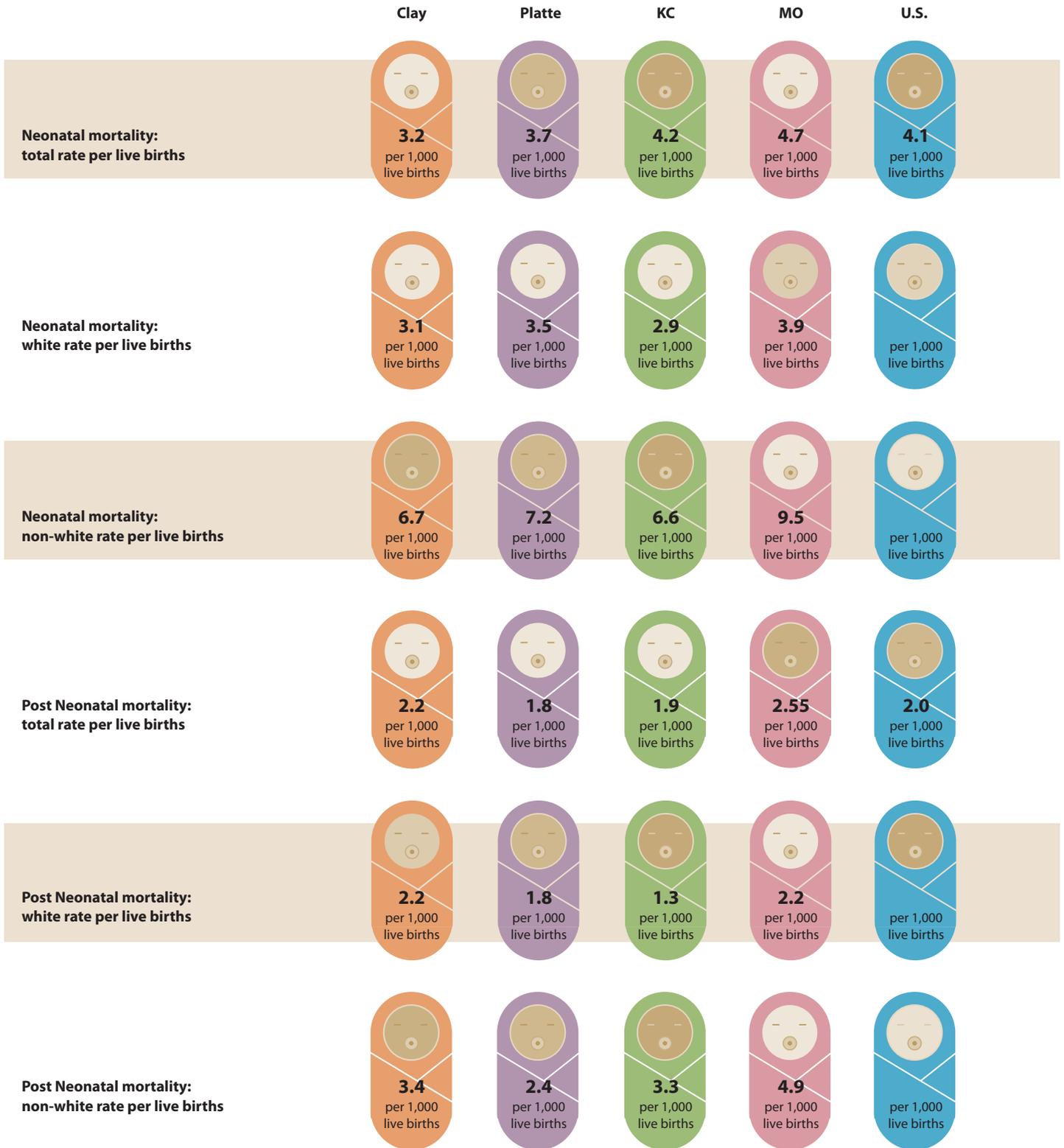
Infant mortality can be correlated to the pre-pregnancy health status of the mother, her access to pre-natal care, and behavioral factors such as use of drugs or alcohol, smoking, etc. that can negatively impact a pregnancy and the long term health of a child. One of the largest disparities found in health research is racial and ethnic differences in infant mortality, particularly for African Americans.^{62,63}

This disparity is starkly clear in the Northland where the neonatal mortality rate for nonwhite infants in Clay and Platte Counties, Kansas City, and the state of Missouri is double the rate for white infants. In Clay County the infant mortality rate for white infants is 3.1 per 1000 live births. It is 6.7 per 1000 live births for nonwhite infants. In Platte County it is 3.5 per 1000 live births for white infants, 7.2 per 1000 live births for nonwhite infants. (Figure 44)

Figure 44: Neonatal Mortality

2002-2012

Missouri Department of Health and Senior Services, Community Data Profiles, Infant Health (updated 7/3/13), <http://health.mo.gov/data/CommunityDataProfile/index.html>, Retrieved November 19, 2014



Overview: Teen birth rate

Minimizing the teen birth rate is a benefit to both young women and to the community at large. Pregnancy and birth are significant contributors to high school drop out rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, versus approximately 90% of women who had not given birth during adolescence.⁶⁴ Children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.⁶⁵

The birth rate for mothers between ages 15-17 was 1.2/100 live births in Platte County, 1.8/100 live births in Clay County. In 2013, the U.S. recorded a live birth rate of 26.5 per 1000 women in the 15-19 year old age group. This reflected a 10% drop from 2012. Birth rates for women age 15-17 dropped 13% in the same timeframe. Even with these changes, the U.S. teen pregnancy rate remains substantially higher than in other western industrialized nations.⁶⁶ (Figure 45)

Figure 45: Teen birth rate

Indicator	Platte	Clay	KC	MO	Year	Source
Teen Birth Rate, Age 15-17, per 100 live births	1.2/100	1.8/100	3.2/100	2.72/100	2008-2012	MICA

Repeat birth to teens

Indicator	Platte	Clay	KC	MO	Year	Source
Repeat Births Under Age 20	0.8% live births	1.0% live births	2.3% live births	1.80% live births	2008-2012	Missouri Department of Health and Senior Services, Community Data Profiles, Women's Reproductive Health (updated 6/10/14), http://health.mo.gov/data/CommunityDataProfiles/index.html , Retrieved December 2, 2014

Health Indicator: Health Resource Availability/Access to Care

The phrase access to health services often refers to the ease with which an individual can obtain needed health services in a timely manner. There are several factors that impact access to health services within a community, ranging from health insurance coverage, availability and accessibility of services, timeliness of access to services, as well as household income and literacy levels.⁶⁷ Even without these systems-level issues, other factors like medical costs, language, racism, discrimination, and other social determinants of health can prevent people from obtaining health services when they are needed.

Having timely access to comprehensive, quality health services is essential for improving health status, wellbeing, and overall quality of life. Ensuring all citizens have equitable access to quality health services is key to improving the health status of the entire community.

When individuals and families are unable to secure appropriate health services, especially preventive services, the impact can be felt community-wide. Unmet health needs lead to increased costs, frequently because of delays in diagnosis. These issues in turn further impact access, delivery of health services, and community wellness. When disease is diagnosed in later stages it often leads to more expensive and invasive treatment, preventable hospitalizations, and increased mortality rates.

To assess how effectively residents in the Northland are able access to health care services the Community Health Status Assessment Task Force gathered and analyzed data from multiple local sources including data from NHCA partners about hospital and ER utilization rates, community clinic profiles of insurance types, and studies from the metropolitan planning organization (MPO) about transportation access to health providers. Questions about health care access were included in community surveys completed by over 1000 Northland residents and in the six community health forums held in Clay County.

Diversity Advisory Council on Health Equity

The Northland is ethnically/racially and culturally diverse. Engaging diverse communities in the health assessment process is essential to gaining a complete and accurate picture of the community. To that end Clay County Public Health Center established the Diversity Advisory Council on Health Equity (DACHE), an open, non-judgmental forum where the voices of diverse communities in the metro area, and specifically in Clay County, could be heard about the unique obstacles they face in accessing health care. At the first meeting of the Council, the diversity of the Northland community was apparent in the rich mix of racial/ethnic and cultural groups who participated. These included members of the following communities:

Engaging diverse communities in the health assessment process is essential to gaining a complete and accurate picture of the community.

- Hispanic
- Somali
- Sudanese
- Asian Languages
- Cuban
- Romanian
- Russian
- Bosnian
- Croatian
- Middle Eastern
- Native American
- Blind Community
- Down Syndrome
- African American
- Youth
- Refugees
- Lower Socioeconomic
- Battered Women
- LGBTQ
- Women
- Disabilities
- Seniors
- Caucasian
- Urban Core
- Nigerian Community
- Vietnamese
- Immigrant Women & Girls
- Abused and Neglected Children
- Greek
- Guyanese
- Chilean
- Former Soviet Union
- Pacific Islanders

Diversity Advisory Council For Health Equity Members

American Indian Council
 Catholic Charities
 Children's Mercy Hospital
 Clay County African American Legacy
 Clay County Public Health Center
 Coalition of Hispanic Women Against Cancer
 Communities Creating Opportunities
 Homeless Service Coalition of Greater Kansas City
 Independence Health Department
 Jackson County Health Department
 Jewish Vocational Services
 Kansas City Anti-Violence Project
 Kansas City Missouri Health Department
 Liberty Parks and Recreation
 Lopez Language Services
 MCCCK Community Health Worker
 Metropolitan Community Colleges
 Mid-Continent Public Library
 Mother and Child Health Coalition
 Platte County Health Department
 Samuel U. Rodgers Health Center
 St. Luke AME Church
 The Human Agenda
 U.S. Department of Health and Human Services
 UMKC
 United Way of Greater Kansas City
 Vietnamese American Community of Greater Kansas City
 YMCA

It is important to note that since that initial meeting, the diversity of the Council has continued to grow. In addition to these communities the Council also includes representatives from local public health agencies, city governments, safety net providers and nonprofit groups.

At the initial meeting of the Council members adopted the following Mission and Vision Statements:

“The **Mission** of the DACHE is to facilitate the access to equitable health and to provide culturally competent tools and information to members of the local public health system, so that all residents feel safe and have access to health where they work, play, live and worship.

VISION:

Healthy People in ALL Communities!

The Diversity Advisory Council for Health Equity met for the first time in October 2014 and has continued to meet monthly. **Through involvement with Council, the Northland Health Care Alliance and the local public health systems are learning how they can better engage and support diverse communities in improving access to care.** Council discussions led to the following insights:

Lack of outreach was identified as the greatest obstacle to engaging these diverse communities in public health. Developing specific outreach strategies targeted to the individual diverse communities including increasing personal contact, scheduling regular meetings, and increasing presence at major local events were all recommended by the Council. Members emphasized that reaching out to these communities where they live, worship, shop, etc. is essential. Creating educational materials that are more reflective of the diversity of the community served, and posting to social media in diverse languages were also suggested.

Overview: DACHE Access to Care Findings

The Council identified a number of access to care issues currently being experienced by minority communities. The following are highlights of some of those discussions. Action recommendations are being explored and implemented by the agency members including Clay County Public Health Center. (The full report on the DACHE discussions and recommendations can be found in Appendix H.)

Lack of Regular Care Source

- Native Americans living in the Northland have no source of regular care. They have to travel out of state to receive health services through the American Indian Health Services.
- Foster children often do not have a medical home and face issues with consistency/availability of health services.

Cultural/Language Barriers

- Different expectations about health care services (e.g. immigrants who come from countries where all health care is free) and lack of understanding about how the system works (what services are available, where they are available and how to access them) are barriers to access for immigrant communities.
- Cultural requirements for having providers of the same gender can also be a barrier.
- Stigma associated with seeking treatment for mental health or substance abuse issues.

Language Issues

- Children of immigrants are often used as interpreters. They may be too young to understand the medical information they're being asked to translate and may also be placed in situations in which they become aware of medical conditions their parents might not want them to know about.
- Many of the Somalis residing in the Northland do not read or write. Word of mouth communication is vital to reach this community.

Systems and Process Barriers

- Medical forms need to address the needs of those with low literacy as well as for the visually impaired. Having medical forms using Microsoft Word means they can be read over the computer.
- Language matters. Identifying people as Parent 1 and Parent 2 or Guardian 1 and Guardian 2 is more inclusive of non-traditional families and same sex parents with children than the words Mother and Father.

Transportation

- Many disabled people must pre-arrange and pay for transportation. Scheduling and rescheduling appointments presents specific challenges.
- Many immigrants rely on public transportation. There is limited availability in the Northland.

Overview: Poverty and Access to Care

The poor are more likely to develop multiple illnesses, more likely to become injured, more likely to become disabled, and more likely to die early.

The correlation between poverty and access to health care is well recognized. The poor are more likely to develop multiple illnesses, more likely to become injured, more likely to become disabled, and more likely to die early. According to “*Poverty and health in the United States*,” a 2013 article posted on the Oxford University Press blog, they are less likely to have access to high-quality medical care – or any medical care at all – and less likely to have access to preventive services. Not only does poverty adversely affect health, but poor health also increases the probability that a person will be poor. In the absence of adequate safety nets, people who are chronically ill or disabled from an injury are likely to become poor or even poorer.⁶⁸ The reality of these issues is born out by the data gathered during this Clay County Community Health Assessment. **Those with the lowest incomes tended to be sicker and have less access to health providers than the general population of the Northland.**

Overview: Health Resource Availability

Access to health care services in the United States is regarded as unreliable; many people do not receive the appropriate and timely care they need. The U.S. health care system, which is already strained, faced an influx of patients in 2014, when 32 million Americans had health insurance for the first time through the Affordable Care Act.⁶⁹ Access to care for low-income individuals and families is further complicated by the decision not to expand Medicaid eligibility made by the state of Missouri. According to an analysis completed by the Kaiser Family Foundation, 283,000 Missourians who would be eligible for Medicaid under the ACA expansion have been excluded from receiving benefits.⁷⁰ Many of them fall into what the Foundation describes as a coverage gap. Those who fall into this gap have incomes above the eligibility threshold for Medicaid in Missouri but below the lower limit for Marketplace premium tax credits. As a result these poor adults are ineligible for financial assistance to obtain health coverage under the ACA and are likely to remain uninsured.⁷¹

In the Northland Community Health Survey, one-third of respondents disagreed or strongly disagreed with the statement *“There is enough access to medical care for low income residents in our community,”* and more than 30% indicated they chose not to receive health services in the last year due to cost. Northland females chose not to receive health care services due to cost at higher rates than males. More than 17% of respondents disagreed or strongly disagreed with the statement, *“I have my own doctor I see whenever I am sick.”* About 11% of respondents in the Northland with income less than \$75,000/year, disagreed or strongly disagreed with the statement *“I have access to the medical specialists I need.”* For those that pay by cash only, this lack of access to medical specialists was noted by a larger percentage in Clay County, 15.87%, compared to 5.13% in Platte County and 11.43% in the Northland in general. (Figure 46) **The data and the community at large agree, access to healthcare has a significant impact of the health status of the Northland, underscoring its position as the top priority to be addressed in the community health improvement planning.**

Figure 46

Disagree/Strongly Disagree

- I am satisfied with the health care available in our community (Strongly disagree, Disagree): **12%**
- I have access to the medical specialists I need (Strongly disagree, Disagree): **10%**
- I have my own doctor I see whenever I am sick (Strongly disagree, Disagree): **17%**
- There is enough access to medical care for low income residents in our community (Strongly Disagree, Disagree): **33%**

Agree Strongly Agree

- In the last year, I chose not to receive health care services due to cost (Strongly agree, Agree): **30%**

Overview: The Uninsured

In 2015, 13% of the population in Clay County was uninsured, 11% in Platte County. (Figure 47) This was lower than the percentage of Missourians without health coverage, which stands at 16%, but generally in alignment with 2013 figures for the U.S. population where 13.4%, or 42 million people, were without health insurance coverage.⁷² **For those who pay cash for healthcare services, 37.1% of respondents in Clay County and 28.2% in Platte County agree/strongly agree that in the last year they chose not to receive health care services due to cost.**

Figure 47: Percent Uninsured

Indicator	Platte	Clay	MO	Year	Source
Percent Uninsured	11%	13%	16%	2012	County Health Rankings, 2015 Report, SAHIE

Overview: Ratio of Clay and Platte County Patients to Licensed Primary Care Physicians

Having access to care, and in particular to care from a primary care provider (PCP), is an essential component to improving health outcomes in a community.⁷³ Establishing an ongoing relationship with a primary care provider is particularly important, as a sustained patient/physician connection can help assure delivery of integrated health services.⁷⁴ According to the U.S. Department of Health and Human Services, a community is eligible to be designated a Health Professional Shortage area if the ratio of physicians to patients is 1 to 3500 or greater. However, it is important to note that there is no generally accepted ratio of physicians to patients. Other sources describing primary care supply use

Figure 48: General Population to Physician Ratio

Licensed primary care physicians <i>(general practice, family practice, internal, ob/gyn, and pediatrics)</i>
Platte County 1420 to 1
Clay County 1656 to 1
Missouri 1455 to 1
Dentists
Platte Co 1770 to 1
Clay Co 1792 to 1
Missouri 1985 to 1

Figure 49: No Regular Source of Primary Care*

Indicator	Platte	Clay	KC	MO	Goal (Ex. Healthy People 2020)	Year
Proportion of population without a regular source of primary care, Did not get medical care in the last 12 months	Age adjusted rate 7.4%	Age adjusted rate 9.6%	Age adjusted rate 11.3%	Age adjusted rate 9.3%	HP2020 Targets: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines to 9.0%; Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care to 4.2%	2011

* Provider ratio data year 2013, Robert Woods Johnson Foundation.

other ratios, including 1 physician to 2000 population. The true primary care needs of a community are dictated not by a ratio, but by nature of the community itself. The age of the population, for instance, would have a meaningful impact on primary care needs.⁷⁵

In 2014, Clay County had 515 physicians with general/family, internal medicine, OB/Gynecology or pediatric practices resulting in a patient to primary care physician ratio of 1656 to 1. Platte County had 81 such providers and a patient to provider ratio of 1420 to 1. Neither ratio reflects the number of nurse practitioners or physician assistants who provide additional primary care services in the county. The ratio of dentists to patients in both counties is higher, 1792 patients to 1 dentist in Clay, 1770 to 1 in Platte. (Figure 48)

Overview: MO HealthNet

As discussed previously, those with the lowest income frequently face the greatest challenges in accessing health care services. MO HealthNet is the name of the Medicaid program in the state of Missouri. It provides medical services to persons who meet certain eligibility requirements as determined by the state's Family Support Division. Clay County is home to approximately 23,000 Medicaid eligible patients. (Figure 47) The ratio of Clay County physicians who participate in the MO HealthNet program is 8.95 per 1000 Medicaid eligible patients. The ratio of licensed psychologists, counselors, and/or social workers is 3.43 to 1000 Medicaid eligible patients. (Figure 48) As was noted in the section on Mental Health, Clay County has insufficient resources to meet mental health care needs of the community and has been identified as a Designated Health Professional Shortage Area (HPSA) by the U.S. Department of Health and Human Services, Health Resources and Services Administration. It should be noted that while a physician may participate in MO HealthNet, it does not mean that every Medicaid eligible patient who calls to schedule an appointment with him or her may be able to secure one. Many participating physicians establish a set number of patient slots for MO HealthNet clients. When those slots are filled MO HealthNet patients have to seek care from another provider.

Figure 50: Medicaid Eligible and Health Care Providers

Indicator	Platte	Clay	MO	Year	Source
Medicaid eligibles to participating physicians	6,127	23,007	932,249	2014	MICA Sept 2014

Figure 51: Physicians by Category and Physicians Accepting MO HealthNet Patients

Indicator	Platte	Clay	MO
Physicians, MD or DO	87	515	19,174
General, Family Practice	27	61	2,646
Internal Medicine	12	92	4,016
OB/Gynecology	0	26	778
Pediatrics	3	27	1,810
Psychology/Counseling	27	79	3,228
Psychologist - Permanent Licensed	4	13	707
Psychologist - Provisional Licensed	1	0	30
Psychology - Professional Counselor	18	30	1,381
Psychology - Social Worker	4	36	1,110
Psychiatrist, MD or DO	4	17	666
Dentist	1	17	639
Licensed primary care physicians accepting MO HealthNet (general practice, family practice, internal, ob/gyn, and pediatrics): rate per Medicaid eligible population	6.85 per 1,000 Medicaid population	8.95 per 1,000 Medicaid population	9.90 per 1,000 Medicaid population
Licensed psychologists, counselors, and social workers accepting MO HealthNet: rate per Medicaid eligible population	4.41 per 1,000 Medicaid population	3.43 per 1,000 Medicaid population	3.46 per 1,000 Medicaid population
Psychiatrists accepting MO HealthNet: rate per Medicaid eligible population	0.65 per 1,000 Medicaid population	0.74 per 1,000 Medicaid population	0.72 per 1,000 Medicaid population

* Missouri Department of Social Services, MO HealthNet.

Overview: Hospital Utilization-Inpatient and Emergency Room

The NHC Alliance Community Health Status Assessment Task Force gathered primary data via three hospitals in the Northland, North Kansas City Hospital, Liberty Hospital, and St. Luke's Health System to gain deeper understanding of the health issues affecting residents. The hospitals provided data on diagnosis codes for inpatient hospitalizations, and emergency rooms visits between January 1-December 31, 2014. The data was compiled into one group and analyzed. Highlighted findings from this analysis are below.

Inpatient hospitalizations

- A majority of inpatient visits in the Northland (by ICD-9 Codes) were due to childbirth.
- Septicemia, rehabilitation, osteoarthritis of the leg, pneumonia, kidney failure, atrial fibrillation, obstructive chronic bronchitis with acute exacerbation, and urinary tract infections were also among the top ten diagnoses for people in the Northland in 2014.

- By payor, the leading causes of inpatient hospitalizations relate to childbirth (with the exception of Medicare).
- With the Medicaid and Patient Pay groups, the third leading cause of inpatient hospitalization is related to depression. This is not in the top ten hospitalizations among clients with commercial insurance.
- Uncontrolled diabetes was one of the leading inpatient diagnosis in the Patient Pay population.

Emergency Room Visits

- A majority of emergency room visits in the northland were due to chest pain, abdominal pain.
- The third leading cause of emergency room visits was headache, the fifth was a urinary tract infection, and the seventh back pain. Depending on other diagnoses, these causes may or may not be true emergencies.⁷⁶
- Among clients classified as patient pay, unspecified disorder of the teeth and supporting structures and dental caries were among the ten leading diagnoses. Diagnoses due to dental problems were not among the ten leading causes of emergency room visits for any other payor group.

Samuel U. Rogers Health Center Data

Additional data was gathered from Samuel U. Rogers Health Center (SUR) one of three Federally Qualified Health Centers in the Kansas City metro area. Two of the seven SUR clinics are located in the Northland. SUR provided data about the leading ICD-9 diagnosis codes for patients from Clay County, Platte County, and the Northland who received outpatient services through one of their clinics.

In 2014, the leading causes of visits to the Samuel U. Rodgers Health Center were due to:

- Routine infant or child health check
- Supervision of pregnancy
- Type II diabetes
- Hypertension

Overview: Aging Issues

When considering aging issues such as senior housing, transportation to medical services, shopping, senior day care, and other services for the elderly living at home, 60% of participants in the Northland Community Health Survey said they agreed or strongly agreed with the statement “The community is a good place to grow old.” **In terms of meeting the long term care needs of their aging populations both Clay and Platte Counties have capacity to meet additional need for adult living facility and nursing home beds.** (Figures 52 & 53)

Figure 52: Nursing home beds and occupancy rate

Indicator	Platte	Clay	MO	Year	Source
Nursing home beds: rate total population and occupancy rate	Total: 456 Occupancy Rate: 74.4%	Total: 1,197 Occupancy Rate: 80%	Total: 57,008; Occupancy Rate: 75.6%	Q2 2014	MDHSS Certificate of Need/ Missouri Health Facilities Review Board http://health.mo.gov/information/boards/certificateofneed/pdf/icfsnsum.pdf

Figure 53: Adult Living Facilities

Indicator	Platte	Clay	MO	Year	Source
Adult living facility beds: total population	Total: 612 Occupancy Rate: 68.9%	Total: 812 Occupancy Rate: 79%	Total: 22,392; Occupancy Rate: 73.5%	Q2 2014	MDHSS Certificate of Need/ Missouri Health Facilities Review Board http://health.mo.gov/information/boards/certificateofneed/pdf/rcfsum.pdf

Forces of Change Participants

Clay County Public Health Center
Northland Health Care Access
North Kansas City Hospital
Platte County Health Department
Saint Luke's Health System
Samuel U. Rodgers Health Centers
Tri-County Mental Health

Assessment 4: Forces of Change

The Forces of Change Assessment is designed to help communities answer the following questions: “*What is occurring or might occur that affects the health of our community or the local public health system?*” and “*What specific threats or opportunities are generated by these occurrences?*”⁷⁷ A Forces of Change assessment considers community trends such as growing population growth or loss, one-time events such as a hospital closing or a natural disaster, and discrete factors about the community such as a growing immigrant population or the impact of proximity to large urban area.

During the assessment, participants consider all types of forces, all outside their control, that might impact the public health system or community as a whole. These forces include:

social | economic | political | technological
environmental | scientific | legal | ethical

The Forces of Change assessment for the Northland was facilitated by the Clay County Public Health Center on June 30, 2015. Members of the community at large as well as those part of the health care system in the Northland were invited to attend.

Participants engaged in a brainstorming session to identifying forces—such as trends, factors, or events—they believe are or will be influencing the health and quality of life of the community and the local public health system. The forces identified were:

FORCES OF CHANGE ASSESSMENT		
FORCES	IMPACT ON HEALTH	
Trends, Factors, Events	Threats Posed	Opportunities Created
SYSTEMS		
Convening of the Northland Health Care Alliance		Collaboration among the Northland, coming together to improve Quality of Life
		Opportunity to be a leader when it comes to collaboration in health care
Focus on Social Determinants of health		Organizations in the Local Public Health System are focusing on social determinants; Moving the needle in this area is likely to have the largest impact in our communities
POLITICAL		
Affordable Care Act	Affordable Care Act is not being implemented as designed in MO	Supreme Court ruling on ACA; Ripple effect that some positive changes are here to stay (ex. Youth on parents insurance until 26)
	Politics have gotten in the way of what is best for our community	
	Lack of Medicaid expansion; low income residents falling in the gap	
ECONOMIC		
Funding for Health	Funding for health in general is reallocated; lack of funding for public health and mental health	
Influx of New Industry in Northland	Often offers low wage employment; Employees still struggle with access to care issues, etc.	Continued growth of our communities; Opportunity to create healthy communities in the future by focusing on health and prevention now
	Some of that new industry is fast food, creating poor health environments in our communities	
Out of Pocket Cost for Patients	People are choosing high deductible plans in the health exchange due to increased out of pocket costs	
ETHICAL		
Increase in Diversity in the Northland	Increased health inequities if we don't address cultural competency	Opportunity to increase cultural competency and improve culturally appropriate care for all
Large Migrant/Refugee Population in the Metro		Learning to respond with appropriate care to their needs
Aging Population in the Northland	Increase in Medicaid eligible population could result in access to care issues	
	Our communities need to prepare for those who want to stay in their homes and age in place	
Increase of Those Who Are Insured	Having insurance doesn't necessarily mean access or appropriate care	
SOCIAL		
Increase in Drug and Alcohol Use	Drug and Alcohol is an issue in many pockets of our communities; These issues overlap with mental health and chronic disease, therefore important to address in our communities	
Lack of support for Mental Health	Mental health reaches all aspects of our communities (social determinants) such as unemployment, family dynamics, etc.	
	Stigma in our communities for those with mental health needs	

FORCES OF CHANGE ASSESSMENT		
FORCES	IMPACT ON HEALTH	
Trends, Factors, Events	Threats Posed	Opportunities Created
TECHNOLOGY		
Emerging Technologies in Health	Newest technologies come at a price to our patients	Improvements in today's medications and medical technology
		Telehealth presents an opportunity to address access to care issues
ENVIRONMENTAL		
Lack of Public Transportation	Public transportation is a huge issue in the Northland, causes issues for many with access to care; access to healthy food, etc.	
Risk of Large Disasters	Natural disasters	
	Terrorist attacks	
Emerging Pathogens	Threats like Ebola are issues we constantly need to prepare for	Funding opportunities are available to prepare for and deal with these issues
	Drug Resistant TB, if it reaches our communities, nowhere to send out patients in the state.	
Human Trafficking	Kansas City is 4th in the nation for human trafficking; Large impact on our communities while often a hidden issue	
MENTAL HEALTH		
Low Mental Health Care Providers	Not enough medical residents are interested in psychiatry	
Health Care Workforce Shortage	Tri-County has to be on Acute Status when there are not enough providers	Mental Health Liaison to help identify those who need services or are in crisis
Trend on Trauma		New focus on trauma that identifies trauma determinants, treatment approaches for trauma, and communities being trauma informed
Focus on Mental Health Moving Forward to Create Change		Focusing on mental health provides unique opportunities if payers would pay for community-based or preventive services
		A crisis center or detox center would be beneficial for our community, like an ER for mental health
		Have had some early successes integrating behavioral health into primary care
CHRONIC DISEASE		
Awareness of Chronic Disease Issues		Sharing our report/awareness of health issues; Health in all policies approach
Growing Trend of Obesity	Obesity predicted to continue growing to be majority of our population in the near future	Platte County HEAL grant offering door-to-door organics
Nutrition	Low income citizens buy what they can afford; Unhealthy food is cheap	Farmers Markets are growing in Clay and Platte; Beans and Greens Program in several Northland Markets
	Malnutrition in older adults; While many serious conditions have a low risk of mortality without complications, a complicating diagnosis such as severe malnutrition increases that risk significantly	
Growing Population in the Northland	Growth of communities has led to growth of service industry, often that means an increase in fast food	Opportunity to engage communities to focus on building healthy communities as they grow
Supporting Parks and Recreation		Increase in walking trails, biking trails, and community centers in the Northland



SECTION III

Identification of Strategic Issues

By analyzing the information revealed through the Community Health Status Survey, Community Themes and Strengths Assessment, Local Public Health Assessment and Forces of Change Assessment, the Northland Health Care Alliance was able to gain profound insight into the overall health of the community. While the Northland, like every community, faces a wide variety of health concerns and issues, deeper exploration and discussion of the data collected led the Community Health Status Assessment Task Force to identify three serious and closely intertwined health issues:

1. Access to care is an issue in the Northland, especially for low income and minority communities.

Poverty affects demographic groups differently, with females, single-parent families, those with lower educational attainment and people living in rural areas disproportionately affected. That reality is reflected in the data gathered through the Community Health Assessment.

- Missouri has not expanded Medicaid and has made signing up for the health exchange difficult. Furthermore, those insured by MO HealthNet have limited options for care providers.
- Nearly 20% of the African Americans living in Platte County and slightly more than 23% of those living in Clay County live below the poverty line.
- Households headed by females are at particular risk for living in poverty. In Platte County 31.6% of such households, 29.4% in Clay County, live below the Federal Poverty Level.
- Rural residents are at a higher risk for experiencing higher rates of risky health behaviors and tend to have reduced access to health care. About a quarter of Northland residents live in rural communities.
- 30% of respondents to the Northland Community Health Survey said they had chosen not to receive health care in the past year due to cost.

- One-third of survey respondents disagreed or strongly disagreed with the statement *“There is enough access to medical care for low income residents in our community.”*

Poverty and racial disparities can impact the health status of a mother as well as her ability to access to care. The data gathered suggest these issues may be having negative implications for poor mothers and children in Northland communities.

- Low birth weights occur more frequently in non-white infants in the Northland. In Clay County 6.3% of white children are born with low birth weights, while 11.6% percent of non-white children have low birth weights. In Platte County 6.6% of white babies are born with low birth weights compared to 9.1% of nonwhite babies.
- The neonatal mortality rate for nonwhite infants in Clay and Platte Counties is double the rate for white infants.

The correlation between higher educational attainment and better health outcomes is well recognized. The data gathered during the Community Health Assessment suggest this reality may have long-term implications for the health of the Northland.

- 37% of Clay County residents aged 25 and above hold a high school diploma or less.
- 28% of Platte County residents aged 25 and above hold a high school diploma or less.

2. The community is concerned about mental health.

The Missouri Department of Mental Health estimates that nearly one in five Missouri adults suffers from mental illness and one in 13 suffers from substance use disorders. Recognition of the impact mental health issues and substance abuse has on the community is large and growing.

- Mental health problems were identified by 31% of the Community Health Survey respondents as one of the top three health problems in the community.
- More than 42% of respondents identified substance abuse, frequently linked to mental health problems, as a top health priority in for the community.
- In 2015, the U.S. Department of Health and Human Services, Health Resources and Services Administration identified Clay and Platte Counties as a Designated Health Professional Shortage Area (HPSA) for Mental Health.
- Youth in the Northland believe drugs and alcohol are easily accessible in their community as evidenced by their responses to the 2012 Missouri Student Survey, conducted by the Missouri Department of Mental Health.
 - > 38% of Clay County youth responding to the survey said marijuana is easy to get, and 18% believe it would be easy to get other drugs such as cocaine, methamphetamine and ecstasy.
 - > In Platte County 45% of students responding said marijuana is easy to get and 19.5% said other drugs would be easily obtainable.

- > 64% of youth in Platte County said they believe it is easy to obtain alcohol, and 54.5% have friends who drink alcohol
- > In Clay County 59% of youth said they believe it is easy to obtain alcohol, and 51% have friends who drink alcohol.
- > Over a five-year period (2009-2013) the Northland experienced 52 deaths that could have been prevented if alcohol had not been involved.

3. Chronic Disease is the number one killer in the Northland.

Chronic diseases are the leading cause of death and disability in the U.S., and yet, they are also the most preventable of all health problems. The decision someone makes about diet, exercise, smoking, alcohol and drug use can have dramatic impact on their life expectancy, and on the community as a whole.

- In 2014 the chronic diseases with the highest mortality rates in the Northland were: cancer, heart disease, chronic lower respiratory disease and cerebrovascular disease, followed by Alzheimer's disease, kidney disease and diabetes. Most of these diseases share common risk factors including tobacco use, smoking, unhealthy diet, physical inactivity and overweight/obesity.
- The seriousness of this issue is recognized by the community at large as indicated by the high percentage of Northland survey respondents who listed obesity (37%), heart attack and stroke (18%), and high blood pressure (10.4%) as serious community health problems in the 2015 Northland Community Health Survey.
- Missouri has the 16th highest rate of adult obesity (BMI of 30 or more) in America at 30.4%. In Clay County rate is 28%. In Platte County 30% of residents are obese.
- More than three-quarters of Northland adults do not eat an adequate diet of fruits and vegetables.
- In 2015, more than a quarter of adults in the Northland reported that they did not participate in leisure time physical activity.

The inextricable connections among these issues were extensively discussed by Northland Health Care Alliance members. These discussions led to a ranking of the issues by level of urgency, and ultimately led the NHCA to establish the following list of strategic health priorities:

1. Access to Care

2. Mental Health

3. Chronic Disease

The identified health priorities were chosen for their interconnectedness and monumental impact on the overall health of the community. It was clear to both Alliance members and

Northland communities that Access to Care, Mental Health, and Chronic Disease impact not just the lives of those affected, but also the quality of life of the entire community.

All three issues are significantly impacted by social determinants of health, which also happen to be the root causes of health inequities. Access to Care issues go beyond access to good health. The environments we live in shape our access to healthy food, physical activity, mental health, etc. Citizens therefore cannot be expected to make healthy decisions if their community does not provide them access to healthy choices in the first place. Analysis of the data also made clear that those who face inequities in one area of health are very likely to deal with a multitude of issues. Those who lack access to medical treatment are just as likely to lack access to preventive services, which are crucial to decreasing the rates of chronic diseases.

It is evident that improving the health of Northland communities will require moving the needle on all three of these interconnected strategic health priorities. That will require collaboration and communication. Engaging a wide range of organizations including public health systems, government agencies, schools, faith-based organizations, the business community, and nonprofit entities, as well as individual citizens as champions of health, will be critical to moving this effort forward.



Appendixes

Appendix A

Northland Health Care Alliance

Anaxis Maceira

Samuel U. Rodgers Health Center

Angela Smith

Platte County Health Dept.

Becky Fisk

North Kansas City Hospital

Bert Malone

Kansas City Health Dept.

Christine Rackers

MetroCARE

Cindy Cogan

Platte County Health Dept.

Cynthia Booth

Samuel U. Rodgers Health Center

Damara Harper

Liberty Hospital

Daniel Williams

Liberty Hospital

Don Sipes

Saint Luke's Hospital

Frank Thompson

Kansas City Health Dept.

Gary Zaborac

Clay County Health Dept.

Hilda Fuentes

Samuel U. Rodgers Health Centers

Jamie Powers

Clay County Health Dept.

Jan Kauk

Saint Luke's Hospital

Jennifer Reed

Northland Health Care Access

Jill Watson

KC Metro Physicians-ACO

Julie Murphy

Saint Luke's Hospital

Karen Dolt

Northland Health Care Access

Kevin Trimble

Saint Luke's Hospital

Linda Ward

Center for Practical Bioethics

Linda Zimmerschied

Samuel U. Rodgers Health Center

MaryJo Vernon

Platte County Health Dept.

Michelle Marrant

Northland Health Care Access

Teresa Doolittle

Northland Health Care Access/MetroCARE

Tom Petrizzo

Tri-County Mental Health

Tricia Rothweiler

Platte County Health Dept.

Appendix B

Northland Health Care Alliance Community Health Assessment Subcommittee

Gary E. Zaborac

Clay County Public Health Center

Jamie Powers

Clay County Public Health Center

Frank Thompson

Kansas City Health Department

Suzanne Leamer

Liberty Hospital

Becky Fisk

North Kansas City Hospital

Randee Gannon

North Kansas City Hospital

Stephanie Boscarino

Northland Community Services Coalition

Karen Dolt

Northland Health Care Access

Mary Jo Vernon

Platte County Health Department

Dan Luebbert

Platte County Health Department

Erin Sanders

Platte County Health Department

Hilda Fuentes

Samuel U Rodgers Health Centers

Audrey Hill

St Luke's Health System

Randy House

St Luke's Health System

Julie Murphy

St. Luke's North Hospital

Dave Barbour

Swope Health Services

Tom Petrizzo

Tri-County Mental Health Services

Jo Ann Werner

Tri-County Mental Health Services

Appendix C

Community Health Status Assessment Taskforce

Nkolika Obiesie

Clay County Public Health Center

Corrie Courtney

Clay County Public Health Center

Jody Light

Clay County Public Health Center

Jamie Powers

Clay County Public Health Center

Frank Thompson

Kansas City Health Department

Mary T. Fangman

Kansas City Health Department

Suzanne Leamer

Liberty Hospital

Erin Sanders

Platte County Health Department

Tim Loethen

Samuel U. Rodgers Health

Audrey Hill

St. Luke's Health System

Appendix D

Local Public Health System Assessment Attendees

Patty Evarts

Barry Pointe Family Care

Gary Zaborac

Clay County Public Health Center

Jodee Fredrick

Clay County Public Health Center

Darrell Meinke

Clay County Public Health Center

Tina Uridge

Clay County Senior Services

Will Akin

Clay County Sherrif's Office

Peggy Smith

Collaboration Works

Eric Thon

Excelsior Springs Medical Center

Frank Thompson

Kansas City Health Department

Mike Dittimore

LACIE

Kyle Danner

LGBT Affirmative Therapist Guild

John Mills

Liberty Fire Department

Evelyn Stanfill

Liberty Hospital

Jill Rodgers

Liberty Hospital

Mark Bertrand

Liberty Hospital Foundation

Janet Bartnik

Liberty Parks and Recreation

Kathy Ellermeier

Liberty Public Schools

Brad Carnay

Maritas Health Oakview

Selina O'Neal

Mid America Regional Council

Michael Lazio

Ministerial Alliance

Patrick Franklin

Missouri Department of Health and Senior Services

C Jon Hinkle

Missouri Department of Health and Senior Services

Janet Canavese

Missouri Institute of Community Health

Becky Fisk

North Kansas City Hospital

Randee Gannon

North Kansas City Hospital

Becky Smith

North Kansas City Hospital

Stephanie Boscarino

Northland Community Services Coalition

Karen Dolt

Northland Health Care Access

Jennifer Reed

Northland Health Care Access

Teresa Doolittle

Northland Health Care Access

Scott Roy

Northland Regional Ambulance District

Kenneth Christopher

Park University

Dan Luebbert

Platte County Health Department

Mary Jo Vernon

Platte County Health Department

Erin Sanders

Platte County Health Department

Angela Smith

Platte County Health Department

Sherry Kisker

Platte County Health Department

Stacy Benninghoff

Platte County Health Department

Kyle Schuman

Platte County Health Department

Pete Stuner

Platte County Sherrif's Office

Michael O'Neal

Platte County Sherrif's Office

Rabbi Doug Alpert

Rabbinical Association of GKC

Randy House

Saint Luke's Health System

Audrey Hill

Saint Luke's Health System

Dr. William Gilbirds

Saint Luke's North Hospital

Julie Murphy

Saint Luke's North Hospital

Jamey O'Neal

Samuel U Rodgers Health Centers

Kristie Huebl

St. Teresa's North

Dr. Naranath Chintala

Swope Health Services

Robin Winner

Synergy Services

Gina Sterling

Synergy Services

Sara Brammer

Synergy Services

Sharon Wright

Tri-County Mental Health Services

Dr. Cameron Lindsey

UMKC School of Pharmacy

Amy Vance

University of Missouri Extension

Christina Brunkow

University of Missouri Extension

Lori Bunton

William Jewel College

Appendix D

A sample of the invitation letter sent to Local Public Health System Assessment Attendees

Dear

The Northland Health Care Alliance Community Health Assessment Subcommittee is a collaborative group comprised of local health departments, hospitals and mental health organizations in the Northland. We would like to invite you to participate in a Local Public Health System Assessment in order to fulfill our respective accreditation requirements. As you may know, a public health system is made up of all public, private and voluntary entities that work together to help keep our communities healthy and safe.

Our assessment will be conducted over a series of meetings. Each meeting will run from 1 PM to 3:30 PM, with different assessment focuses. We would like your feedback and attendance on:

January 26 – Essential Services 3, 4, & 5
February 2 – Essential Services 1 & 2
February 9 – Essential Services 6 & 7
February 23 – Essential Services 8, 9, & 10

In order to measure the performance of our local public health system, it is important to have representatives from organizations and sectors that are involved in our local public health system. The Centers for Disease Control and Prevention (CDC) will analyze our completed assessment, and provide a customized report that can be used to identify strengths and weaknesses both in Clay and Platte County.

Please RSVP if you are available for any or all sessions by email at jpowers@clayhealth.com or by phone at 816-595-4237. Further information on pre-orientation will be provided prior to the meeting. I look forward to having you join together with other community partners to take a close look at our public health system. I am also most grateful for your willingness to grant me your time on such short notice.

Sincerely,
Jamie Powers

Appendix E English version of Community Health Assessment Survey

This survey is available online at <https://www.surveymonkey.com/s/2015NorthlandCommunityHealth/>

Northland Health Care Alliance 2015 Community Health Survey

The Northland Health Care Alliance is seeking your input on the health and well-being of the Northland. You have been selected because you live, work, or visit Clay or Platte County. Please take a moment to complete this survey. The results of this survey will help the Northland Health Care Alliance, comprised of local health departments, hospitals, and mental health organizations, identify pressing issues in our Northland communities. Your opinion is important to us. If you have any questions, please contact us (contact information on the back). **This survey takes about 3-5 minutes to complete.**

	Very Unhealthy	Unhealthy	Somewhat Healthy	Healthy	Very Healthy
1. How would you rate your community as a "Healthy Community?"	<input type="radio"/>				

2. Please indicate your level of agreement with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A. I am satisfied with the quality of life in our community (think about well-being, safety, physical and mental health, education, recreation, and social belonging).	<input type="radio"/>				
B. The community has enough health and wellness activities to meet my needs.	<input type="radio"/>				
C. I am satisfied with the health care available in our community.	<input type="radio"/>				
D. I have access to the medical specialists I need.	<input type="radio"/>				
E. In the last year, I chose not to receive health care services due to cost.	<input type="radio"/>				
F. I have my own doctor I see whenever I am sick.	<input type="radio"/>				
G. I am satisfied with public health services (food safety, disease prevention, birth certificates, immunizations, etc).	<input type="radio"/>				
H. This community is a good place to grow old (consider senior housing, transportation to medical services, shopping, senior day care, and other services for the elderly living alone).	<input type="radio"/>				
I. It is easy for me to get to places (grocery stores, doctor, work, etc).	<input type="radio"/>				
J. There are jobs available in the community (consider locally owned and operated businesses, jobs with career growth, reasonable commute, etc.)	<input type="radio"/>				
K. I feel my community is a safe place to live and raise children (consider crime, schools, etc).	<input type="radio"/>				
L. I have enough housing choices to fit my needs in my community (consider size, location, cost, etc).	<input type="radio"/>				
M. If I need help or assistance during times of stress, I have support in my community.	<input type="radio"/>				
N. I feel helpless in making changes to my community.	<input type="radio"/>				
O. There is enough access to medical care for residents with low income in our community.	<input type="radio"/>				

Appendix E English version of Community Health Assessment Survey

3. In the following list, what do you think are the **3 most important "health problems"** in our community?
Please mark no more than 3 issues.

- | | | |
|--|--|--|
| <input type="checkbox"/> Aging problems (e.g., arthritis, hearing/vision loss) | <input type="checkbox"/> Fire-arm related injuries | <input type="checkbox"/> Mental Health problems |
| <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Homicide | <input type="checkbox"/> Respiratory/lung disease |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Inadequate housing | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infant death | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Infectious Diseases (hepatitis, TB) | <input type="checkbox"/> Teenage Pregnancy |
| | | <input type="checkbox"/> Other _____ |

4. In the following list, what do you think are the **3 most important "risky behaviors"** in our community? (Those behaviors that have the greatest impact on overall community health) **Please mark no more than 3 issues.**

- | | | |
|---|---|---|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Tobacco Use/ E-cigarette Use |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not getting "shots" to prevent disease | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Racism | <input type="checkbox"/> Not using Seat belts or child safety seats |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Texting/cell phone while driving | <input type="checkbox"/> Unsafe Sex |
| | | <input type="checkbox"/> Other _____ |

Please provide the following information. It will be used for demographic purposes only. Keep in mind you will NOT be identified in any way with your answers.

5. Zip Code	<input type="text"/>	6. City	<input type="text"/>	7. County	<input type="text"/>
8. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	9. Primary Language spoken at home	<input type="text"/>	

10. Age

Under 18

18-25 years

26-39 years

40-54 years

55-64 years

65-80 years

Over 80 years

11. Marital Status

Married/living together

Divorced

Never married

Separated

Widowed

Other: _____

12. Are you Hispanic or Latino?

Yes No

13. Your highest education level:

Less than high school graduate High School Diploma

College degree or higher Other: _____

14. Current Employment Status:

Employed full-time Unemployed, seeking work

Employed part-time Unemployed, NOT seeking work

Retired Other: _____

15. Which one of these groups would you say best represents your race?

White Black or African American American Indian or Alaskan Native

Asian Native Hawaiian or other Pacific Islander Other (specify): _____

16. Household Income:

Less than \$20,000 \$20,000 to \$29,000 \$30,000 to \$49,000

\$50,000 to \$74,000 \$75,000 to \$100,000 Over \$100,000

17. Number of people currently living in your household: _____

18. How do you pay for your health care? Check all that apply.

Pay cash Veteran Administration Indian Health Services Other (specify): _____

Medicaid Medicare Health Insurance (private insurance, HMO, etc)

19. Where do you receive medical care? Check all that apply.

Hospital Local Health Department Urgent Care/ER Doctor Other: _____

Thank you for your response!

If you have any questions or would like more information about Community Health Assessments please contact
 Jamie Powers
 800 Haines Drive, Liberty MO 64068
 jpowers@clayhealth.com
 Phone: 816-595-4237

Appendix E

Spanish version of Community Health Assessment Survey

2015 Encuesta Comunitaria de Salud de la Alianza para el Cuidado de la Salud de el Norte (Northland Health Care Alliance)

La Alianza para el Cuidado de la Salud de el Norte necesita oír de usted, y conocer su opinión sobre la salud y el bienestar en el norte de Kansas City. Usted ha sido escogido (a) porque vive, trabaja, o visita los condados de Clay o Platte. Por favor ayúdenos completando esta encuesta. Sólo le tomará unos minutos de su tiempo. Los resultados van a ayudar a la Alianza para el Cuidado de la Salud de el Norte, compuesta por los Departamentos de Salud Pública locales, hospitales, y organizaciones que trabajan en salud mental, a identificar aquellos problemas que preocupan a nuestras comunidades aquí en el norte. Su opinión es importante para nosotros. Si tiene cualquier pregunta, por favor llámenos al teléfono (816-595-4259).

	Muy Poco saludable	Poco saludable	Algo saludable	Muy saludable	Muy saludable
1. ¿Cómo calificaría usted que tan saludable es nuestra comunidad?	<input type="radio"/>				
2. Por favor déjenos saber que tan de acuerdo está usted con cada una de las siguientes afirmaciones					
	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
A. Estoy satisfecho(a) con la calidad de vida en nuestra comunidad (en lo que se relaciona a mi seguridad y bienestar)	<input type="radio"/>				
B. La comunidad tiene actividades adecuadas para mi bienestar y salud	<input type="radio"/>				
C. Estoy satisfecho(a) con los servicios de salud disponibles en nuestra comunidad	<input type="radio"/>				
D. Tengo acceso al especialista de salud que necesito	<input type="radio"/>				
E. El año pasado tome la decisión de no recibir cuidados de salud debido a su costo	<input type="radio"/>				
F. Tengo un doctor al que puedo ver cada vez que estoy enfermo(a)	<input type="radio"/>				
G. Estoy satisfecho(a) con los servicios de salud pública (seguridad de los alimentos, prevención de enfermedades, certificados de nacimiento, vacunas, etc.)	<input type="radio"/>				
H. Esta comunidad es un buen lugar para envejecer (considere cosas convenientes para adultos mayores como: transporte a servicios médicos, compras, guarderías para adultos mayores y otros servicios para personas mayores que viven solos, etc.)	<input type="radio"/>				
I. Es fácil para mí ir a diferentes lugares (supermercados, doctores, trabajo, etc.).	<input type="radio"/>				
J. Hay trabajos disponibles en mi comunidad (considere negocios con dueños locales y de cadenas grandes, trabajos con oportunidades de crecimiento profesional razonablemente cercanos a su residencia, etc.)	<input type="radio"/>				
K. Siento que mi comunidad es un lugar seguro para vivir y criar hijos (considere crimen, escuelas, etc.)	<input type="radio"/>				
L. Tengo suficientes opciones en mi comunidad de viviendas que satisfacen todas mis necesidades (considere tamaño, lugar, costo, etc.)	<input type="radio"/>				
M. Tengo suficiente apoyo en mi comunidad si necesito cuidados o ayuda con cualquiera de mis actividades de la vida diaria.	<input type="radio"/>				
N. Siento que no tengo ayuda para hacer cambios en mi comunidad	<input type="radio"/>				
O. Hay suficientes proveedores de servicios de salud en nuestra comunidad para residentes de bajos ingresos.	<input type="radio"/>				

Appendix E Spanish version of Community Health Assessment Survey

3. De la siguiente lista, ¿cuales cree usted son los tres "problemas de salud" mas importantes en nuestra comunidad?

- | | | |
|--|--|---|
| <input type="checkbox"/> Problemas de la edad (por ejemplo artritis, perdida de la vision) | <input type="checkbox"/> Lesiones asociadas con heridas por armas de fuego | <input type="checkbox"/> Enfermedades Infecciones (hepatitis, tuberculosis) |
| <input type="checkbox"/> Abuso de Alcohol/Droga | <input type="checkbox"/> Enfermedades del corazon/ infarto cerebral | <input type="checkbox"/> Enfermedades de los pulmones/ respiratorias |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Presión alta | <input type="checkbox"/> Obesidad |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> HIV/SIDA | <input type="checkbox"/> Violación/ Asalto sexual |
| <input type="checkbox"/> Abuso/descuido infantil | <input type="checkbox"/> Enfermedades de transmisión sexual | <input type="checkbox"/> Lcsiones por accidentes de tráfico |
| <input type="checkbox"/> Problemas dentales | <input type="checkbox"/> Vivienda inadecuada | <input type="checkbox"/> Homicidio |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mortalidad infantil | <input type="checkbox"/> Suicidio |
| <input type="checkbox"/> Violencia doméstica | <input type="checkbox"/> Problemas de salud mental | <input type="checkbox"/> Embarazo en adolescentes |
| | | <input type="checkbox"/> Otras _____ |

4. De la siguiente lista, cuales cree usted que son los tres factores de riesgo mas importantes en nuestra comunidad? (Aquellas conductas que tienen el mayor impacto en la salud de la comunidad en general) Marque 3.

- | | | |
|--|---|---|
| <input type="checkbox"/> No usar métodos de planificación familiar | <input type="checkbox"/> No usar el cinturón de seguridad o asientos para niños en el carro | <input type="checkbox"/> Fumar/ usar cigarrillos electronicos(E-cigarette) |
| <input type="checkbox"/> Salirse de estudiar | <input type="checkbox"/> No ponerse vacunas para prevenir enfermedades | <input type="checkbox"/> Texting/ usar el telefono celular mientras manejan |
| <input type="checkbox"/> Abuso de drogas | <input type="checkbox"/> Racismo | <input type="checkbox"/> Abuso de alcohol |
| <input type="checkbox"/> Falta de ejercicio | <input type="checkbox"/> Malos habitos alimenticios | <input type="checkbox"/> Sexo sin protección |
| | | <input type="checkbox"/> Otro _____ |

Por favor complete la siguiente informacion, la cual sera usada solo para propositos de saber de manera general quienes han contestado esta encuesta. De ninguna manera sera posible identificar especificamente quien contesto esta encuesta, y sus respuestas seran mantenidas confidenciales y anonimas.

5. Zip Code 6. Ciudad 7. Condado

8. Sexo Hombre Mujer 9. ¿Que idioma hablan en casa?

<p>10. Edad</p> <input type="checkbox"/> Menos de 18 años <input type="checkbox"/> 18-25 años <input type="checkbox"/> 26-39 años <input type="checkbox"/> 40-54 años <input type="checkbox"/> 55-64 años <input type="checkbox"/> 65-80 años <input type="checkbox"/> Mayor de 80 años	<p>11. Estado Civil</p> <input type="checkbox"/> Casado/ Convive con alguien <input type="checkbox"/> Divorciado <input type="checkbox"/> Nunca se ha casado <input type="checkbox"/> Separado <input type="checkbox"/> Viudo <input type="checkbox"/> Otro: _____	<p>12. ¿Es Ud. Hispano o Latino?</p> <input type="checkbox"/> Si <input type="checkbox"/> No
		<p>13. ¿Cual es su nivel de escolaridad?:</p> <input type="checkbox"/> Preparatoria incompleta <input type="checkbox"/> Preparatoria completa con Diploma <input type="checkbox"/> Grado universitario o mas <input type="checkbox"/> Other: _____
		<p>14. Estado actual de trabajo:</p> <input type="checkbox"/> Empleado tiempo completo <input type="checkbox"/> Desempleado, buscando trabajo <input type="checkbox"/> Empleado medio tiempo <input type="checkbox"/> Desempleado, pero NO buscando empleo <input type="checkbox"/> Retirado <input type="checkbox"/> Otro: _____

15. ¿Cual de los siguientes grupos diria que representa mejor su raza?

<input type="checkbox"/> Blanca	<input type="checkbox"/> Negra o Afro-Americana	<input type="checkbox"/> India Americano or Nativo de Alaska
<input type="checkbox"/> Asiatica	<input type="checkbox"/> Nativo de Hawaii u otra de las Islas del Pacifico	<input type="checkbox"/> Otra (¿cual?): _____

16. Ingreso total del hogar:

<input type="checkbox"/> Menos de \$20,000	<input type="checkbox"/> \$20,000 a \$29,000	<input type="checkbox"/> \$30,000 a \$49,000
<input type="checkbox"/> \$50,000 a \$74,000	<input type="checkbox"/> \$75,000 a \$100,000	<input type="checkbox"/> Más de \$100,000

17. Cuantas personas viven actualmente en su casa con usted?: _____

18. Como paga usted por sus gastos de salud? Marque todo lo que aplique

<input type="checkbox"/> Al contado	<input type="checkbox"/> Veteran Administration	<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> Otro (¿cual?): _____
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Seguro médico (seguro privado, HMO, etc)	

19. ¿Donde recibe su cuidado medico? Marque todas las que apliquen .

Hospital Departamento de Salud Publica Local Sala de Emergencia / Clinicas de Urgencias Doctor Otra: _____

¡Gracias por sus respuestas!

Si tiene preguntas o desea saber más de nuestra Evaluación de Salud de la Comunidad, por favor contacte a Ximena Somoza
800 Haines Drive, Liberty MO 64068
xsomoza@clayhealth.com o al Telefono: 816-595-4259

Appendix F Northland Survey Data Results

Table 1: Demographic Characteristics of Survey Respondents

	Northland		Clay		Platte		Others		Unknown	
Total Population	1,197	100%	608	50.79%	379	31.66%	30	2.51%	180	15.04%
Gender										
Male	193	16.12%	124	20.39%	64	16.89%	4	13.33%	1	0.56%
Female	762	63.66%	441	72.53%	293	77.31%	25	83.33%	3	1.67%
Unknown	242	20.22%	43	7.07%	22	5.8%	1	3.33%	176	97.78%
Age										
18-39 years	436	36.42%	234	38.49%	185	48.81%	12	40.0%	5	2.78%
40-54 years	270	22.56%	166	27.30%	94	24.80%	9	30.0%	1	0.56%
55-64 years	182	15.20%	112	18.42%	63	16.62%	6	20.0%	1	0.56%
65 and over	127	10.61%	90	14.80%	35	9.23%	2	6.67%	0	0%
Unknown	182	15.20%	6	0.99%	2	0.53%	1	3.33%	173	96.11%
Race										
White	962	77.36%	555	91.28%	341	89.9%	25	83.33%	5	2.78%
Black/African American	37	3.09%	23	3.78%	14	3.69%	0	0%	0	0.0%
American Indian and Alaska Native	15	1.25%	10	1.64%	2	0.53%	3	10.00%	0	0.0%
Asian	9	0.75%	2	0.33%	5	1.32%	0	0.0%	2	1.11%
Native Hawaiian and other pacific Islander	3	0.25%	1	0.16%	2	0.53%	0	0.0%	0	0.0%
Other	18	1.50%	11	1.81%	5	1.32%	2	6.67%	0	0.0%
Unknown	189	15.79%	6	0.99%	10	2.64%	0	0.0%	173	96.11%
Ethnicity										
Hispanic (of any race)	46	3.84%	24	3.95%	17	4.49%	5	16.67%	0	0.0%
Not Hispanic	960	80.20%	574	94.41%	355	93.67%	24	80.0%	7	3.89%
Unknown	191	15.96%	10	1.64%	7	1.85%	1	3.33%	173	96.11%
Highest Educational Attainment Status										
Less than high school graduate	34	2.84%	16	2.63%	16	4.22%	2	6.67%	0	0.0%
High school diploma	309	25.81%	166	27.3%	127	33.51%	14	46.6%	2	1.11%
College degree or higher	616	51.46%	368	63.49%	212	55.94%	13	43.33%	5	2.78%
Other (associate/job training, etc.)	39	3.26%	27	4.44%	11	2.90%	1	3.33%	0	0.0%
Unknown	199	16.62%	13	2.14%	13	3.43%	0	0.0%	173	96.11%
Household Income										
Less than \$20,000	199	16.62%	105	17.27%	84	22.16%	9	30.0%	1	0.56%
\$20,000-\$29,000	113	9.44%	63	10.36%	47	12.40%	3	10.0%	0	0.0%
\$30,000-\$49,000	145	12.11%	80	13.16%	60	15.86%	5	16.67%	0	0.0%
\$50,000-\$74,000	155	12.95%	108	17.76%	39	10.29%	7	23.33%	1	0.56%
\$75,000-\$100,000	161	13.45%	104	17.11%	56	14.78%	1	3.33%	0	0.0%
Over \$100,000	196	16.37%	121	19.90%	71	18.73%	4	13.33%	0	0.0%
Unknown	228	19.05%	27	4.44%	22	5.8%	1	3.33%	178	98.89%
Marital Status										

Appendix F Northland Survey Data Results

Table 1: Demographic Characteristics of Survey Respondents

Married/Living together	621	51.88%	373	61.35%	222	58.58%	22	73.33%	4	2.22%
Not married (divorced, separated, widowed)	194	16.21%	131	21.55%	62	16.36%	1	3.33%	0	0.0%
Never Married	173	14.45%	92	15.13%	74	19.53%	6	20.0%	1	0.56%
Other	209	17.46%	12	1.97%	21	5.54%	1	3.33%	175	97.22%
Primary Language Spoken at Home										
English	941	78.61%	575	94.57%	341	89.97%	25	83.33%	0	0.0%
Non-English	19	1.56%	4	0.66%	11	2.90%	4	13.33%	0	0.0%
Unknown	237	19.80%	29	4.77%	27	7.12%	1	3.33%	180	100%
Current Employment Status										
Employed full-time	533	44.53%	328	53.95%	183	48.28%	19	63.33%	3	1.67%
Employed part-time	128	10.69%	75	12.34%	50	13.19%	3	10.00%	0	0.0%
Self Employed	19	1.59%	10	1.64%	8	2.11%	1	3.33%	0	0.0%
Unemployed (seeking or not seeking work)	163	13.62%	83	13.65%	74	19.53%	5	16.67%	1	0.56%
Retired	117	9.77%	81	13.32%	35	9.25%	1	3.33%	0	0.0%
Other	16	1.34%	10	1.64%	6	1.58%	0	0.0%	0	0.0%
Unknown	221	18.46%	21	3.45%	23	6.07%	1	3.33%	176	97.78%
Household Size										
1	84	7.02%	53	8.72%	29	7.65%	2	6.67%	0	0.0%
2	249	20.80%	150	24.67%	89	23.48%	10	33.33%	0	0.0%
3	143	11.95%	79	12.99%	62	16.36%	2	6.67%	0	0.0%
4	132	11.03%	79	12.99%	51	13.46%	2	6.67%	0	0.0%
5 and above	88	7.35%	44	7.24%	39	10.29%	5	16.67%	0	0.0%
Unknown	501	41.85%	203	33.39%	109	28.76%	9	30.0%	180	100%
Healthcare Payment Method										
Pay cash only	105	8.77%	63	10.36%	39	10.29%	2	6.67%	1	0.56%
Medicare/Medicaid/ Veteran Administration	323	26.98%	202	33.22%	106	27.97%	11	36.67%	4	2.22%
Indian Health Services	4	0.33%	1	0.16%	2	0.53%	1	3.33%	0	0%
Private Insurance Unspecified	581	48.54%	335	55.10%	229	60.42%	16	53.33%	1	0.56%
Unknown	184	15.37%	7	1.15%	3	0.79%	0	0%	174	96.67%
Only Seek Care from Urgent Care										
Yes	37	3.09%	23	3.78%	10	2.64%	4	13.33%	0	0%
No	816	68.17%	484	79.61%	305	80.47%	22	73.33%	5	2.78%
Undetermined**	148	12.36%	89	14.64%	53	13.98%	4	13.33%	2	1.11%
Unknown	196	16.37%	12	1.97%	11	2.90%	0	0%	173	96.11%

**Answer provided not enough to determine whether "Yes" or "No"

Appendix F Northland Survey Data Results

Table 2: Community Responds to Selected Health Issues by Selected Variables

Response Category	Northland		Clay		Platte		Others		Unknown	
Question #1*±	How would you rate your community as a "Healthy Community?"									
	(n=1187)		(n=603)		(n=374)		(n=30)		(n=180)	
Very healthy	93	7.83%	41	6.8%	36	9.63%	3	10.0%	13	7.22%
Healthy	491	41.36%	231	38.31%	181	48.40%	14	46.67%	65	36.11%
Somewhat healthy	516	43.47%	274	45.44%	137	36.63%	13	43.33%	92	51.11%
Unhealthy	77	6.49%	53	8.79%	16	4.28%	0	0.0%	8	4.44%
Very unhealthy	10	0.84%	4	0.66%	4	1.07%	0	0.0%	2	1.11%
Question #1 B* ±	How would you rate your community as a "Healthy Community?" By Gender									
	(n=949)		(n=662)		(n=354)		(n=29)		(n=4)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Very healthy	9.42% (18)	7.52% (57)	6.50% (8)	6.61% (29)	14.29% (9)	8.59% (25)	25% (1)	0.0% (0)	0.0% (0)	33.33% (1)
Healthy	47.64% (91)	41.42% (314)	48.78% (60)	35.99% (158)	46.30% (29)	49.48% (144)	50.0% (2)	48.0% (12)	0.0% (0)	0.0% (0)
Somewhat healthy	34.03% (65)	43.80% (332)	32.52% (40)	48.52% (213)	36.51% (23)	36.43% (106)	25.0% (21)	48.0% (11)	100% (1)	66.67% (2)
Unhealthy	8.38% (16)	6.33% (48)	11.38% (14)	8.20% (36)	3.17% (2)	4.12% (12)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
Very unhealthy	0.52% (1)	0.92% (7)	0.81% (1)	0.68% (3)	0.00% (0)	1.37% (4)	0.0% (0)	8.0% (2)	0.0% (0)	0.0% (0)
Question #2F*±	I have my own doctor I see whenever I am sick									
	(n=1,086)		(n=601)		(n=374)		(n=30)		(n=81)	
Agree/Strongly Agree	818	75.32%	464	77.20%	272	72.73%	22	73.33%	60	74.07%
Disagree/Strongly Disagree	189	17.40%	101	16.81%	73	19.52%	5	16.67%	10	12.35%
Neutral	79	7.27%	36	5.99%	29	7.75%	3	5.99%	11	13.58%
Response Category	Northland		Clay		Platte		Others		Unknown	
Question #2FB*±	I have my own doctor I see whenever I am sick By Educational Attainment Status									
	(n=948)		(n=561)		(n=351)		(n=29)		(n=7)	
	College degree or higher	HS diploma or Less	College degree or higher	HS diploma or Less	College degree or higher	HS diploma or Less	College degree or higher	HS diploma or Less	College degree or higher	HS diploma or Less

Appendix F
Northland Survey Data Results

Table 2: Community Responds to Selected Health Issues by Selected Variables

Response Category	Northland	Clay	Platte	Others	Unknown					
Agree/Strongly Agree	81.94% (499)	64.90% (220)	84.25% (321)	63.33% (114)	77.62% (163)	66.67% (94)	84.62% (11)	62.50% (10)	80.0% (4)	100% (2)
Disagree/Strongly Disagree	12.15% (74)	26.84% (91)	10.76% (41)	28.89% (52)	15.71% (33)	24.11% (34)	0.0% (0)	31.25% (5)	0% (0)	0% (0)
Neutral	5.91% (36)	8.26% (28)	4.99% (19)	7.78% (14)	6.67% (14)	9.22% (13)	15.38% (13)	0.0% (0)	20.0% (1)	0% (0)

Response Category	I have my own doctor I see whenever I am sick									
Question #2FC*±	By Household Income									
	(n=957)		(n=573)		(n=352)		(n=30)		(n=2)	
	Less than \$75,000	\$75,000 and over \$100,000	Less than \$75,000	\$75,000 and over \$100,000	Less than \$75,000	\$75,000 and over \$100,000	Less than \$75,000	\$75,000 and over \$100,000	Less than \$75,000	\$75,000 and over \$100,000
Agree/Strongly Agree	65.95% (399)	92.05% (324)	66.57% (235)	93.67% (207)	65.04% (147)	88.89% (112)	66.67% (16)	100% (5)	50.0% (1)	0.0% (0)
Disagree/Strongly Disagree	25.45% (154)	4.26% (15)	25.78% (91)	3.17% (7)	25.66% (58)	6.35% (8)	20.83% (5)	0% (0)	0.00% (0)	0.0% (0)
Neutral	8.60% (52)	3.69% (13)	7.65% (27)	3.17% (7)	9.26% (21)	4.76% (16)	12.50% (3)	0.0% (0)	50.00% (1)	0.0% (0)

Response Category	In the last year, I chose not to receive health care services due to cost									
Question #2E*±	By Gender									
	(n=942)		(n=560)		(n=27)		(n=356)		(n=4)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Agree/Strongly Agree	23.04% (44)	31.69% (238)	19.67% (24)	31.28% (137)	29.69% (19)	31.93% (91)	25.0% (1)	40.0% (10)	0.0% (0)	0.0% (0)
Disagree/Strongly Disagree	66.49% (127)	54.59% (410)	68.85% (84)	55.25% (242)	62.50% (40)	53.68% (153)	50.0% (2)	48.0% (12)	100% (1)	100% (3)
Neutral	10.4% (20)	13.72% (103)	11.48% (14)	13.47% (59)	7.81% (5)	14.39% (41)	25.0% (1)	12.0% (3)	0.0% (0)	0.0% (0)

Response Category	In the last year, I chose not to receive health care services due to cost														
Question #2EB*±	By Healthcare Payment Method														
	(n=1099)			(n=595)			(n=368)			(n=30)			(n=5)		
	Cash Only	Public Insurance	Private	Cash Only	Public Insurance	Private	Cash Only	Public Insurance	Private	Cash Only	Public Insurance	Private	Cash Only	Public Insurance	Private
Agree/Strongly Agree	33.65% (35)	29.49% (169)	31.99% (103)	37.10% (23)	31.34% (63)	26.81% (89)	28.21% (11)	35.24% (37)	31.70% (71)	50.00% (1)	25.00% (3)	50.00% (8)	0.00% (0)	0.00% (0)	100% (1)
Disagree/Strongly Disagree	50.96% (53)	59.51% (172)	53.42% (172)	41.94% (109)	54.23% (109)	63.25% (109)	64.10% (109)	50.48% (53)	55.36% (109)	50.00% (6)	50.00% (6)	43.75% (13)	100% (1)	100% (4)	0.00% (0)

Appendix F
Northland Survey Data Results

Table 1: Demographic Characteristics of Survey Respondents

Response Category	Northland			Clay			Platte			Others			Unknown		
Agree/Strongly Agree	35.97% (218)	29.14% (102)	30.76% (109)	30.77% (68)	43.42% (99)	26.61% (33)	37.50% (9)	20.00% (1)	50.00% (1)	0.0% (0)					
Disagree/Strongly Disagree	34.98% (212)	33.71% (118)	38.95% (137)	37.56% (83)	29.82% (68)	27.42% (34)	25.00% (6)	20.00% (1)	50% (1)	0.0% (0)					
Neutral	29.04% (176)	37.14% (130)	30.11% (106)	31.67% (70)	26.75% (61)	45.97% (57)	37.50% (24)	60.00% (3)	0.0% (0)	0.0% (0)					
Question #2M*±	If I need help or assistance during times of stress, I have support in my community														
	By Gender														
			(n=568)			(n=355)			(n=27)			(n=2)			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Agree/Strongly Agree	61.78% (118)	61.22% (461)	59.3 5% (73)	58.62% (255)	66.7% (42)	65.07% (190)	75.0% (4)	65.22% (15)	0.0% (0)	0.0% (0)					
Disagree/Strongly Disagree	12.04% (23)	10.89% (82)	12.2 0% (15)	11.03% (48)	11.11% (7)	10.62% (31)	25% (1)	13.04% (3)	100% (1)	100% (1)					
Neutral	26.18% (50)	50.00% (2)	28.4 6% (35)	30.34% (132)	22.22% (14)	24.32% (71)	0.0% (0)	21.74% (5)	0.0% (0)	0.0% (0)					
Response Category	Northland			Clay			Platte			Others			Unknown		
Question #2MB*±	If I need help or assistance during times of stress, I have support in my community														
	By Employment Status														
	Employed	Unemployed	Retired	Employed	Unemployed	Retired	Employed	Unemployed	Retired	Employed	Unemployed	Retired	Employed	Unemployed	Retired
	(n=949)			(n=569)			(n=349)			(n=27)			(n=5)		
Agree/Strongly Agree	61.54% (416)	61.73% (100)	64.86% (72)	61.80% (254)	46.34% (38)	64.47% (49)	60.83% (146)	78.38% (58)	65.71% (23)	68.18% (15)	60.0% (3)	0.0% (0)	100% (1)	33.3 3% (1)	0.0% (0)
Disagree/Strongly Disagree	10.65% (72)	11.73% (19)	10.81% (12)	10.22% (42)	17.07% (14)	9.21% (7)	11.25% (27)	6.76% (5)	14.29% (5)	13.64% (3)	0.0% (0)	0.0% (0)	0.0% (0)	0.0 % (0)	0.0% (0)
Neutral	27.81% (188)	26.54% (43)	24.32% (27)	27.98% (115)	36.59% (30)	26.32% (20)	27.92% (67)	14.86% (11)	20.0% (7)	18.18% (4)	40.0% (2)	0.0% (0)	0.0% (0)	66.6 7% (2)	0.0% (0)

Appendix F

Northland Survey Data Results

Table 2: Community Responds to Selected Health Issues by Selected Variables

Response Category	Northland		Clay		Platte		Others		Unknown	
Question3	Three Most Important "Health Problems" in our Community									
	(n=955)		(n=565)		(n=357)		(n=29)		(n=4)	
	Male (n=193)	Female (n=762)	Male (n=124)	Female (n=441)	Male (n=64)	Female (n=293)	Male (n=4)	Female (n=25)	Male (n=1)	Female (n=3)
1. Alcohol/Drug Abuse	38.34% (74)	42.78% (326)	40.32% (50)	41.04% (181)	34.38% (22)	45.05% (132)	50.00% (2)	48.00% (12)	0.00% (0)	33.33% (1)
2. Obesity	44.04% (85)	34.78% (265)	45.97% (57)	35.83% (158)	43.75% (28)	33.11% (97)	0.00% (0)	32.00% (8)	0.00% (0)	66.67% (2)
3. Mental Health Problems	20.21% (39)	34.25% (261)	21.77% (27)	36.96% (163)	15.63% (10)	30.38% (89)	25.00% (1)	32.00% (8)	100.00% (1)	33.33% (1)

* Number is total of those that responded based on the variables under consideration

‡ Column percentage will not add up to 100% because unknown category was omitted.

Appendix G

Excelsior Springs Community Health Forum, March 19, 2015, Good Samaritan Center

ATTENDING

Julia Hladky

resident/Clay County Public Health Center

Denise Bedford

Excelsior Springs Senior Center

Joyce Confer

resident

David Henthorne

resident/senior center,

Gayle Geiger

Good Samaritan Center,

Ambrose Buckman

City of Excelsior Springs Mayor/Good Samaritan Center

Martha Buckman

Good Samaritan Center Director

Nancy Kelly

resident/Clay County Public Health Center

Katie Noyd

Excelsior Springs Parks and Rec

Sonya Morgan

Excelsior Springs City Council

Courtney Cole

Excelsior Springs Chamber of Commerce Executive Director

Introduction

Teresa Tunstill and Wennekota Tarama gave welcome and introduction to the City of Excelsior Spring's Community Health Forum (CHF) to gather input from residents on health of ES. Explained use of clickers and those results are anonymous.

QUESTIONS

1. How would you rate Excelsior Springs as a Healthy Community?

Very Unhealthy 0%

Unhealthy 13%

Somewhat Healthy 74%

Healthy 0%

Very Healthy 13%

Totals 100%

Discussion: Review results. Compare to responses from county-wide survey and Excelsior Springs sub group to tonight's results. Excelsior Springs respondents answered between Somewhat Healthy and Healthy, only slightly lower than the county-wide results.

2. Excelsior Springs has all the health care services I need.

Strongly disagree 13%

Disagree 50%

Neutral 24%

Discussion: More residents disagree that there are many services they do not have access to. There is no urgent care in Excelsior Springs, have to go to Liberty. Doctors close at 5 p.m. so people who cannot get an appointment in the evenings go to the emergency room. Excelsior Spring's hospital isn't a full service hospital; they don't deliver. Specialists come in once a week or once a month, which is a positive if you can fit it in your schedule. People without transportation can't get care.

3. What stops you from getting any of the health care services you need?

It costs too much 24%

Can't take off work 6%

Can't get an appointment 13%

I don't have transportation 19%

My insurance or Medicaid not accepted 19%

Other 0%

N/A 19%

Totals 100%

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- i. **Discussion:** Seniors have free transportation to medical appointments but transportation is a big issue for others.
- ii. Cost is also an issue, low income residents in our community.
- iii. Attendees in the room also said they may not have many issues with accessing services, but they see it as an issue for those they work with and residents in their community.

4. Excelsior Springs is a healthy place for people of all ages to live and work.

Strongly Disagree 0%

Disagree 10%

Neutral 20%

Agree 60%

Strongly Agree 10%

- i. **Discussion:** Opportunities are out there but people don't know it or take advantage of it. They don't know where or what services are available.
- ii. Work and job opportunities are limited.
- iii. Could make our sidewalks/streets safer for people who walk or bike.
- iv. Somewhat divided (east/west); opportunities are different for different areas.
- v. Huge drug issue in Excelsior Springs.

5. Where do you get health information or education?

Hospital/Health Provider 25%

Health Department 14%

Friends/Family 29%

Internet 32%

Other 0%

Totals 100%

Discussion: "The Living Well" from the Newspaper is a good resource.

- i. People want to get health programs and health education to Excelsior Springs, but those programs are hard to find and many organizations (especially Kansas City ones) will not come to Excelsior Springs.

6. Of the choices below, which of the following is the biggest health problem in Excelsior Springs?

Alcohol/Drug Abuse 60%

Mental Health 0%

Obesity 40%

Dental Problems 0%

Inadequate Housing 0%

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Teenage Pregnancy 0%

Other 0%

Totals 100%

- i. **Discussion:** Review Excelsior Springs previous survey data with county-wide data was Alcohol/Drug-67.8% (41.45); Mental Health-33.9% (32.97); Obesity-23.7% (37.62) Dental Problems-16.95% (11.76); Inadequate Housing-15.25% (7.52); Teen Pregnancy-15.25% (7.52)
- ii. These two issues (alcohol/drug abuse and obesity) mirror what's actually being seen in the community. Top two problems from hospital data are alcohol abuse and heart disease. Mental Health and alcohol/drug abuse are connected. Dental problems are likely high because there are no clinics in Excelsior Springs. Can't get to Clay County Public Health Center, and it isn't always affordable. "Miles of Smiles" does screenings at Excelsior Spring's schools. Breakdown at home with family to stop alcohol/drug abuse. It's also an issue that states are starting to pass marijuana laws, "normalizing these issues".
- iii. **What can we do to address these two issues?** Community/grassroots organizing is just getting started. Look at where the needs are and address them. Communication is key! Parks and Recreation is trying to have more programs and work with schools to address obesity, but need more partners.

7. Excelsior Springs will be healthier in the next ten years.

Strongly Disagree 0%

Disagree 0%

Stay the same 11%

Agree 67%

Strongly Agree 22%

Totals 100%

- i. **Discussion:** "Excelsior Springs has seen big changes in the last two years." Smoking ban has been great, but not enforced in all areas. More people running/walking and being active. Community Center is coming (June 2016 projected open).
- ii. Awareness can improve community health. Just need more partnerships to work and address issues together. Having a vision from the city would help bring people together. Litter on grassy areas when running, trying to do what they can but people need to come together to keep this community beautiful. Chamber used to have a slogan: "we are first and foremost a health resort". Farmers market should take credit/debit. Looking at applying for a "Beans and Greens" grant next season.

Thanked everyone for attending and sharing their opinions on the health of Excelsior Springs. Community Development shared they would bring this information back to the community after the completion of the community health assessment.

Adjourn: 8:00 p.m.

Minutes Filed By: Jamie Powers – Community Development Specialist

Appendix G

Smithville Community Health Forum, March 24, 2015, Smithville High School Cafeteria

ATTENDING

Hubert Shuler

First Baptist Smithville

Randy Kelly

First Baptist Smithville

Mark Wharton

Saint Luke's Smithville

Debbie Wilmes

Smithville School District

Kathy Harmon

Smithville United Methodist

Wayne Krueger

Smithville School District

Brian Fullmer

City of Smithville Mayor

Mary Richards

Citizen

Mark Johnson

Smithville Herald

Introduction

Kathleen Welton and Jamie Powers gave welcome and introduction. Shared that CCPHC wants to talk about health in each community because where you live matters to your health. Smithville has unique needs and strengths and we want to hear those.

Explanation of how to use clickers and that voting is anonymous.

QUESTIONS

1. How would you rate Smithville as a Healthy Community?

Very Unhealthy 0.00% (0 count)

Unhealthy 0.00% (0 count)

Somewhat Healthy 37.50% (3 count)

Healthy 62.50% (5 count)

Very Healthy 0.00% (0 count)

Totals 100% (8 count)

Discussion: Everyone agreed Smithville is a mostly healthy community. Jamie asked why no one in focus group voted "very healthy". What is missing to make Smithville very healthy? Discussion of connecting trails and the fact that there is no Clean Air Ordinance in Smithville. Thirty-five Smithville survey respondents rated Smithville as Unhealthy-8.5%, Somewhat healthy-45.71%, Healthy-34.29% and Very Healthy-11.43%. Focus group ranked Smithville as "healthy".

2. Smithville has all the health care services I need.

Strongly disagree 0.00% (0 count)

Disagree 33.33% (3 count)

Neutral 33.33% (3 count)

Agree 33.33% (3 count)

Strongly Agree 0.00% (0 count)

Totals 100% (9 count)

Discussion:

- i. **Agree:** Those who voted "agree" shared that they have access to most services such as primary care doctors, dentists, pharmacies, chiropractors, and eye doctors.
- ii. **Disagree:** Smithville doesn't have enough specialists. Also an issue with Urgent Cares and no Emergency Room.

3. What stops you from getting any of the health care services you need?

It costs too much 12.50% (1 count)

Can't take off work 0.00% (0 count)

Can't get an appointment 0.00% (0 count)

I don't have transportation 0.00% (0 count)

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My insurance or Medicaid not accepted 0.00% (0 count)

Other 12.50% (1 count)

N/A 75.00% (6 count)

Totals 100% (8 count)

- i. **Discussion:** Most attendees have health insurance.
- ii. There is still an issue that it can cost too much, high deductible and high out-of-pocket cost.
- iii. Transportation is an issue for some Smithville residents. Although some are helping to ease that issue with the OATS bus and churches providing transportation to appointments and other needs.

4. Smithville is a healthy place for people of all ages to live and work.

Strongly Disagree 0.00% (0 count)

Disagree 25.00% (2 count)

Neutral 25.00% (2 count)

Agree 37.50% (3 count)

Strongly Agree 12.50% (1 count)

Totals 100% (8 count)

- i. **Discussion:** Those who agree talked about opportunities of activities for all ages such as sports and walking. Many “lifetime” outdoor activities available. Senior center is a great resource, helps quality of life for Smithville residents by providing things such as congregate meals.
- ii. **Biggest employers** are the hospital, schools, and Price Chopper.
- iii. **Disagree:** Smithville residents said there is an issue with opportunities for physical activity in the winter. There is no community center or YMCA. Hard to get one passed since many residents do not want to increase taxes. (Smithville is lowest taxed area in all of Clay County. Kearney is almost double).

5. Where do you get health information or education?

Hospital/Health Provider 31.82% (7 count)

Health Department 18.18% (4 count)

Friends/Family 13.64% (3 count)

Internet 31.82% (7 count)

Other 4.55% (1 count)

Totals 100% (22 count)

- i. **Discussion:** Most responses included doctor/health provider and internet.
- ii. Also discussed that employers provide a lot of health information now to employees.

6. Of the choices below, which of the following is the biggest health problem in Smithville?

Obesity 12.50% (1 count)

Alcohol/Drug Abuse 25.00% (2 count)

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Cancer 37.50% (3 count)
 Heart Disease/Stroke 12.50% (1 count)
 High Blood Pressure 0.00% (0 count)
 Mental Health Problems 12.50% (1 count)
 Other 0.00% (0 count)
 Totals 100% (8 count)

- i. **Discussion:** Cancer was voted biggest health issue in Smithville by focus group. There is more awareness of cancer in Smithville because several public officials and high school students have dealt with cancer. There is a lot of support for those dealing with it in the community. This did not reflect the thirty-five Smithville survey respondents who ranked Obesity with 48.57%, Alcohol & Drug Abuse as 42.85% and then tied for third Cancer and Heart Disease & Stoke at 34.29%.
- ii. Mental health is also seen as an issue in Smithville, especially among the youth in schools.
- iii. Who is working on any of these issues in Smithville? Baptist church PEPPI and has an AED. Methodist church has parish nurse. Spelman Foundation offering mammograms. Community 2000 group is addressing substance abuse and after prom/graduation safety – drinking, driving, drugs. St. Luke’s Hospital is working on disease detection.

7. Smithville will be healthier in the next ten years.

Strongly Disagree 0.00% (0 count)
 Disagree 0.00% (0 count)
 Stay the same 28.57% (2 count)
 Agree 57.14% (4 count)
 Strongly Agree 14.29% (1 count)
 Totals 100% (7 count)

- i. **Discussion:** Managing growth in population will be one of the biggest hurdles moving forward.
- ii. Everyone is optimistic about the future. The community is more health conscious now; working with the city and MARC on trails and master planning. Economic development is working on capital improvements such as recreational facilities (community center). Growth will bring more health care services and improvement in mental health. City also working to get runners and bikers off the street to improve safety with the use of trails.

Thanked everyone for attending and sharing their insight. The community development team will share the results of this meeting and the Community Health Assessment with this group. Hope to have many of you collaborate and work with CCPHC Community Development in future.

Adjourn: 7:30 p.m.

Minutes Filed By: Jamie Powers – Community Development Specialist

Appendix G

North Kansas City Community Health Forum, March 26, 2015, North Kansas City Hospital

ATTENDING

Julie Leibold

St. Luke's AME RN/FCN

Mary Henry

resident

Elena Bonjour

Mid Continent Public Library

Jana Longwith

North Kansas City Hospital

Betty Sue Cliff

resident

Introduction

Teresa Tunstill and Wennekota Tarama gave welcome and introduction. This forum is to discuss health and wellness of North Kansas City.

Also explained how the clickers/voting works.

QUESTIONS

1. How would you rate North Kansas City as a Healthy Community?

Very Unhealthy 0.00% (0 count)

Unhealthy 0.00% (0 count)

Somewhat Healthy 60.00% (3 count)

Healthy 40.00% (2 count)

Very Healthy 0.00% (0 count)

Totals 100% (5 count)

Discussion: The fifty-five survey respondents for 64119 zip code saw North Kansas City as Unhealthy-7.27%, Somewhat healthy-58.18%, Healthy-20.09%, very healthy-5.45%. The focus group saw NKC as healthy/somewhat healthy because we are predominately senior citizens. Free bus transportation, small community, good access, preventative care. We see a lot of people who are not taking advantage of what is available to them. CCPHC stated, let us know how this can be improved in your neighborhood.

2. North Kansas City has all the health care services I need.

Agree 20.00% (1 count)

Strongly Agree 0.00% (0 count)

Totals 100% (5 count)

Discussion: 2 of the respondents don't live in the NKC and voted "Neutral" "Because of insurance, I have to go elsewhere for my medical needs. Monetary reasons force me to go elsewhere."

3. What stops you from getting any of the health care services you need?

It costs too much 14.29% (1 count)

Can't take off work 0.00% (0 count)

Can't get an appointment 0.00% (0 count)

I don't have transportation 0.00% (0 count)

My insurance or Medicaid not accepted 14.29% (1 count)

Other 14.29% (1 count)

N/A 57.14% (4 count)

Totals 100% (7 count)

Discussion: As a senior, you've already made the decision. Discussed open enrollment at SUR for ACA

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4. North Kansas City is a healthy place for people of all ages to live and work.

Strongly Disagree 0.00% (0 count)

Disagree 0.00% (0 count)

Neutral 20.00% (1 count)

Agree 60.00% (3 count)

Strongly Agree 20.00% (1 count)

Totals 100% (5 count)

- i. **Discussion:** Being able to afford the cost of services
- ii. What is stopping people from not responding to invites to free exercise programs?
- iii. One of the biggest impediments is transportation
- iv. Connect in churches; find key people who are willing to help
- v. NKC has access to healthy foods through farmers markets (beans & greens) and other easily accessed grocery stores.

5. Where do you get health information or education?

Hospital/Health Provider 50.00% (3 count)

Health Department 16.67% (1 count)

Friends/Family 0.00% (0 count)

Internet 33.33% (2 count)

Other 0.00% (0 count)

Totals 100% (6 count)

- i. **Discussion:** Receive healthy advice from doctor
- ii. Rarely use the internet for a source of medical advice
- iii. When using internet, take the information received with caution and check the validity of the information to make sure that it is credible advice.
- iv. Beware that TV programs can give out false advice.
- v. Delve through information received before making a quick health change decision.

6. Of the choices below, which of the following is the biggest health problem in North Kansas City?

Obesity 20.00% (1 count)

Aging Problems 20.00% (1 count)

Cancer 0.00% (0 count)

High Blood Pressure 40.00% (2 count)

Mental Health Problems 20.00% (1 count)

Other 0.00% (0 count)

Totals 100% (5 count)

- i. **Discussion:** Fifty-five survey respondents from 64116 zip code ranked Obesity -40%, Aging problems-34.55% and Mental Health, 30.91% as biggest health problems. Smaller focus groups ranked blood pressure as highest problem area, then equally Obesity, Aging Problems and Mental Health with 20%. If mental health would improve, the others would all improve also. They all tie together.
- ii. What can be done to fix the problem? Screening/talk to healthcare professional, walking etc. The indigent population is scared to death to seek medical health How do we motivate people to come to the programs offered?

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7. North Kansas City will be healthier in the next ten years.

Strongly Disagree 0.00% (0 count)

Disagree 20.00% (1 count)

Stay the same 20.00% (1 count)

Agree 40.00% (2 count)

Strongly Agree 20.00% (1 count)

Totals 100% (5 count)

- i. **Discussion:** The housing and apartments are being built differently now
- ii. We are healthier because of more activity
- iii. Go to all the managers of senior complexes and invite them to participate in this endeavour.

NO – because:

Population shift

Age discrimination

Transient population

YES – because:

Can be a positive force

More people making healthy behavior choices

Observe walkers and joggers

IMPROVEMENTS:

Stay on the current path moving forward

Farmers Markets

Housing market is stable

More people are bringing revenue into NKC

NKC School District

Low cost transportation service (.25)

Thanked everyone for attending and sharing their opinions on the health of North Kansas City. Community Development shared they would bring this information back to the community after the completion of the community health assessment.

Adjourn: 8:30 p.m.

Minutes Filed By: Cindy St. John

Appendix G

Kearney Community Health Forum, March 31, 2015, Old Fire House

ATTENDING

Andrea DiBenedetto

Radiant Life Church and Daycare

David Pavlich

City of Kearney

Judy Morrow

CCPHC/City of Kearney

Janet Ross

CCPHC/Resident

Shawn Warfield

Kearney-Holt CAN & CleanAir Kearney/
Parent

Jim Bishop

Kearney-Holt CAN & CleanAir Kearney

Linda Washburn

CCPHC/Resident

Charles Wasburn

Resident

Marlo Howard

Kearney-Holt CAN/Clean Air Kearney

Cameron Lindsey

citizen/Samuel U Rodgers Clinic/ UMKC/
CCPHC

Anna Wells

citizen/Clean Air Kearney/ Nurse
Practitioner at Mosaic

Introduction

Kathleen Welton and Jamie Powers gave welcome and introduction. Shared that CCPHC wants to talk about health in each community because where you live matters to your health. Kearney has unique needs and strengths and we want to hear those.

Explanation of how to use clickers and that voting is anonymous.

QUESTIONS

1. How would you rate Kearney as a Healthy Community?

Very Unhealthy 0.00% (0 count)

Unhealthy 10.00% (1 count)

Somewhat Healthy 30.00% (3 count)

Healthy 50.00% (5 count)

Very Healthy 10.00% (1 count)

Totals 100% (10 count)

- i. **Discussion: What were you thinking when you voted healthy?** Walking trails, new grocery store, and new fitness center in town.
- ii. **Unhealthy?** No Clean Air Ordinance, drug and alcohol abuse in our community
- iii. Twenty-nine survey respondents rated Kearney lower with Unhealthy-6.9%, Somewhat healthy-48.28%, Healthy-37.93% and Very Healthy-6.9%.

2. Kearney has all the health care services I need.

Strongly disagree 0.00% (0 count)

Disagree 36.36% (4 count)

Neutral 36.36% (4 count)

Agree 18.18% (2 count)

Strongly Agree 9.09% (1 count)

Totals 100% (11 count)

Discussion:

- i. **Agree:** Mosaic in community, takes walk-ins. Slowly growing number of providers in community.
- ii. **Disagree:** Insurance dictates providers, no 24 hour Urgent Care and no weekend hours, lack of specialists, lack of mental health services, not always affordable.

3. What stops you from getting any of the health care services you need?

It costs too much 5.88% (1 count)

Can't take off work 5.88% (1 count)

Can't get an appointment 11.76% (2 count)

I don't have transportation 5.88% (1 count)

My insurance or Medicaid not accepted 17.65% (3 count)

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Other 11.76% (2 count)

N/A 41.18% (7 count)

Totals 100% (17 count)

Discussion: Often have to wait too long for appointments. No public transportation is an issue. Limited options for providers and services.

4. Kearney is a healthy place for people of all ages to live and work.

Strongly Disagree 10.00% (1 count)

Disagree 10.00% (1 count)

Neutral 30.00% (3 count)

Agree 40.00% (4 count)

Strongly Agree 10.00% (1 count)

Totals 100% (10 count)

- i. **Discussion:** Availability of community food pantry, and Kearney Family Foundation. Smoking in public places is still an issue for Kearney.
- i. **Youth:** Parks, Trails, Sports – Parks and Rec
- i. **Adults:** Fitness Centers, Trails, Parks
- i. **Seniors:** Senior Center, Trails, Sidewalk improvements, senior housing – new projects coming,

5. Where do you get health information or education?

Hospital/Health Provider 26.67% (8 count)

Health Department 13.33% (4 count)

Friends/Family 16.67% (5 count)

Internet 33.33% (10 count)

Other 10.00% (3 count)

Totals 100% (30 count)

Discussion: Good sources of health information include Mayo clinic, CDC, primary care providers. Other responses include textbooks, emails from providers, hospital newsletters.

6. Of the choices below, which of the following is the biggest health problem in Kearney?

Alcohol/Drug Abuse 54.55% (6 count)

Mental Health 0.00% (0 count)

Obesity 18.18% (2 count)

Heart Disease/Stroke 27.27% (3 count)

Cancer 0.00% (0 count)

Respiratory/Lung Disease 0.00% (0 count)

Other 0.00% (0 count)

Totals 100% (11 count)

- i. **Discussion:** Alcohol and Drug Abuse is a huge issue in our community. See many families reaching out for help in the churches. School student survey shows high usage of drugs and alcohol. Also a lot of prescription drug abuse. Apathy and lack of awareness are an issue in addressing alcohol/drug abuse

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- ii. Alcohol/Drug Abuse directly relates to Mental Health. Also a big issue in community, 2 suicides in the past week. Twenty-nine survey respondents also ranked Alcohol /Drug Abuse as #1 with 51.72%, Mental Health problems next with 48.28% and then Obesity with 37.93%.
- iii. Obesity and Heart Disease/Stroke, also related and a problem in community. Also ties to alcohol and drug abuse. Lack of preventative services also contributes.

7. Kearney will be healthier in the next ten years.

Strongly Disagree 0.00% (0 count)

Disagree 0.00% (0 count)

Stay the same 10.00% (1 count)

Agree 80.00% (8

Strongly Agree 10.00% (1 count)

Totals 100% (10 count)

Discussion: What do you see in 10 years? Smoke free in public places and parks, 24 hour medical care, 24 hour pharmacy and grocery, aquatic center, affordable community center for all, more trails/walkable streets/bike trails/connectivity. Substance abuse programs, mental health services, people more educated about personal health.

Thanked everyone for attending and sharing their insight. The community development team will share the results of this meeting and the Community Health Assessment with this group. Hope to have many of you collaborate and work with CCPHC Community Development in future.

Adjourn: 7:30 p.m.

Minutes Filed By: Jamie Powers – Community Development Specialist

Appendix G

Gladstone Community Health Forum, April 2, 2015, Gladstone Community Center

ATTENDING

Yen N Huynh

Samuel U Rodgers

Kayla Meredith

Resident and Good Shepherd UMC

Jean Moore

Gladstone City Council

Freddie Nichols

Clay County Public Health Center Board
and Gladstone Parks and Recreation
Board

Introduction

Teresa Tunstill and Wennekota Tarama gave welcome and introduction to the City of Gladstone's Community Health Forum (CHF). This forum is to take current information collected from the Northland Health Care Alliance 2015 Community Health Survey to dig in deeper to the health of Gladstone.

Teresa also explained how the clickers/voting works.

QUESTIONS

1. How would you rate Gladstone as a Healthy Community?

Very Unhealthy 0.00% (0 count)

Unhealthy 0.00% (0 count)

Somewhat Healthy 50.00% (1 count)

Healthy 50.00% (1 count)

Very Healthy 0.00% (0 count)

Totals 100% (2 count)

Discussion: Gladstone has a culture/health that is "pretty average". Group debated between healthy and somewhat healthy each with 50%. Sixty-four Gladstone respondents on survey reported Unhealthy -8%, Somewhat healthy-45%, Healthy-44%, Very healthy -3% showed more range. There was also discussion that Gladstone has a higher percent of older adults/elderly population that surrounding communities and the state. This brings different health challenges to their community than others.

2. Gladstone has all the health care services I need.

Strongly disagree 0.00% (0 count)

Disagree 50.00% (1 count)

Neutral 0.00% (0 count)

Agree 50.00% (1 count)

Strongly Agree 0.00% (0 count)

Totals 100% (2 count)

Discussion: Not all services are available. "In close proximity to everything I need. I can go to Kansas City North for services not in Gladstone." "I go south [of the river] for most of my services (ex. KU). I don't mind going south, it doesn't seem very far." There is a lack of specialty care in Gladstone, examples being cardiologists. Some issues with where to go for Emergency Room Care. "People on both sides of the river prefer North Kansas City Hospital for wound care."

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3. What stops you from getting any of the health care services you need.

It costs too much 33.33% (1 count)

Can't take off work 0.00% (0 count)

Can't get an appointment 0.00% (0 count)

I don't have transportation 0.00% (0 count)

My insurance or Medicaid not accepted 0.00% (0 count)

Other 0.00% (0 count)

N/A 66.67% (2 count)

Totals 100% (3 count)

- i. **Discussion:** Some care, such as dental, was mentioned as too costly. Emergency Room also discussed as very expensive.
- ii. Transportation is likely an issue for other residents in Gladstone. Lack of transportation for medical appointments, as well as other needs like grocery shopping.
- iii. Vicious cycle of costs too much, can't get off work, etc.

4. Gladstone is a healthy place for people of all ages to live and work.

Strongly Disagree 0.00% (0 count)

Disagree 0.00% (0 count)

Neutral 0.00% (0 count)

Agree 33.33% (1 count)

Strongly Agree 66.67% (2 count)

Totals 100% (3 count)

- i. **Discussion: Youth** – “Amazing programs with Parks and Rec”, scholarships for kids who can't afford to participate (Mayors Christmas tree fund), option to bus kids from school to community center for after school programs
- ii. **Seniors** – Community center has great programs and community connections for seniors.
- iii. **All** – Lots of festivities; Gladfest, ice skating, outdoor pool, beautiful parks and walking trails. Community gardens are available and farmers' market is growing – “Beans and Greens”. Library is great for all ages.

5. Where do you get health information or education?

Hospital/Health Provider 14.29% (1 count)

Health Department 14.29% (1 count)

Friends/Family 28.57% (2 count)

Internet 28.57% (2 count)

Other 14.29% (1 count)

Totals 100% (7 count)

- i. **Discussion:** Count on information from primary care provider/hospitals
- ii. Friends and family offer a lot about experiences at certain places
- iii. Also get information from our schools
- iv. Certain amount of screenings (eyes, dental) are done at school, always getting flyers about programs/activities
- v. People don't know enough about Clay County Public Health Center and what they do. “They can't utilize what they don't know about.”

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6. Of the choices below, which of the following is the biggest health problem in Gladstone?

Mental Health 0.00% (0 count)

Obesity 0.00% (0 count)

Alcohol/Drug Abuse 0.00% (0 count)

Aging Problems 66.67% (2 count)

Heart Disease/Stroke 33.33% (1 count)

Other 0.00% (0 count)

Totals 100% (3 count)

- i. **Discussion: Aging Problems:** "In my specific neighborhood, I see elderly who have issues and need extra care." Housing issues are important as people age. They need houses retrofit or can't keep up with property, like needing help with yard.
- ii. City hall can help with some problems. ("Neighbors helping neighbors")
- iii. Issues with heart disease and stroke are becoming more common in community.
- iv. Also an issue with homeless. Homelessness isn't as visible in Gladstone since there are no major highways. No shelter in Gladstone either.
- v. Sixty-four Gladstone respondents on survey reported top three health problems as Mental health with 39%, Obesity with 37.5%, Alcohol and Drugs with 32.8% while Aging problems was 29.69%. Big differences between survey and small focus group.

7. Gladstone will be healthier in the next ten years.

Strongly Disagree 0.00% (0 count)

Disagree 0.00% (0 count)

Stay the same 0.00% (0 count)

Agree 100.00% (3 count)

Strongly Agree 0.00% (0 count)

Totals 100% (3 count)

- i. **Discussion:** City government is committed to health and betterment of Gladstone. Increasing trails, continuation and improvement of programs, importance of city staff to be healthy.
- ii. Working to make Gladstone an "aging in place" community.
- iii. "Gladstone is a great community for people to move to." Gladstone would like to see an increase in younger families and young singles to balance aging community. Linden Square is a result of this.

Thanked everyone for attending and sharing their opinions on the health of Gladstone. Community Development shared they would bring this information back to the community after the completion of the community health assessment.

Adjourn: 8:00 p.m.

Minutes Filed By: Jamie Powers – Community Development Specialist

Appendix G

Liberty Community Health Forum, April 7, 2015, Liberty Community Center

ATTENDING

Gary E. Zaborac

Director of Clay County Public Health Center

Trina Zaborac

resident

Nkolika Obiesie

CCPHC

Cyndi Untch

resident

Ryne Dittmer

Liberty Tribune/resident

Dan Purdom

resident/Medical Director Samuel U Rodgers

Tanya Phelps

Sam's Club

DK Taylor

City of Liberty

Gene Gentrup

City of Liberty, City Council

Lori Bunton

Resident

Lyndell Brenton

City of Liberty Mayor

Sue Miller

resident/CCPHC

Jim Miller

resident

Jodee Fredrick

resident

Julie Leibold

St. Luke's AME Church

JD Biggs

AdvoCare

AJ Byrd

Clay County African American Legacy

J. Bartnik

Liberty Parks and Rec Director

Introduction

Mayor Brenton gave an introduction to welcome everyone. He briefly discussed the many partnerships between CCPHC and the City of Liberty, and the continuation of those and other partnerships in the future.

Kathleen Welton and Jamie Powers explained the purpose of Liberty's Community Health Forum (CHF). This forum is to take current information collected from the Northland Health Care Alliance 2015 Community Health Survey to dig in deeper to the health of Liberty. At the start of Liberty's CHF, there were 131 respondents to the survey from Liberty.

Jamie also explained the use of the clickers. Teresa also explained how the clickers/voting works.

QUESTIONS

1. How would you rate Liberty as a Healthy Community?

Very Unhealthy 7.14% (1 count)

Unhealthy 0.00% (0 count)

Somewhat Healthy 35.71% (5 count)

Healthy 57.14% (8 count)

Very Healthy 0.00% (0 count)

Totals 100% (14 count)

Discussion: Liberty is very healthy compared to other communities in Clay County. But community still has issues to address such as obesity. Large number of fast food restaurants in Liberty. Traffic congestion is terrible along MO hwy 291, which must have an impact on air quality. Not everyone has transportation. Aging society offers many wellness opportunities. Great parks but not connected to trails. Old neighborhoods often have bad sidewalks. Not everyone has easy access to supermarkets.

2. Liberty has all the health care services I need.

Strongly disagree 0.00% (0 count)

Disagree 14.29% (2)

Neutral 7.14% (1 count)

Agree 57.14% (8 count)

Strongly Agree 21.43% (3 count)

Totals 100% (14 count)

Discussion: Most people felt all health care needs are met within the Liberty community. Some specialty care is unavailable, and resident had to go south of the river. Liberty hospital offers most services.

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3. What stops you from getting any of the health care services you need.

It costs too much 0.00% (0 count)
 Can't take off work 17.65% (3 count)
 Can't get an appointment 23.53% (4 count)
 I don't have transportation 5.88% (1 count)
 My insurance or Medicaid not accepted 17.65% (3 count)
 Other 0.00% (0 count)
 N/A 35.29% (6 count)
 Totals 100% (17 count)

- i. **Discussion:** High number of people answered N/A due to all needs being met. Those who answered N/A also stated no issues with insurance.
- ii. Some issues discussed about receiving health care services were Medicare not accepted at urgent care, can't get appointments soon enough, many providers don't accept or overbook Medicaid, unable to easily access information on where and what's available.

4. Liberty is a healthy place for people of all ages to live and work.

Strongly Disagree 0.00% (0 count)
 Disagree 6.25% (1 count)
 Neutral 6.25% (1 count)
 Agree 75.00% (12 count)
 Strongly Agree 12.50% (2 count)
 Totals 100% (16 count)

- i. **Discussion:** Those who answered "strongly agree" noted the great work done at Liberty Parks and Recreation to meet needs of all and Clay County serves all populations.
- ii. Others brought up issues with walk-ability, good facilities but difficult to walk, walk-ability score is very low. Walking survey conducted by Liberty Parks and Rec showed similar issues.

5. Where do you get health information or education?

Hospital/Health Provider 20.45% (9 count)
 Health Department 15.91% (7 count)
 Friends/Family 22.73% (10 count)
 Internet 25.00% (11 count)
 Other 15.91% (7 count)
 Totals 100% (44 count)

- i. **Discussion:** Many said younger generation gets information from family/friends or the internet
- ii. Other sources of good information are CDC, WHO, radio stations (caution on reliability when they are giving medical advice)

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6. Of the choices below, which of the following is the biggest health problem in Liberty?

Mental Health 6.67% (1 count)
 Obesity 73.33% (11 count)
 Heart Disease/Stroke 6.67% (1 count)
 Cancer 13.33% (2 count)
 Aging Problems 0.00% (0 count)
 Other 0.00% (0 count)
 Totals 100% (15 count)

- i. **Discussion:** Obesity is one of the biggest concerns for the Liberty community (shared that survey showed similar responses for Liberty residents on county-wide survey and county-wide results). Those working to address obesity include schools, nutrition classes/programs, LCHAT.
- ii. Mental health, while not voted as top issues, was discussed as many attendees second choice. Gary Zaborac shared that Clay County is a designated Mental Health Professional Shortage area. Others shared their observation of many angry drivers in Liberty, Depression especially in winter months, stress, self image, bullying, abuse (physical, drugs), broken families, all relate to mental health issues. Seeing an increase in high school youth on anti-depressants or receiving counseling.

7. Liberty will be healthier in the next ten years.

Strongly Disagree 0.00% (0 count)
 Disagree 12.50% (2 count)
 Stay the same 6.25% (1 count)
 Agree 68.75% (11 count)
 Strongly Agree 12.50% (2 count)
 Totals 100% (16 count)

- i. **Discussion:** If access to services/care doesn't change, could be a problem
- ii. Liberty is at a tipping point. Much more focus on health and many more organizations and people are aware. More focus on prevention now and in the future. If current efforts continue and grow, Liberty will be much healthier in 10 years.
- iii. Liberty's strong commitment to bring jobs here. Right now many citizens work outside Liberty but hopefully that is changing with new development.

Follow up question on anything else the group felt like adding to today's discussion.

Community doesn't always know what's going on. Need to better communicate with residents. Discussion on how we reach more people, Facebook, Twitter, water bills, word of mouth, schools, worksites, churches

Everyone agreed that they are having a hard time engaging people in the community.

Thanked everyone for attending and sharing their insight. The community development team will share the results of this meeting and the Community Health Assessment with this group. Hope to have many of you collaborate and work with CCPHC Community Development in future.

Adjourn: 7:30 p.m.

Minutes Filed By: Jamie Powers – Community Development Specialist

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Access to Care

June, 2015

Purpose of the Council:

The Diversity Advisory Council on Health Equity (DACHE) was created with the purpose of providing a forum to diverse communities in the metro area, and specifically in Clay County, where their voices and needs can be heard in a non-judgmental way on health care issues, more specifically on access to care. To better serve all community members, sharing of experiences, issues, and proposed solutions, needs to occur. Through the DACHE, Clay County Public Health Center and the local public health system (LPHS) is actively learning how to engage and support diverse communities in improving access to care issues.

- a. "The **Mission** of the DACHE is to facilitate the access to equitable health and to provide culturally competent tools and information to members of the local public health system, so that all residents feel safe and have access to health where they work, play, live and worship."
- b. **Vision:** Healthy People in ALL Communities!

Membership:

Members of this Council represent many diverse racial/ethnic and cultural groups:

- African Americans
- Hispanics
- Somali
- Vietnamese
- Native Americans
- Visually Impaired
- Foster Children
- Refugees
- LGBTQ+
- Homeless Communities

Other members include representation from the LPHS- local public health agencies, city governments, safety net providers, and nonprofit groups; these members are interested in learning and understanding how to better serve diverse communities

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Perception of the Role of Public Health:

Some organizations working with diverse communities and other communities have a general understanding of the role of public health. Among diverse community members, perceptions generally differ from that of the general public:

Diverse Community	Perception of Role of Public Health
Native American	<ul style="list-style-type: none"> • Public health does very little • Uses a band-aid approach
Hispanic	<ul style="list-style-type: none"> • Do not understand what public health does • Do not know what to expect or ask for
African Americans	<ul style="list-style-type: none"> • Believe that main focus of public health is chronic disease management
Vietnamese	<ul style="list-style-type: none"> • Focus is on education, prevention and promotion to keep a community healthy
Other	<ul style="list-style-type: none"> • Expect community advocacy for the underserved populations

Engagement in Public Health:

This was identified as an issue of concern. One overall issue is that public health needs to work on developing specific outreach strategies to target individual diverse communities, such as personal contact, meeting with specific communities, increasing presence at major local events from diverse communities, or sharing public health news with them.

The most frequent recommendation was targeted outreach at places where diverse communities live, worship, shop, etc. Outreach can be improved through the use of social media in diverse languages and increased workplace diversity in public health. It is important to identify common strands in diverse communities and weave them together.

Another issue is educational materials. The LPHS should make educational materials more reflective of the makeup of the diverse community it serves.

These recommendations can be initial steps for improving health equity and will be used by the DACHE in development of a communication plan.

Current Access to Care Issues/Processes:

Below is information shared by the various diverse groups through the DACHE meetings and presentations, to date. The presentations have been videotaped.

Lack of Regular Care Source	
Native Americans	<ul style="list-style-type: none"> • For Native Americans living in the metro area, and specifically in the Northland, there is no source of regular care • They often have to travel to a neighboring state to receive health care services through the American Indian Health Services
Foster Children	<ul style="list-style-type: none"> • The same is true for children in the foster care system • Often they don't have a medical home • They face issues with consistency and availability of

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	<p>services</p> <ul style="list-style-type: none"> • Foster children also have issues in receiving timely services
Cultural and Language Barriers	
Immigrants	<ul style="list-style-type: none"> • They have a different expectation about health care services, as well as lack of understanding on how the system works. • Often come from countries where medical care is provided for free • Do not understand: <ul style="list-style-type: none"> ○ Concept of generic medicines ○ Different roles of public health versus the role of hospitals in this country • Different role of public health in the U.S. and abroad • Cultural needs such as requiring providers of the same gender • Often they do not know: <ul style="list-style-type: none"> ○ What services are available ○ Where services are located ○ How to access services •
Somali Community	<ul style="list-style-type: none"> • Outreach efforts conducted through mosques are unsuccessful in this area. The preferred outreach is through community members. Information spreads by word of mouth. • Among Somalis, like many other communities, women are in charge of taking care of health issues, but sometimes they need family member buy in to make men seek preventive services. • The role of religion is to have both a protective factor against drug and alcohol abuse, but it also makes them hide it from others. This can, for example, make it difficult to offer smoking cessation services. • Older women don't use birth control, which contributes to large households (some with 10 children or more). • Younger women use birth control. Pregnant single women will hide their pregnancy as long as possible out of shame, therefore not seeking early pre-natal care. • Households are multigenerational. Elders stay with the family, and are not sent to nursing homes. • Changes in behaviors discussed by this community once they have moved to the United States are: <ul style="list-style-type: none"> ○ Decrease in physical activity, since back home they have to walk everywhere and all household duties are done by hand ○ They also reported changes in their diet. Back home is more organic. Here, they see an increase in fried food intake.
African Countries	<ul style="list-style-type: none"> • African people are not familiar with preventive services, such as cancer screenings; therefore, they only seek medical treatment when there is a disease. • Immigrants from African Countries have difficulty marking

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	<p>their race/ethnicity on the current medical and not medical forms.</p>
<p>Visually Impaired Community</p>	<ul style="list-style-type: none"> • Feel that there is too much stress focused on the right word to use to address them. • Unemployment rates are very high among the visually impaired community, often being subjects of employment discrimination. <ul style="list-style-type: none"> ○ Data from the 2011-2013 ACS from the U.S. Census reported that Clay County has an estimated 4,538 people with a vision difficulty. ○ An estimated 59.9% of people with vision difficulty are employed. ○ 8.82% unemployed ○ 40.4% are not in labor force (students, homemakers, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized people, and people doing only incidental unpaid family work) with Jackson Co. having the higher percentage at almost 60% of all visually impaired in this category. ○ Unemployment among visually impaired in Clay County is almost 3% higher than in Jackson Co., but 2% lower than Platte • This community needs to be understood and respected. Using the community member's words "I am a man who happens to be blind." • Action Recommendation by the visually impaired community: <ul style="list-style-type: none"> ○ Approach them introducing yourself with your name, without talking loud ○ After several meetings, voice recognition may be all that is needed ○ Avoid unexpectedly touching them ○ Don't grab their arms, and pull them along ○ Preferred name for the cane they use is "cane" ○ Never pet service dogs and never distract them; ask the dog's handler first if it is ok to pet the dog. They will probably allow it. ○ Never use baby talk with the service dog while it is working. This can put the handler and the dog in harm's way.
<p>Same Sex Parents with Children</p>	<ul style="list-style-type: none"> • Recommended definition of a family: two or more persons who are related in any way: biologically, legally or emotionally, and is defined by the patient. • Statistics provided: <ul style="list-style-type: none"> ○ 6 million Americans have an LGBTQ+ parent ○ 37% of LGBTQ+ adults have had a child ○ 48% of LGBTQ+ women ○ 20% of LGBTQ+ men ○ 9% of individuals in same-sex relationships who have children under the age of 18 are people of color • Action Recommendation by the LGBTQ+: <ul style="list-style-type: none"> ○ Don't use offensive terminology, even unintentionally

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	<ul style="list-style-type: none"> ○ Don't use birth and biological mom. This is not a term used by the lesbian community to describe gestational parents. Instead, ask who the gestational <u>parent</u> is. Words matter. ○ Don't ask medically irrelevant probing questions ○ Don't ask marital status. Ask relationship status. ○ Don't confuse sex and gender ○ Follow the Joint Commission, June 2010: Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: A Roadmap for Hospitals: <ul style="list-style-type: none"> ❖ Hospitals should recognize same-sex partners as the patient's family, even if not recognized by state law ❖ Hospitals should involve same-sex parents in their children's care, even those who lack legal custody ❖ Hospitals should refer LGBTQ+ patients (and children of LGBTQ+) to welcoming providers for follow-up ❖ Intake forms should be inclusive of LGBTQ+ patients (and their families) ❖ Hospitals should create a welcoming environment for LGBTQ+ patients (and their families) ○ How to create a welcoming environment: <ul style="list-style-type: none"> ❖ Acceptance supports openness ❖ Do ask relevant and specific medical history questions ❖ Do ask people the words they would prefer to describe their family ❖ Update forms, websites, pamphlets and literature ❖ Collect feedback from patients, families and the surrounding community
Language Issues	
Somali Community	<ul style="list-style-type: none"> • Communicate via word of mouth, since majority of the community in this area doesn't read and write • Community members will mainly go to where interpreters are available
Immigrants	<ul style="list-style-type: none"> • Children of immigrants are used as interpreters in general for their parents without being asked. This can cause multiple problems for the children: <ul style="list-style-type: none"> ○ Accurate flow of medical information: <ul style="list-style-type: none"> ❖ Some are taught to not use certain words ❖ Too young to understand or may not know what the provider is saying to interpret ○ Making them aware of medical conditions that their parents might not want them to know above
Systems and Process Barriers	
Visually Impaired	<ul style="list-style-type: none"> • Have medical forms in Word format so they can be read to them over the computer using a Screen Reader. This provides the visually impaired community with speech and

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	<p>Braille output.</p> <ul style="list-style-type: none"> • Do not use scanned or hand written materials, maps or pictures, since a Screen Reader cannot read them. Providers could Google “how to create an accessible PDF” form. • Allow them to fill out the forms over the phone or alternatively arrange for a staff member read the forms to the patient in person in a private room to maintain privacy and independence. Do not assist with filling out forms in the waiting room of the medical provider or reading it out loud in the presence of other clients. • Never ask a person with a disability if they have someone that can help fill out forms for them. Many persons that are disabled live independently, and asking this can be offensive because can sound rude and insensitive to the persons’ needs. If the person has someone to take care of issues, they would not be asking for help. • Do not ask the person assisting the visually impaired with transportation to complete the forms for them. This could result in violation of HIPPA.
<p>Same Sex Parents with Children</p>	<ul style="list-style-type: none"> • Include “Parent 1” or “Guardian 1” and “Parent 2” or “Guardian 2” instead of “Mother” and “Father” of a child, to meet the needs of same sex couples with children, plus their legal and emotional needs to be able to stay at the bedside of a sick child in a hospital setting. • Raise more awareness among providers on how to properly complete medical screening for these families.
<p>Foster Children</p>	<ul style="list-style-type: none"> • Foster children experience limited Medicaid provider availability. • They need to have a medical examination/evaluation within a very short time frame upon placement with a family. • Also a need of better communication between medical providers to be informed of all health conditions and current prescriptive medications. This will help prevent over-medication. • Foster children have higher incidence of mental health diagnosis and a higher rate of prescribed psychotropic medications because of lack of adequate communication between foster parents, but also between providers as well. • More support should be provided to foster children, with referrals to pediatric mental health providers, since trauma and adverse childhood experiences are common among foster children. The first response should be to not sedate them with medications, but to address their specific needs, when present. • Foster children are also likely to have: <ul style="list-style-type: none"> ○ Multiple placements ○ Be behind with immunizations and preventive services • Use each encounter opportunity with foster children to provide necessary services such as age appropriate immunizations and other services.
<p>Transportation</p>	

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Somali Community	<ul style="list-style-type: none"> Somali communities have large households, and only one vehicle per household, used by father or older brothers. The rest of the family relies on public transportation.
Visually Impaired	<ul style="list-style-type: none"> The visually impaired and others with disabilities have to pre-arrange and pay for transportation Limit the number of, or schedule visits with providers on the same day. Send appointment reminders or changes at least 48 hours in advance to allow them time to rearrange transportation services.
Other Issues	
Native Americans	<ul style="list-style-type: none"> Trust is important! Hard to develop trust when, they see a different provider every time they go to the clinic for medical services.
Visually Impaired	<ul style="list-style-type: none"> Access to food can be an issue: <ul style="list-style-type: none"> Grocery store layouts and placement of customer service desk are not consistently located in every store Addition of sales displays (i.e. towers with food on sale) at the entrance poses a safety risk and causes difficulty in finding favorite foods When shopping for food, they don't always get what they need/want, but whatever is handed to them.
Hispanics	<ul style="list-style-type: none"> Among many cultures, including Hispanics, health issues, especially those perceived as potentially severe, such as cancer, are not likely to be shared with the children, or even the patient. This can be cultural or by law, as an effort of shielding them from the perceived "pain" it might cause them to know.
Somali Community	<ul style="list-style-type: none"> Diabetes is an issue among their community In America, they have known of more deaths due to heart attacks. Mental health is a stigma, so it is not talked about. A local provider for children reported seeing patients with behavioral issues, such as depression and PTSD as a result of coming from refugee camps and ongoing turmoil <p>Action Recommended:</p> <ul style="list-style-type: none"> It could be important to provide examples of mental health issues when targeting this community Provide services in a discrete way.
Foster Children	<ul style="list-style-type: none"> Data from the Foster care system shows that in Northwest Missouri, over 4,000 children suffer from abuse and neglect, and are in need of a family. In Clay County: <ul style="list-style-type: none"> 24% of children in foster care are 3-5 years old 19% ages 6-8 and 15 and older 18% 0-2 years old

Action/Recommendations:

Generalized comment was that providers are unsure on how to address diverse communities and their needs.

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- **Don't be afraid of us, just ASK us:**
 - Do you need help?
 - What can I do to help you?
 - How do you want to be address?
- **Changing medical and non-medical forms:**
 - In general, forms do not adequately capture race/ethnicity, since some groups self-identify with tribes, country of origin, etc., such as the Somali community.
 - Some communities might have literacy issues, so they need help completing documents.
 - Create an easy to understand guide of these services for immigrants upon arrival to the area, which could be shared with agencies helping them.
- **Other:**
 - Help providers develop an adequate educational program aimed at African immigrants, to explain the purpose of prevention, and where to go to receive screenings services.
 - Identify a medical home for Native Americans in the Kansas City Metro area that will accommodate their needs and trust issues.
 - Include diverse communities in any planning/outreach/communication efforts.
 - Help to empower them into leadership positions.

Footnotes

Section I: Introduction & Organizing for Success

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Section II: MAPP Assessments: Local Public Health System Assessment

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MAPP Assessments: Community Themes & Strengths

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MAPP Assessments: Community Health Status Assessment

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