Northland Health Alliance

Community Health Needs Assessment

2018

Northland Health Alliance 2018 Community Health Needs Assessment

Contents

I. Introduction

No single healthcare organization or provider truly can understand, or improve, the health of a community. Collaboration is key to both gaining meaningful insight about the community and to affecting sustainable long-term change within the community. The Northland Health Alliance was created in 2014 to bring health care stakeholders together in a collaboration designed to empower the Northland public health system to improve the health status and health outcomes of all Clay and Platte County, Missouri residents. As part of that effort, the Northland Health Alliance and its member organizations partnered to conduct an assessment of the health and well-being of citizens who live in, work in, or visit Kansas City's Northland community. The 2018 Community Health Needs Assessment (CHNA) is the follow up to the Northland Health Alliance's first collaborative health assessment conducted in 2015.

Working together, the 11 Alliance organizations gathered and analyzed qualitative and quantitative data about the community in order to broaden understanding about the health status of the Northland residents and gain insight into the factors influencing their health. As in 2015, the intention of this effort was to identify the most significant health gaps or challenges the community faces, and to provide an evidence-based framework the community can use to make informed decisions about prioritizing health needs and determining where to invest community resources to most effectively address them.

The insights gained from this assessment will be used by Alliance leadership to identify health priorities to focus on over the next three years. Once defined, these priorities will be the foundation of a 2019-2021 Community Health Improvement Plan (CHIP), which will seek to align efforts across member organizations and Northland community members to address the most serious health issues impacting citizens.

The Northland Health Alliance is dedicated to *empowering* the Northland public health system to *improve* the health status and health outcomes of all residents in the Northland.

CLAY COUNTY
PUBLIC HEALTH CENTER

PLATTE COUNTY HEALTH DEPARTMENT

North Kansas City Hospital

EXCELSIOR SPRINGS HOSPITAL

LIBERTY HOSPITAL

TRI-COUNTY MENTAL HEALTH SERVICES, INC.

SAMUEL U. RODGERS HEALTH CENTER

Saint Luke's

NORTHLAND HEALTH CARE ACCESS

Children's Mercy

Signature PSYCHIATRIC HOSPITAL

II. The Community Defined

The Northland, as locals refer to the area, has no official geographic designation yet people living there see it as a unique and distinctive community. The Northland is comprised of communities that lie north of the Missouri River and includes Clay and Platte Counties. About 50% of Northland residents live within the city limits of Kansas City, MO. The Northland is a mixture of urban, suburban and rural, and includes such diverse communities as Liberty, North Kansas City, Platte City, Weston, Kearney, and Excelsior Springs. The Northland is one of the fastest-growing areas in Missouri. Between 2010 and 2016, Clay and Platte counties grew 7.3% and 9.6% respectively. In 2016, the total population of Clay and Platte counties was just under 338,000 people.[1]

This report presents data and analysis of the current health status of the Northland community. When available, data from Kansas City, MO; Missouri; and the United States is also included as a comparison to provide context for the data from Clay and Platte Counties. These data sets are intended to provide points of comparison to deepen understanding and to reveal how health may vary among different people within the community. Additionally, where available and meaningful, this report includes data from the 2015 CHNA as an additional point of comparison. This information is included to highlight areas of improvement, points of regression, or to call attention to data that may serve as indicators of longer-term trends.

50%

of Northland residents live within the city limits of Kansas City, MO.

The Northland is comprised of communities that lie north of the Missouri River, including Clay and Platte Counties

Urban + Suburban + Rural = The Northland

III. Community Health Needs Assessment Methodology

Assessing the health of a community requires the systematic collection, aggregation, and analysis of qualitative and quantitative information across multiple indicators of health. To that end the Northland Health Alliance and its members undertook a several month-long process to gather data about the community. Like in 2015, the Alliance utilized the Mobilizing for Action through Planning and Partnerships (MAPP) process to guide data collection efforts for the 2018 Community Health Needs Assessment.

One of the greatest benefits of a collaborative Community Health Needs Assessment is the ability to engage multiple partners in data gathering and analysis. To support this effort Alliance members appointed staff to serve on a Data Task Force. This group, chaired by Danielle Roethler of Clay County Public Health Center, was charged with:

- Identifying and gaining consensus around what data would be gathered and examined,
- Establishing the timeline and structure for data analysis,
- Developing community survey and community forum tools and approaches,
- Evaluating and transcribing key results into data tables, and
- Drawing conclusions about what the data means.

A complete list of Data Task Force Members and Organizations is listed in Appendix C.

A. Primary Data: Community Survey

The Data Task Force developed a community survey designed to capture feedback from people who live in, work in, or visit Clay and/or Platte County. The goal of this survey was to gather input from as large and diverse a segment of the community as possible. Survey links were sent out via each Alliance member's communications network (i.e., email, website, social media, etc.), and paper surveys were provided in English and Spanish at health department clinics and offices, health care clinics, and via nonprofit groups. Online and paper versions of the survey were available from August 7-September 14, 2018. Insights gained from this community feedback are embedded throughout this report.

B. Primary Data: Community Forums

Members of the Northland Health Alliance hosted community forums and information gathering events between September and December 2018 to collect qualitative insight from constituencies in the Northland whose voices may not have been captured adequately in the community survey. Participants at each event were asked to complete short surveys with questions aligned with those asked in the community survey and to provide additional comments.

C. Secondary Data

This report contains statistical analysis of community data gathered on nationally recognized health indicators such a demographics, Social Determinants of Health, behavioral risk factors, behavioral and mental health, maternal and child health, and health resource availability/access to care.

Secondary Data Sources for Health Indicators

- American Community Survey
- Behavioral Risk Factor Surveillance System (BRFSS
- Healthy People 2020
- Mid-America Regional Council
- Missouri County-Level Study
- Missouri Information for Community Assessment (MICA)
- Missouri Department of Economic Development
- Missouri Department of Social Services
- Missouri Department of Health and Senior Services
- Missouri Department of Elementary and Secondary Education
- Missouri Hospital Association
- Missouri Student Survey
- U.S. Department of Health and Human Services
- Robert Wood Johnson Foundation
- U.S. Census Bureau

In addition, Alliance members Liberty Hospital, North Kansas City Hospital, and Saint Luke's Health System provided Inpatient and Emergency Department utilization and diagnostic data. Tri-County Mental Health Services and Samuel U. Rodgers Health Center shared outpatient data. Where possible, this data is reported by gender, by age group, and by payor source. By sharing this data, the hospitals have added a new level of understanding about the community's health status, adding context to questions about where health disparities or significant health issues exist in the Northland. Data analysis was conducted by Epidemiologists and Epidemiology Specialists at Clay County Public Health Center and Platte County Health Department.

IV. Capturing the Voice of the Northland: Community Survey & Forums

Taking time to gather feedback from the people who live, work or visit a community is essential to assessing its health and well-being. **Northland Health Alliance members worked collaboratively to develop and share a community survey and conduct forums to capture feedback from residents of Clay and Platte Counties.** The goal of the survey and forums was to provide community context to illuminate the data gathered from secondary data sources. This context will support consensus building around key health issues and priorities.

A. 2018 Northland Community Health Survey

The survey asked participants to:
- Rate the overall health and quality of life in the community.
- Identify:
  - the health problems they believe are most important,
  - the health behaviors that are having the greatest impact on the health of the community, and
  - the greatest challenges to being healthy in the Northland.
- Share where they typically receive healthcare and how they pay for it.

Survey Respondent Demographics

The majority of survey respondents were female (75% of all survey respondents) and white (84% of all respondents). More than 36% of respondents were between the ages of 45 and 64 and 33.5% were between the ages 25 and 44.[2]

The majority of respondents were married (61%) and have a have earned a college degree or higher (62%). A large portion of respondents (23%) reported an annual household income of over $100,000. The majority of respondents (54%) reported being employed full-time. The next highest category came from those who indicated they are retired (16%). The majority of respondents (56.8%) indicated they did not have children under 18 living in the household.[2]

34% between the ages of 25-44	**75%** female
36% between the ages of 45-64	**84%** white
54% employed full-time	**61%** married
16% retired	**62%** college degree or higher
23% household income of 100k or higher	**57%** do not have children under the age of 18 living at living in the household

It is important to acknowledge that low income individuals, racial and ethnic minorities, and aging populations were under represented in the Northland Community Health Survey. To address this gap, Alliance members placed special focus on holding community forums in locations that would help ensure the voices of citizens in these communities were captured. As the Northland Health Alliance continues its work to assess the health needs of the community, it will continue to develop new strategies with focused outreach to underserved populations.

Survey Results

About half of the respondents to the Northland Community Health Survey rated the health of the Northland as Somewhat Healthy. Respondents from Platte County rated the health of the community more highly than those from Clay County.[2] (Figure 1)

Figure 1: Rate the Health of the Northland Community
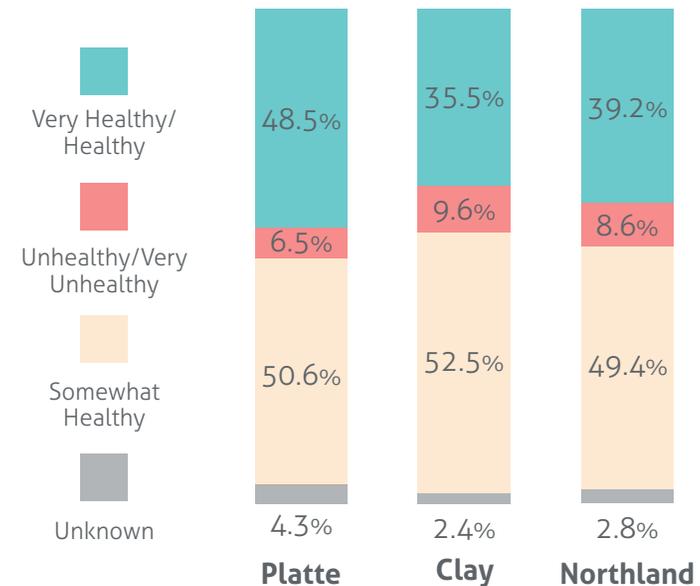
Source: Northland Community Health Survey, 2018[2]

While the 2018 Northland Community Survey asked residents to rate the health of their community, the Missouri Department of Health and Senior Services' 2016 County-Level Study had residents rate their individual health status. In that study, 18% of Clay County respondents and 11% of Platte County respondents reported being in fair or poor health. In Clay County, County-Level Study respondents reported experiencing an average of 3.6 days of poor health in the last 30 days. In Platte County, survey

respondents reported experiencing an average of 2 days of poor health in the last 30 days.[3]

When asked what the three most important health problems in the community are, 2018 Northland Health Survey respondents identified 15 different issues, with the top three being Mental Health, Chronic Disease, and Obesity. These issues were followed closely by aging problems and drug abuse. (Figure 2) Mental health-related issues of drug abuse, alcohol abuse, opioid abuse, and suicide all ranked among the top 10 health problems identified by the community.[2]
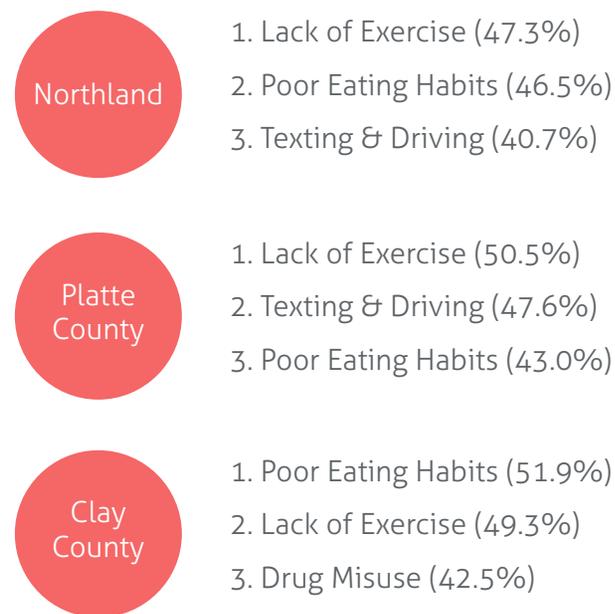
Figure 2: Ranking of Most Important Health Problems in the Northland Community

Health Problem	% of Survey Respondents
1. Mental Health	**52.0%**
2. Chronic Diseases	**42.3%**
3. Obesity	**36.4%**
4. Aging Problems	28.7%
5. Drug abuse	26.4%
6. Cancer	19.8%
7. Alcohol abuse	16.3%
8. Opioid abuse	13.7%
9. Suicide	9.1%
10. Motor vehicle crashes	8.3%
11. Dental problems	7.6%
12. Firearms injuries/deaths	4.3%
13. Preventable injuries	3.4%
14. Sexually transmitted diseases	1.9%
15. Infant death	0.7%

Respondents were asked to select the top 3 health problems. Therefore, the total percentage does not tally to 100%. Source: Northland Community Health Survey, 2018[2]

The survey revealed nuanced differences of opinion between the counties about the health behaviors having the greatest impact on overall health in the Northland community. Poor eating habits, lack of exercise, and drug misuse were the behaviors cited most frequently by those in Clay County. Platte County respondents mirrored the broader community assessment, rating lack of exercise, poor eating habits, and texting and driving as the most impactful behaviors on health. Alcohol misuse, opioid misuse, and tobacco use were the next most frequently cited behaviors impacting health across all survey respondents.[2] (Figure 3)

Figure 3: Ranking of Top 3 Health Behaviors with the Greatest Impact on Overall Community Health

Northland
1. Lack of Exercise (47.3%)
2. Poor Eating Habits (46.5%)
3. Texting & Driving (40.7%)

Platte County
1. Lack of Exercise (50.5%)
2. Texting & Driving (47.6%)
3. Poor Eating Habits (43.0%)

Clay County
1. Poor Eating Habits (51.9%)
2. Lack of Exercise (49.3%)
3. Drug Misuse (42.5%)

Respondents were asked to select the top 3 health problems. Therefore, the total percentage does not tally to 100%. Source: Northland Community Health Survey, 2018[2]

Respondents to the community survey were asked to select the top three challenges to being healthy from a list of 13 different factors. While medical debt, housing insecurity, and employment and income issues were selected as the top three challenges, they were closely followed by access to healthcare, transportation issues, utility needs, and food insecurity and hunger.[2] (Figure 4)

Figure 4: Ranking of Greatest Challenges to Being Healthy in the Northland

Challenge	Percent of Respondents
1. Medical debt	**33.4%**
2. Housing insecurity	**33.1%**
3. Employment and income	**30.0%**
4. Access to healthcare	26.5%
5. Transportation issues	25.3%
6. Utility needs	25.2%
7. Food insecurity/hunger	22.6%
8. Education	14.6%
9. Violence	13.2%
10. Crime	12.5%
11. Homelessness	10.4%
12. Discrimination	5.9%
13. Human trafficking	4.6%

Respondents were asked to select the top 3 health challenges. Therefore, the total percentage does not tally to 100%. Source: Northland Community Health Survey, 2018[2]

The survey revealed broad consensus about the greatest challenges to being healthy. Medical debt was the top challenge chosen by Northland respondents as well as by respondents from Clay and Platte Counties.[2] (Figure 5)

Figure 5: Ranking of Greatest Challenges to Being Healthy

	Platte	Clay	Northland
Issue #1 Medical Debt	35.0%	36.7%	33.4%
Issue #2 Housing Insecurity	34.5%	35.9%	33.1%
Issue #3 Poor Employment & Income	32.4%	31.6%	30.0%

Respondents were asked to select the top 3 health challenges. Therefore, the total percentage does not tally to 100%. Source: Northland Community Health Survey, 2018[2]

Just over half of all survey respondents reported having private health insurance and more than 20% of respondents reported using a combination of sources (private insurance, public insurance like Medicaid or Medicare, paying cash for services) to cover healthcare costs. Respondents from Clay County were more likely to have private health insurance than those from Platte County, and respondents from Platte County were more likely to pay for health care via a public health insurance plan.[2] (Figure 6)

Figure 6: Healthcare Payment Method

	Platte	Clay	Northland
Pay Cash	9.7%	6.6%	6.9%
Private Health Insurance	49.0%	57.3%	52.1%
Public Health Insurance	14.5%	8.1%	9.1%
Combination of Sources	23.0%	25.3%	22.4%
Unknown	3.9%	2.8%	9.6%

Source: Northland Community Health Survey, 2018[2]

It is worth taking a moment to reflect on the demographics of survey respondents, their level of insurance coverage, and the top challenges they identified to being healthy. Most respondents were white, female, had a college degree, an annual household income of $100,000 or more, and had health insurance.[2] Yet, medical debt was rated as one of the greatest challenges to being healthy. This suggests at least two possible interpretations: the community is deeply aware of the high cost of healthcare and the impact that it is having on fellow citizens; it also could suggest that spiraling costs for healthcare are having a significant negative impact on patients at every income level. This is an issue that bears watching.

Quality of Life

The majority of respondents to the 2018 Community Health Survey indicated they agreed or strongly agreed with the statement: I am satisfied with the quality of life in my community (well-being, safety, mental health, education, recreation). The level of satisfaction varied by geography. Those from Platte County ranked their agreement with the statement at a higher rate (81%) than their counterparts in Clay County (68.5%).[2] (Figure 7)

Figure 7: Satisfaction with Quality of Life

	Platte	Clay	Northland
Agree/Strongly Agree	80.9%	68.5%	70.9%
Disagree/Strongly Disagree	6.3%	14.4%	11.9%
Neutral	12.3%	16.8%	16.6%

Not all respondents answered this question. Therefore, response totals by geography may not equal 100%. Source: Northland Community Health Survey, 2018[2]

Looking more deeply at quality of life measures:

- Two-thirds of survey respondents agreed they were satisfied that the Northland offers enough housing choices to fit their needs.

- Over 80% said it was easy for them to get places in the community (i.e., grocery stores, work, doctor).

- Three-quarters agreed the community is a safe place to live and raise children.

- Only 61% of respondents agreed there are enough health and wellness activities to meet their needs. Nearly 20% of respondents from Clay County disagreed or strongly disagreed with the statement.[2]

Survey respondents largely agree the Northland is a good place to grow old. Nearly 65% of respondents from Platte County agreed/strongly agreed with the statement "the community is a good place to grow old" as did 55% of those from Clay County. Just under 20% of respondents from Clay County disagreed/strongly disagreed with this statement.[2] (Figure 8)

Over 80% said it was easy for them to get places in the community (i.e., grocery stores, work, doctor).

(Figure 9) As with other questions in the survey, opinion varied by geography. Nearly 40% of respondents from Clay County disagreed/strongly disagreed that there is enough medical care access for low income citizens. In Platte County, nearly 35% of respondents felt there is enough medical care for low income citizens, while 28% disagreed. This question received a high level of "Neutral" responses which could suggest those taking the survey were unsure about how this issue is impacting their community.[2]

Figure 9: Enough Medical Care Access for Low Income

	👍 Agree/Strongly Agree	👎 Disagree/Strongly Disagree	▬ Neutral
Northland	28.7%	34.1%	34.9%
Platte County	34.5%	28.0%	36.2%
Clay County	27.0%	38.0%	34.1%

NOTE: Not all respondents answered this question. Therefore, response totals by geography may not equal 100%. Source: Northland Community Health Survey, 2018[2]

The full English and Spanish survey instruments can be found in Appendix E. All survey data results tables can be found in Appendix F.

Figure 8: Community is a Good Place to Grow Old

	Platte	Clay	Northland
Agree/Strongly Agree	64.7%	55.1%	56.8%
Disagree/Strongly Disagree	13.3%	19.7%	17.6%
Neutral	21.3%	25.0%	24.0%

Not all respondents answered this question. Therefore, response totals by geography may not equal 100%. Source: Northland Community Health Survey, 2018[2]

Less than a third of all survey respondents agreed that there is enough access to medical care for low income residents in the community.

B. Community Forums

Members of the Northland Health Alliance hosted community feedback forums in Excelsior Springs, Gladstone, at the Platte County Day of Hope event, and at the Northland Center for Advanced Professional Studies (NCAPS). These sessions captured opinions and ideas expressed by seniors, communities of color, high school students, and low-income individuals and families. The forums were built around six of the questions asked as part of the community survey. While the demographics of the individuals and groups engaged in the community forums were different, common themes emerged across all of the discussions, especially around identification of the top health issues facing the community, and the most significant barriers to being healthy.

2018 Community Health Forum Locations

Excelsior Springs Hospital
September 13, 2018
24 Participants

Gladstone Health Fair
November 8, 2018
39 Participants

Northland Center for Advanced Professional Studies (NCAPS)
November 8, 2018
175 Participants

Platte County Day of Hope
December 1, 2018
198 Participants

Excelsior Springs Housing Authority
December 4, 2018
9 Participants

When asked to rate the health of the community, the majority of forum participants rated it as Somewhat Healthy, but at varying rates. At the Excelsior Springs Hospital forum, 94% of participants rated the community as Somewhat Healthy. At the Excelsior Springs Housing Authority, 57% rated it as Somewhat Healthy, but nearly 30% rated it as Unhealthy, and 14% as Very Unhealthy. About half of the teens at NCAPS rated the community as Somewhat Healthy, while 33% considered it Healthy. The mainly senior audience at the Gladstone Health Fair aligned with the high school students, with 55% of them rating the community as Somewhat Healthy, although only 16% of forum participants rated it as Healthy. At the Platte County Day of Hope event, 45% rated the community as Somewhat Healthy, while 38% described it as Healthy. **Issues such as obesity, smoking, lack of exercise, access to health care, limited transportation options, and what one group described as "a lack of will to be healthy," were reasons forum participants said influenced their rating of the community's health.**[4]

Forum participants from Excelsior Springs were the least likely to agree that the community has all the health services they need. Among the issues they raised: limited types of health care providers in the community, especially for mental health; public transportation with limited routes; and the long distances that have to be travelled to reach specialty providers. Concerns about the availability of mental health care and substance abuse services were raised at every forum.[4] (Figure 10)

Figure 10: Availability of Community Health Care Services

Agree/Strongly Agree: "The community has all the health care services I need."				
Excelsior Spring Hospital	Gladstone Health Fair	Platte County Day of Hope	Northland Center for Advanced Professional Studies (NCAPS)	Excelsior Springs Housing Authority
34%	65%	58%	82%	14%

Source: Northland Community Health Forums, 2018[4]

Mental and emotional health, drug abuse, and obesity were the issues identified as the top health problems across all forums. Participants at the Gladstone Health Fair and Excelsior Springs Housing Authority also listed aging problems and chronic disease among the top issues. NCAPS students and Platte County Day of Hope families identified suicide as a top five issue.[4]

Economic issues were identified as the greatest barrier to being healthy across all of the forums. Participants in all forums rated high cost of health care, medical debt, and employment and income as the top barriers to health in our community.[4]

While forum participants recognized the challenges the Northland community faces when it comes to being healthy, they were largely optimistic the community will be healthier 10 years from now. (Figure 11) Several participants noted that having community conversations like these forums is important.

Community collaborations around health, and focused work to expand health programming and resources will make a difference. The participants at the Excelsior Springs Housing Authority did not think the community will be healthier in 10 years because the aging community does not always get considered or included when new health interventions are introduced. They also cited the lack of financial resources as a huge barrier to improved health.[4]

Figure 11: Health of the Community 10 Years from Now

Agree/Strongly Agree: "The community will be healthier in the next 10 years."				
Excelsior Spring Hospital	Gladstone Health Fair	Platte County Day of Hope	Northland Center for Advanced Professional Studies	Excelsior Springs Housing Authority
71%	59%	52%	46%	25%

Source: Northland Community Health Forums, 2018[4]

Notes from all Community Health Forums are located in Appendix G. A Key Themes Analysis of the Community Health Forums is located in Appendix H.

V. Health Indicators: Demographics & Social Indicators of Health

The answer to the question, "How healthy is our community?" is deeply intertwined with questions about what the community looks like--its demographics and socioeconomics. Exploration of the community's population--age, race, ethnicity, gender, and geographic distribution--can help deepen understanding of current health issues and provide a solid foundation on which to build future plans. Examining socioeconomic indicators including educational attainment, employment status, and household income provides insight into everything from health literacy to barriers to health care access. The following section presents an analysis of demographic and socioeconomic data about the Northland. 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 and gaps.

A. Population

According to 2016 census data, the Northland was home to just under 338,000 people, with 98,309 living in Platte County and 239,085 in Clay County. Between 2010 and 2016, the counties grew by more than 7%.[1] (Figure 12) While the majority of residents in both counties live in urban communities, about 10% of Clay County residents and 16% of Platte County residents live in rural areas.[5] (Figure 13) Research conducted by the Rural Assistance Center in 2014 indicated rural residents are at higher risk for experiencing isolation, lower socioeconomic status, and higher rates of risky health behaviors than their urban and suburban counterparts. They are much more likely to have reduced access to healthcare. Population trends in Missouri and nationally suggest rural communities will continue to see their populations decline in the coming decades. As these communities grow smaller, national and state data also suggest they will be growing older, with larger segments of their populations concentrated in older age brackets.[6] Meeting the long-term health needs of aging residents living in areas with diminishing population and limited transportation options will require thoughtful monitoring and far-sighted planning by Northland leaders.

Figure 12: Total Population Growth 2010-2016

	Platte	Clay
Total Population Growth 2010-2016	9.6%	7.3%

Source: U.S. Census Bureau, 2016[1]

Figure 13: 2010 Rural/Urban Population

	Platte	Clay
Percent Urban	84.2%	90.2%
Percent Rural	15.8%	9.8%

Source: U.S. Census Bureau, 2010[5]

B. Gender and Age

Both counties are home to slightly more women than men. Just over a quarter of the population in each county falls into the 25-44 age category. People age 45-64 account for another quarter of the total, and children age 14 and under account for just under 20% of the total population in each county.[1] (Figure 14)

As is the case across America, the size of the senior population--those age 65 and over--is growing rapidly in Northland communities. The 2016 American Community Survey 1-Year Estimate placed the total percentage of older residents (aged 65 and older) living in Platte County at 13.8% and at 13.6% in Clay County.[1] In 2010, the figure was at just 11% in both counties.[7] The Mid-America Regional Council's (MARC) 2015 Regional Health Status Report predicts the Kansas City metro area, and Clay and Platte Counties in particular, will see exponential growth in this population. **Using population figures beginning in 2007, the MARC study suggests the senior population in the Kansas City metro area will grow by more than 100% by 2030, and that the senior population in Clay County will grow by nearly 120% and by more than 135% in Platte County in that same timeframe.[8]** (Figure 15)

Figure 14: 2016 Census Estimates: Age & Gender

Age Group	Platte		Clay	
	Male	Female	Male	Female
<5	3.0%	3.0%	3.4%	2.9%
5-14	7.0%	6.0%	7.1%	7.0%
15-17	2.2%	2.6%	2.2%	2.0%
18-24	4.3%	3.9%	4.1%	4.3%
25-44	13.2%	13.0%	13.3%	14.1%
45-54	7.3%	7.5%	7.3%	6.5%
55-64	6.1%	6.6%	5.8%	6.5%
65+	6.3%	7.5%	6.2%	7.4%
Total	**49.5%**	**50.5%**	**49.2%**	**50.7%**

Source: U.S. Census Bureau, 2016[1]

Figure 15: Projections for Growth in Senior Population
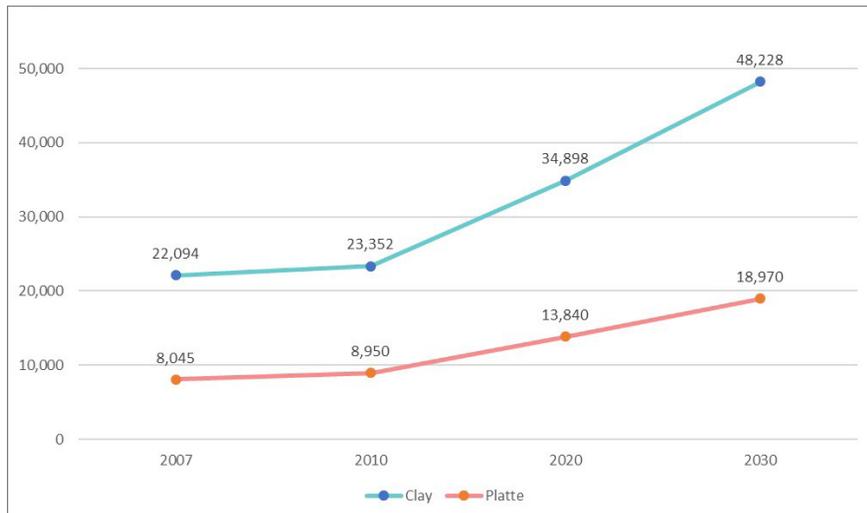
Source: MARC, 2015[8]

C. Race and Ethnicity

The majority of Clay and Platte County Residents are white. However, comparison of Census data from previous years indicates the demographics of Northland communities are changing and becoming more diverse. (Figure 16) In Clay and Platte Counties, the proportion of the population that is white decreased, while the proportion of the population that is African American and Hispanic grew by almost 1% each. Both the Asian and Native American population showed slight increases in Clay County, while Platte County's Asian population remained steady and the Native American population grew slightly during the same time period.[9,10]

The MARC 2015 Regional Health Assessment presented data showing racial and ethnic diversity is growing in the Kansas City metro, and in the Northland, at a faster rate than the national average.

While the metro area is less diverse overall than the national average, between 2000 and 2013, nonwhite populations grew by 37% in the Kansas City Metropolitan Statistical area compared to 32% in the US. During the same time period, nonwhite populations in Clay County grew by 113% and in Platte County by 96%.[8]

Figure 16: Race/Ethnic Distribution: Census Data Comparison

	Platte		Clay	
	2007-2011	2012-2016	2007-2011	2012-2016
White	87.8%	86.8%	88.8%	86.5%
Black/African American	5.6%	6.9%	4.9%	5.7%
Native American/Alaska Native	0.4%	0.5%	0.1%	0.5%
Asian	2.6%	2.6%	2.0%	2.1%
2 or more races	2.0%	2.5%	2.9%	3.5%
Hispanic/Latino	4.9%	5.6%	5.7%	6.5%

Source: U.S. Census Bureau, 2012-2016[9], 2007-2011[10]

A 2016 report published by the Kaiser Family Foundation, which includes research data from public agencies and health care organizations, suggests that health disparities experienced by racial and ethnic minorities have real impact on health outcomes and place enormous financial pressures on the healthcare system. The report, "Key Facts on Health and Healthcare by Race and Ethnicity", presented data on health disparities faced by communities of color. Among the main takeaways from the report:

- People of color face significant disparities in access to and utilization of healthcare. Nonelderly Asians, Hispanics, Blacks, and American Indians and Alaska Natives encounter increased barriers to accessing care compared to Whites and have lower rates of healthcare utilization.
- Blacks and American Indians and Alaska Natives fare worse than Whites on the majority of examined measures of health status and outcomes. Findings for Hispanics are mixed with them faring better than Whites on some measures and worse on others.

People of color account for more than half of the total 32.3 million nonelderly uninsured.

Despite coverage gains under the ACA (Affordable Care Act), nonelderly Hispanics, Blacks, and American Indians and Alaska Natives remain significantly more likely than Whites to be uninsured. Overall, people of color account for more than half (55%) of the total 32.3 million nonelderly uninsured.[11]

These disparities not only are having negative effects on the health and quality of life of minority communities, they have negative implications on the country's financial bottom line. The Joint Center for Economic and Political Studies estimated that between 2003 and 2006, 30.6% of direct medical care expenditures for racial and ethnic minorities were excess costs stemming from health inequalities. **Eliminating health disparities for minorities would have reduced direct medical care expenditures by nearly $230 billion.[12]**

While still a small percentage of the Northland population, minority populations are growing. The Northland Health Alliance recognizes that identifying, understanding, and addressing health disparities experienced by communities of color is essential to improving overall community health and wellness.

D. Population with Disability

As the population in the Northland grows, so too is the number of citizens living with a disability. **In 2016, more than 11% of the population in both Clay and Platte Counties was living with a disability.** (Figure 17) **Since 2013, Platte County has seen an overall increase in the number of citizens living with a disability, up nearly 3%.** In Clay County, the rate of citizens with a disability increased about 1% between 2013 and 2016.[1, 13, 14, 15]

Figure 17: Population Living with a Disability

	2013	2014	2015	2016
Platte	8.8%	11.0%	11.6%	11.7%
Clay	11.0%	12.2%	12.3%	12.1%
MO	14.4%	14.7%	14.5%	14.6%
US	12.6%	12.6%	12.6%	12.8%

Source: U.S. Census, 2013[13], 2014[14], 2015[15], 2016[1]

Mapping using US Census data shows that communities in northeastern Platte County, around Excelsior Springs in Clay County, and in northern Kansas City neighborhoods in both counties have the highest rates of disability.[16] (Figure 18)

Figure 18: Disabled Population, Percent by Tract
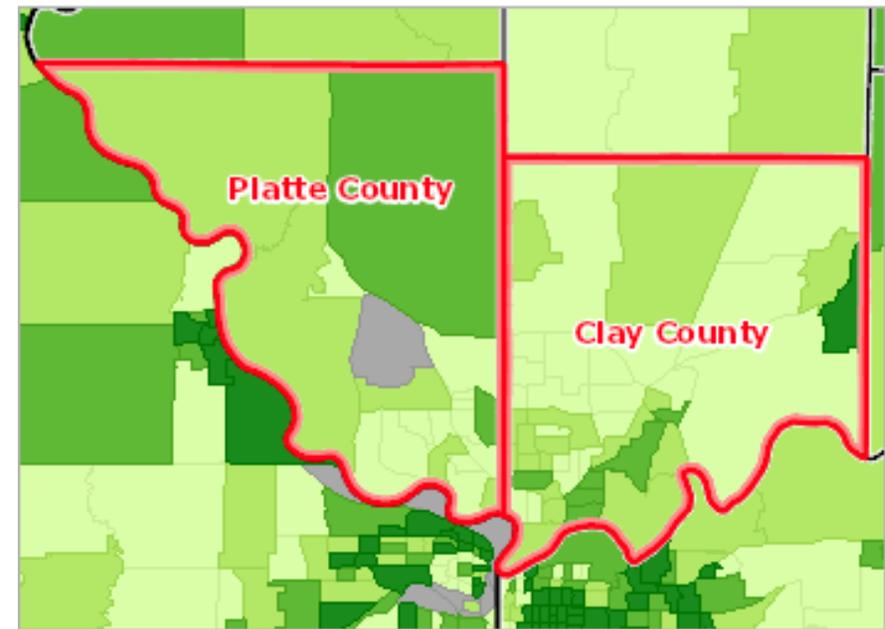
Disabled Population, Percent by Tract, ACS 2013-17

- Over 18.0%
- 15.1 - 18.0%
- 12.1 - 15.0%
- Under 12.1%
- No Data or Data Suppressed
- Report Location
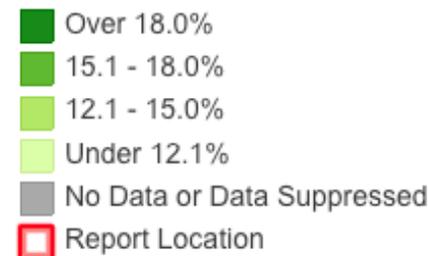
Source: U.S. Census, 2013-2017[16]

Adults age 65 and older are the most likely to be living with a disability. **In Platte County, one-quarter of the senior population has some form of disability. In Clay County, over one-third of the senior population has a disability.**[1] (Figure 19)

Figure 19: 2016 Population with Any Disability by Age Group, Percent of Age Group

	Platte	Clay
Under Age 18	4.2%	3.4%
Age 18-64	11.3%	10.1%
Age 65+	27.0%	37.1%

U.S. Census Bureau, 2016[1]

People with a disability frequently struggle to secure access to healthcare and reliable, affordable transportation, and face limited employment opportunities. Meeting the needs of these citizens poses challenges to communities and healthcare providers across the Northland.

E. Cultural Demographics

The foreign-born population includes anyone who was not a U.S. citizen or a U.S. national at birth. It includes non-citizens, as well as persons born outside the U.S. who have become naturalized citizens. The heated political and social environment has presented immigrant communities with a host of new challenges. Conversations about how to address the health immigrant populations in a culturally competent way are important to continue as the number of foreign-born residents in the Northland continues to grow. (Figure 20)

Figure 20: Percent Foreign Born 2013-2017

Platte	5.6%
Clay	4.6%
MO	4.0%
US	13.4%

U.S. Census Bureau, 2013-2017[17]

About 2% of households in the Northland are considered linguistically isolated, meaning no person in the household 14 years old and over speaks only English "very well", speak only English at home, or speaks a language other than English at home. About 3% of the Northland population is considered to have limited English proficiency, meaning they live in a household in which individuals age 5 or older speak English less than "very well" or who speak a language other than English at home.[17] (Figure 21) While the overall percentage of the households and population with limited English skills is low in the Northland, these indicators are important to track and address. Language barriers often lead to challenges accessing health care resources and effectively communicating with patients about their diagnoses and disease management.

Figure 21: Households/Population with Limited English Proficiency (2013-2017)

	Platte	Clay	MO	US
Percentage of Linguistically Isolated Households	1.9%	1.5%	1.1%	4.5%
Percentage of Population with Limited English Proficiency	2.9%	2.7%	2.1%	8.5%

U.S. Census Bureau, 2013-2017[17]

VI. Health Indicator: Economics

Economics and health are intimately connected. Those in the community who are richer and more educated tend to live longer and have lower mortality and morbidity rates than their fellow citizens who are poorer and less-educated. **Understanding the health of the Northland therefore must be rooted in understanding the economic dynamics within the community.**

A. Employment

Since the Northland Health Alliance conducted the 2015 Community Health Needs Assessment, the economy in the Northland--like the U.S. economy--has strengthened. In the spring of 2018, unemployment in the Northland stood around 3%, below Kansas City, state, and national unemployment rates.[18] (Figure 22) A deeper look at the data reveals the economic upturn has not been experienced equally across the community**. The unemployment rate for African American residents was more than twice that of white residents in Platte County, and just under twice the rate in Clay County.** In Clay County, 7% of Hispanic citizens were unemployed, while in Platte County the unemployment rate for Hispanic citizens was slightly lower than that of white citizens.[9] (Figure 23)

Figure 22: Percent Unemployed (April 2018)

Platte	Clay	KC	MO	US
2.6%	2.9%	3.6%	3.3%	3.7%

Source: Missouri Department of Economic Development, 2018[18]

Figure 23: Unemployment by Race/Ethnicity 2012-2016

	Platte	Clay	KC	MO	US
White	4.0%	4.8%	4.8%	5.6%	6.3%
Black/African American	10.9%	9.0%	1.02%	13.8%	13.3%
American Indian/Alaska Native	7.0%	7.7%	12.6%	10.0%	13.5%
Asian	5.9%	3.2%	4.7%	3.8%	5.7%
2 or more races	6.9%	10.9%	6.7%	10.5%	10.9%
Hispanic/Latino	3.6%	6.9%	6.9%	8.7%	7.1%

Source: U.S. Census Bureau, 2012-2016[9]

B. Income

Clay and Platte Counties experienced growth in both median income and per capita income between 2013 and 2016. The median household income in Platte County grew 22% and in Clay County by 8%. Per capita income in both communities grew by double digits, 14.6% in Platte County and 13.3% in Clay County. While the median and per capita incomes are higher in Platte County than in Clay County, both counties have higher median and per capita incomes than the state and the nation. [1,13] (Figure 24)

Figure 24: Income 2013 vs. 2016 (Inflation Adjusted Dollars)

	Platte		Clay		MO		US	
	2013	2016	2013	2016	2013	2016	2013	2016
Median Household Income	$63,438	$77,581	$60,541	$65,430	$46,931	$51,746	$52,250	$57,617
Per Capita Income	$33,452	$38,337	$27,937	$31,642	$27,937	$28,406	$25,384	$31,128

Source: U.S. Census Bureau, 2016[1], 2013[13]

C. Poverty Level

The poverty threshold or Federal Poverty Level (FPL) is set by the Federal government annually based on size of household and annual income before taxes. Households making less than this set amount are considered to be living in poverty. In 2016 the FPL was $24,250 for a family of four. **National Census data shows that women, people living with disabilities, single parent households, and racial and ethnic minorities are more likely to live in poverty. Data from Clay and Platte Counties demonstrates these populations also are experiencing poverty rates at higher levels.** Individuals living in poverty face the greatest challenges to accessing needed healthcare, and are therefore more likely to experience health inequalities than other groups.[1,13]

As employment and median household income have increased in the Northland, the overall percentage of individuals and families living at or below the federal poverty level has decreased. In 2013, about 11% of Clay County residents and just under 9% of Platte County residents were living below the poverty level. In 2016, those numbers had dropped to 8.9% in Clay County and 5.6% in Platte County.[1,13] (Figure 25)

Figure 25: Percentage of Total Living Below Poverty Level

Platte		Clay		MO	
2013	**2016**	**2013**	**2016**	**2013**	**2016**
8.5%	5.6%	10.9%	8.9%	15.9%	14.0%

Source: U.S. Census Bureau, 2016[1], 2013[13]

Though poverty rates have been decreasing in the Northland as a whole, several population groups are still experiencing disparities in poverty. In particular, African American and Hispanic/Latino

populations experience poverty at significantly higher rates than whites in both Clay and Platte Counties. It is important to note that other racial populations in the Northland are too small to make conclusive statements about their poverty rates when compared to the white population.[9] (Figure 26)

Figure 26: Percentage of Persons Living at Less than 100% of Poverty Level by Race/Ethnicity, 2012-2016

	Platte	Clay
White	5.1%	7.1%
African American	22.6%	27.2%
American Indian/Alaska Native	4.6%	10.5%
Asian	14.2%	9.7%
Native Hawaiian/Other Pacific Islander	0.0%	56.3%
Some Other Race	19.6%	13.8%
Two or More Races	4.5%	10.7%
Hispanic/Latino	16.3%	16.0%

Source: U.S. Census Bureau, 2012-2016[9]

The family dynamics and composition of a household also play a role in poverty. About 10% of children under the age of 18 in Clay and Platte Counties live in poverty.[20] (Figure 27) **Families headed by single females experience higher poverty rates than married-couple families. Nearly 20% of these families live in poverty compared to just 4% of married-couple families in Clay County and 2% of married-couple families in Platte County.** (Figure 28)

Figure 27: Percentage of Children Living at less than 100% of Poverty Level, 2016

Platte	5.6%
Clay	13.9%
MO	19.2%
US	19.5%

Source: U.S. Census Bureau, 2016[1]

Figure 28: Percentage of Families Living at less than 100% of Poverty Level

	Platte		Clay	
	2013	**2016**	**2013**	**2016**
All Families	5.4%	3.9%	7.7%	6.4%
Married-Couple Families	1.8%	1.5%	4.8%	4.3%
Female Householder, no husband present	17.1%	18.2%	22.1%	18.8%

Source: U.S. Census Bureau, 2013[13], 2016[1]

D. Food Insecurity

According to a 2016 Missouri Hunger Atlas compiled by the Interdisciplinary Center for Food Insecurity at the University of Missouri, residents in Clay and Platte counties spent about 13% of total income to meet basic household food needs. **About 14% of residents in both counties were identified as being food insecure,** defined by the U.S. Department of Agriculture as not having access at all times to enough food for an active, healthy life. **18% of Clay County children and 17% of Platte County children were considered food insecure.** About 7% of Clay and Platte residents were labeled as very food uncertain, meaning the food intake of some household members was reduced and their normal

eating patterns were disrupted because of the lack of money and other resources. (Figure 29) The 2016 Hunger Atlas report estimated that Clay County food banks distributed nearly 3 million pounds of food, and those in Platte County distributed just over 750,000 pounds.[21]

Figure 29: Percent of Individuals with Food Insecurity/ Uncertainty

	Platte	Clay
Percent of individuals food uncertain	13.8%	13.6%
Percent of individuals food uncertain <18	17.0%	18.1%
Percent of individuals food uncertain with hunger	6.5%	6.4%

Source: University of Missouri Interdisciplinary Center for Food Security, 2016[21]

Between 2013 and 2016 the percentage of children eligible for Free and Reduced-Price Lunch in Clay and Platte County schools remained steady—with more than one-third of students in Clay County and more than a quarter of students in Platte County eligible to participate in the program.[22,23] (Figure 30) According to a report published by the Food Research and Action Center, it appears many children in Missouri and the Northland may be going hungry when school is not in session. While the Summer Food Service Program served more than 4.7 million meals across Missouri during 2017, only 9 of every 100 children eligible for free and reduced-price lunches participated. That ranks Missouri in the bottom 10, 42nd out of 50 states.[24]

Figure 30: Percentage of Students Eligible for Free and Reduced-Price Lunch

	2013	2016
Platte	27.9%	27.4%
Clay	35.7%	35.0%

Source: Missouri Department of Elementary and Secondary Education, 2013[22], 2016[23]
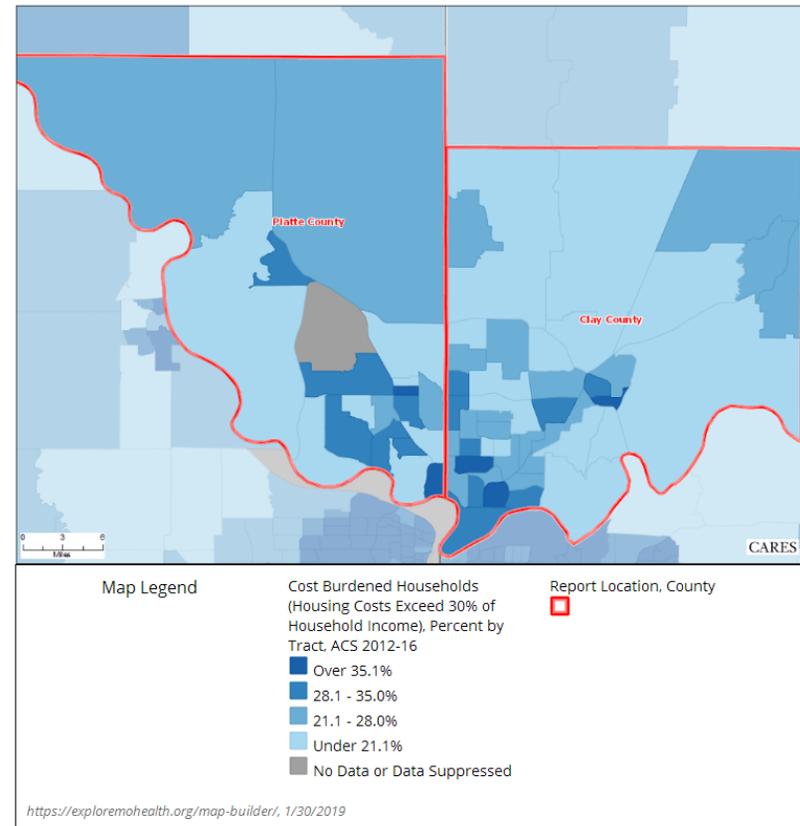
E. Housing

Housing experts agree that a household is considered cost-burdened when 30% or more of its pre-taxed income is dedicated to housing. A large portion of renters in the Northland have a rent-to-income ratio well above that figure. **More than 40% of renters in Clay County and more than 35% of renters in Platte County have rental costs that absorb 30% or more of their monthly income.** While the issue is less pronounced for homeowners, **more than 20% of homeowners in both counties have mortgages that absorb 30% or more of their monthly income.** (Figure 31) Housing costs are impacting a growing number of households in the Northland. Mapping reveals that the Northland neighborhoods most burdened by housing costs can be found in Kansas City-Parkville (64152), Kansas City-KCIA (64153), Platte City (64079), and Liberty (64068) ZIP codes.[25] (Figure 32)

Figure 31: 2012-2016 Rent and Mortgage Cost Burdened Households

	Rent >30% of Household Income	Mortgage >30% of Household Income
Platte	36.5%	22.1%
Clay	40.3%	22.7%

Source: U.S. Census Bureau, 2012-2016[25]

Figure 32: Cost Burdened Households by Tract

Source: U.S. Census Bureau, 2012-2016[25]

The housing stock in the Northland is aging. Nearly half of all homes in Clay County were built before 1980; the figure is just under 40% in Platte County.[1] Older homes can present health threats ranging from lead paint (homes built before 1978), to lead plumbing (pipes installed before 1986), to asbestos (found in homes built before the late 70s), or mold (found in older, less well-sealed homes). Older homes also require consistent,

ongoing maintenance and inevitably face structural issues and the need for major updates/repairs. These aging homes present major health and financial challenges to the growing number of older homeowners trying to age in place, as well as to low income families seeking safe, affordable housing. (Figure 33)

It is important to note that while there are a number of older houses in the Northland, there are fewer compared to Kansas City, the state, and the nation. Over a quarter of homes in the Northland have been built since 2000.[1]

Figure 33: Percentage of Home Built Before 1980 (1-year estimate,2016)

Platte	38.3%
Clay	45.5%

Source: U.S. Census Bureau, 2016[1]

F. Educational Attainment

There is a correlation between education and health status. 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. Higher educational attainment has been linked to lower morbidity rates for acute and chronic diseases, lower mortality rates, and higher life expectancy. Better educated individuals are less likely to smoke, to be overweight or obese, or to use illegal drugs. Consequently, they are also less likely to die from the most common acute and chronic diseases such as heart disease and diabetes.[26]

During the 2015-2016 school year, the high school graduation rate was 95.7% for Clay County and 95.4% for Platte County. High

school graduation rates for both counties are higher than the State of Missouri and the United States.[27] (Figure 34)

Figure 34: High School Graduation Rate 2015-2016

Platte	Clay	MO	US
95.4%	95.7%	91.0%	86.1%

Source: U.S. Department of Education, 2015-2016[27]

While graduation rates for communities of color in the Northland generally are higher than graduation rates in Kansas City and Missouri, they are lower than graduation rates for whites. Northland adults from communities of color, especially those living in Clay County, are less likely to have a high school degree.[9] (Figure 35)

Figure 35: High School Graduate or Higher by Race/Ethnicity (5-year estimates 2012-2016)

	Platte	Clay	KC	MO
White	96.2%	93.9%	94.1%	90.2%
African American	93.4%	88.8%	85.5%	84.7%
Asian	81.1%	72.4%	77.2%	85.6%
Hispanic/Latino	87.0%	85.2%	68.2%	70.2%

Source: U.S. Census Bureau, 2012-2016[9]

About 40% of Clay County residents hold associate's or bachelor's degrees, and 10% hold a graduate degree. In Platte County, nearly 50% of residents hold associate's or bachelor's degrees and more than 15% hold a graduate degree.[9] (Figure 36)

Figure 36: Educational Attainment (5-year estimates 2012-2016)

	Platte	Clay
No high school degree	4.7%	7.3%
High school graduate	95.3%	92.7%
Associates degree	7.9%	8.6%
Bachelor's degree or higher	40.4%	31.9%
Graduate or professional	15.5%	10.2%

Source: U.S. Census Bureau, 2012-2016[9]

As with high school graduation rates, the percentage of adults from communities of color who hold a bachelor's degree or higher is lower than the percentage of Northland whites who have attained these levels of education. The disparity is especially notable for African American and Hispanic citizens.[9] (Figure 37)

Figure 37: Educational Attainment Among Adults Aged 25 Years or Older: Bachelor's Degree or Higher by Race/Ethnicity (5-year Estimates, 2012-2016)

	Platte	Clay	KC	MO
White	41.3%	32.7%	42.5%	28.7%
African American	37.6%	25.4%	15.2%	17.4%
Asian	53.7%	37.0%	45.7%	57.1%
Hispanic/Latino	29.0%	21.5%	16.6%	19.1%

Source: U.S. Census Bureau, 2012-2016[9]

Educational attainment also is strongly correlated with income in the United States. As the nature of the U.S. economy has changed, those with only a high school diploma have experienced a growing gap in earnings potential between themselves and those with higher academic credentials.[28] (Figure 38) This ever-widening

Educational attainment also is strongly correlated with income in the United States.

gap is sending a message that a high school diploma no longer is enough to ensure economic security.

Figure 38: National Median Annual Earnings, Full-time Workers, 25-34, By Educational Attainment (2016)

All educational attainment levels	$40,000
Less than high school	$25,400
High School graduate	$31,800
Some college, no degree	$34,900
Associate degree	$38,000
Bachelor's Degree	$50,000
Master's or Higher	$64,100

*Source: National Center for Education Statistics, 2016[29]*

VII. Health Indicator: Behavioral Risk Factors

A. Nutrition and Physical Activity

It should be no surprise that chronic disease and obesity were ranked as two of the top three health problems in the Northland in the 2018 Northland Community Health Survey.[2] Nearly two-thirds of the Northland population is overweight or obese. Overweight and obese adults have a higher weight than is considered healthy based on their height. Body Mass Index (BMI) is an indicator of body fatness and is tool used to screen for overweight and obesity. Overweight adults have a BMI ranging from 25.0 to 29.9; obese adults have a BMI of 30 or more.

According to the Robert Wood Johnson Foundation report, "The State of Obesity," **Missouri has the 17th highest rate of adult obesity in America at 32.5%.** Obesity has been rising at an alarming rate in the state; from 11.3% of the population in 1990 to 32.5% in 2017. In 2016, adults age 45-64 had the highest obesity rate at 39%. One-third of adults ages 26-44 and 65+ were also considered obese. While obesity is a problem for all races and ethnicities in Missouri, African American citizens have the highest obesity rate at nearly 40%.[29] In 2016, the adult obesity rate was about 28% in Clay County and 26% in Platte County. In Clay County over 37% of adults were considered overweight, and in Platte County over 35% of adults were considered overweight.[3] (Figure 39)

Figure 39: Percentage of Northland Overweight/Obese Adults

Platte County
- 26% are obese
- 35% are overweight

Clay County
- 28% are obese
- 37% are overweight
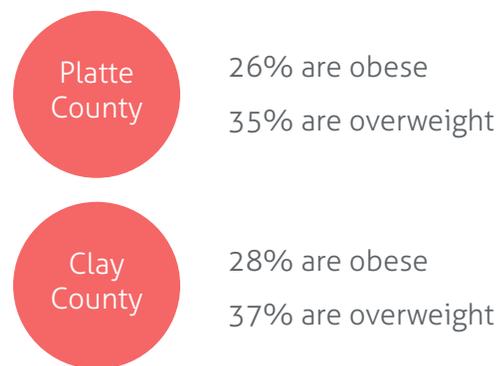
Source: Missouri Department of Health and Senior Services, 2016[3]

Addressing community concerns about chronic disease will require focus by healthcare providers and community organizations in the Northland on improving nutrition, physical activity, and wellness.

Healthy eating and regular physical activity are important contributors to improving or maintaining health status. These healthy habits reduce the risk of both chronic disease and health conditions like obesity. **Nearly 90% of adults in the Northland do not eat an adequate diet of fruits and vegetables daily.** In the Northland, 88.2% of adults in Platte County and 89% of adults in Clay County report eating fewer than 5 servings of fruits and vegetable daily.[3] (Figure 40)

While many adults in the Northland are participating in leisure-time physical activity, **21.5% of Platte County and 24% of Clay County residents report no leisure-time physical activity.[3]** (Figure 40) These figures align with the data from the 2015 Northland Community Health Needs Assessment and suggests that efforts to engage non-active citizens in exercise or physical activity will require new thinking and approaches.

Even small increases in physical activity have been shown to pay

Healthy eating and regular physical activity are important contributors to improving or maintaining health status.

rewards in improved health status and quality of life. The Journal of Clinical Psychiatry suggested exercise may be an effective, but neglected, intervention in mental health care. Aerobic exercise such as jogging, swimming, walking, gardening, and dancing has been proven to reduce anxiety and depression. Exercise has also been shown to improve self-esteem, decrease social withdrawal, and improve cognition. This study suggests getting people up and moving has the potential to have a positive impact on the mental health status of the community. Furthermore, mental health was rated as the number one health problem in the Northland by 2018 Northland Community Health Survey respondents.[2]

Figure 40: 2016 Fruit/Vegetable Consumption and Physical Activity

	🍎 Adults Eating < 5 Servings of Fruits/Vegetables Daily	🚲 Adults No Leisure-Time Physical Activity
Missouri	88%	26%
Platte County	88%	22%
Clay County	89%	24%

Source: Missouri Department of Health and Senior Services, 2016[3]

B. Alcohol, Nicotine, and Other Drug Use

Smoking is widely understood to be a behavior that has some of the most negative impacts on a person's health. While smoking rates in Missouri have declined, at 22% they continue to be well above the national rate. Adult smoking rates in Clay and Platte Counties align closely with the state smoking rate, with rates in Platte and Clay Counties only slightly below the state rate. E-cigarette use in the Northland is a growing concern and is drawing focused attention to identify and track trends in usage.[3] (Figure 41) Pregnant women in Clay were more likely to smoke than in Platte County. (Figure 42)

Figure 41: Current Smoker/E-Cigarette/Smokeless Tobacco Use

	Platte	Clay
Current Smoker	21.2%	19.5%
E-Cigarette Use	3.5%	5.0%
Smokeless Tobacco Use	5.6%	4.4%

Source: Missouri Department of Health and Senior Services, 2016[3]

Figure 42: 2017 Percentage of Live Births with Mothers who Smoked During Pregnancy

	Platte	Clay
Smoked During Pregnancy	6.7%	10.5%
Smoked 1 or more packs per day during pregnancy	0.8%*	0.9%

*Rate is unreliable, numerator less than 20. Source: Missouri Department of Health and Senior Services, 2017[31]

According to data gathered through the United Health Foundation's *America's Health Rankings Annual Report*, there are significant disparities in tobacco use in Missouri. **Those with less than a high school diploma, who earn less than $25,000 annually, and who are from a community of color, especially Native Americans and multi-racial individuals, are more likely to smoke.**[32,33]

Binge drinking is defined as men consuming five or more drinks during a single occasion in the past 30 days or women consuming four or more drinks during a single occasion in the past 30 days. Heavy drinking is defined as males who consume more than 2 drinks per day or women who consume more than 1 drink per day.

In a recent survey, rates of binge drinking and heavy drinking were higher in Platte County than in Clay County and Missouri as a whole. A quarter of Platte County and 17% of Clay County residents reported binge drinking in 2016; and 13% of Platte County and 8% of Clay County adults reported drinking heavily in the past 30 days.[3] (Figure 43).

Figure 43: 2016 Drinking Rates in Adults 18+

	Platte	Clay	MO
Binge Drinking Rates	24.8%	17.5%	18.4%
Heavy Drinking Rates	12.8%	7.8%	7.1%

Source: Missouri Department of Health and Senior Services, 2016[3]

The Missouri Department of Mental Health administers the Missouri Student Survey to students in 6th-12th grades. The survey is intended to gain insight into a number of issues affecting the health and wellbeing of Missouri school children. For this report, the Northland Health Alliance Data Task Force gathered results from the last four Missouri Student Surveys, from 2012 to 2018, in order to examine substance use trends. **The number of students reporting that they smoke cigarettes or use chew declined in both counties between 2012 and 2018.** In Platte County, under 3% of students reported using cigarettes, down from over 8% in 2012. Similar numbers and declines were reported in Clay County, with cigarette use rates down to slightly over 3% in 2018 from over 8% in 2012. **E-cigarette use increased in both counties between 2014 and 2018, jumping from about 7% of students reporting use in 2014 to over 11% of students saying they had used an e-cigarette in the past 30 days in 2018.** New smoking prevention programs focusing on e-cigarette use may be needed.[34, 35, 36, 37] (Figures 44)

Figure 44: Missouri Student Survey County Level Trends 2012-2018

	Platte				Clay			
	2012	**2014**	**2016**	**2018**	**2012**	**2014**	**2016**	**2018**
Used cigarettes in past 30 days	8.8%	4.8%	4.4%	2.8%	8.3%	5.3%	4.5%	3.2%
Used chew in past 30 days	4.0%	2.6%	1.8%	1.4%	5.2%	2.9%	2.5%	1.5%
Used electronic cigarettes in past 30 days	*Question not asked in 2012*	6.4%	7.1%	11.8%	*Question not asked in 2012*	7.9%	7.7%	11.1%
Used alcohol in past 30 days	18.0%	12.0%	12.8%	11.0%	16.0%	11.8%	12.3%	9.8%
Used marijuana in past 30 days	10.2%	6.5%	7.6%	6.6%	8.3%	6.2%	6.5%	6.1%
Used Rx not prescribed for you by a doctor in past 30 days	4.9%	7.6%	8.4%	7.3%	4.5%	3.4%	7.8%	8.5%

Source: Missouri Department of Mental Health, 2012[34], 2014[35], 2016[36], 2018[37]

VIII. Health Indicator: Chronic Disease

Chronic diseases like heart disease, stroke, cancer, and diabetes claim the lives of nearly 7 out of every 10 Missourians annually. These diseases cause the most deaths, but there are also many steps that can be taken to help prevent these diseases.

The Missouri Foundation for Health and the Missouri Hospital Association established a partnership to create exploreMOhealth, an online resource providing ZIP code level exploration of community health. The tool aggregates hospital discharge data from the Missouri Hospital Association, data from the Missouri Department of Health and Senior Services 2016 County-Level Study, and U.S. Census data; then applies them to the County Health Rankings model of population health.

The exploreMOhealth resource provides both an overview of health status at the county level and detailed insight into health issues at the ZIP code level. In the Northland, chronic diseases account for four out of the top five health issues affecting Clay and Platte County citizens. **Clay County citizens experience diabetes, asthma, cancer and coronary heart disease at slightly higher rates than Missouri. Platte County citizens are more likely to experience depressive disorder than those living in both neighboring Clay County and Missouri.**[3] (Figure 45)

Figure 45: Lifetime Prevalence of Clay and Platte County Top Health Issues: 2016

	Platte	Clay	MO
Depressive Disorder	28.6%	23.5%	23.0%
Diabetes	8.5%	13.1%	11.3%
Asthma	7.4%	11.3%	9.7%
Cancer	8.4%	10.5%	9.6%
COPD	6.4%	6.9%	8.5%
Heart Disease	3.8%	4.8%	4.7%

Source: Missouri Department of Health and Senior Services, 2016[3]

A. Top Health Issues by ZIP Code

A person's ZIP code can be more predictive of their health than their genetic code. To illuminate health status at this level, the Missouri ZIP Health Rankings Project looked at health factors and health outcomes in 958 Missouri ZIP codes and ranked the results from #1-Best to #958-Worst. Understanding where the heathiest and least healthy ZIP codes are within a county is crucial to identifying communities of highest need and can be used to inform planning for targeted health interventions.[3] (Figures 46 and 47)

Figure 46: Clay County Bottom Ranked ZIP Codes (out of 958 ZIP Codes)

ZIP Code	Community	Ranking
64024	Excelsior Springs	638
64117	KC-Holiday Hills	612
64116	KC-North KC	419
64048	Holt	247

Ranking by ZIP code; 1 = Best. Source: Missouri Hospital Association, 2014-2016[62]

Figure 47: Platte County Bottom Ranked ZIP Codes (out of 958 ZIP Codes)

ZIP Code	Community	Ranking
64150	Riverside	581
64439	Dearborn	278
64163	Ferrelview	207
64444	Edgerton	155

Ranking by ZIP code; 1 = Best. Source: Missouri Hospital Association, 2014-2016[62]

B. Chronic Disease Hospital Diagnosis Rates by ZIP Code

ZIP level analysis reveals which neighborhoods/communities within each county experience the highest diagnosis rates of chronic diseases. In Clay County, citizens living in the Excelsior Springs 64024 ZIP code have the highest diagnosis rates of heart disease, diabetes, and COPD, and also have the highest rates of smoking and hypertension. They also have high rates of stroke or other cerebrovascular diagnosis. This ZIP code ranks in the bottom quarter of all Missouri ZIP codes for heart disease, diabetes, asthma, and COPD. Kansas City - KC North ranks at the bottom in asthma, cancer, and mental disorder along with smoking and obesity. (Figures 48 and 49).

Figure 48: Clay County Chronic Disease Diagnosis Rates: Bottom ZIP Codes, Statewide Rank, Rate per 1000 Residents

Heart Disease

Rank	Zip Code	Community	Rate
#766	64024	Excelsior Springs	384.8
#449	64116	KC-KC North	255.4
#445	64048	Holt	254.2
#366	64068	Liberty	234.0

Asthma

Rank	Zip Code	Community	Rate
#895	64117	KC -Holiday Hills	103.8
#846	64116	KC-KC North	81.7
#787	64024	Excelsior Springs	68.3
#771	64118	KC -Oakwood Park	103.8

Diabetes

Rank	Zip Code	Community	Rate
#768	64024	Excelsior Springs	256.4
#467	64116	KC-KC North	176.6
#399	64048	Holt	163.4
#366	64118	KC -Oakwood Park	157.4

Cancer

Rank	Zip Code	Community	Rate
#946	64161	Birmingham	58.3
#817	64116	KC-KC North	24.5
#756	64156	KC -Staley	21.4
#695	64118	KC -Oakwood Park	157.4

COPD

Rank	Zip Code	Community	Rate
#742	64024	Excelsior Springs	114.2
#588	64161	Birmingham	90.8
#510	64117	KC -Holiday Hills	82.9
#399	64116	KC-KC North	70.9

Depressive Disorder

Rank	Zip Code	Community	Rate
#766	64117	KC -Holiday Hills	73.3
#765	64116	KC-KC North	73.0
#735	64024	Excelsior Springs	67.0
#734	64165	KC-Woodland Creek	67.0

Ranking by ZIP code; 1 = Best
Source: Missouri Hospital Association, 2014-2016[62]

Figure 49: Clay Chronic Disease Risk Factors: Bottom ZIP Codes, Statewide Rank, Rate per 1000 Residents

Smoking

Rank	Zip Code	Community	Rate
#856	64024	Excelsior Springs	326.0
#820	64117	KC-Holiday Hills	303.6
#800	64161	Birmingham	294.7
#787	64118	KC-Oakwood Park	285.5

Obesity

Rank	Zip Code	Community	Rate
#913	64117	KC-Holiday Hills	109.7
#893	64116	KC-North KC	94.2
#849	64118	KC-Oakwood Park	81.7
#840	64024	Excelsior Springs	80.0

Hypertension

Rank	Zip Code	Community	Rate
#788	64024	Excelsior Springs	431.5
#550	64116	KC-North KC	319.4
#540	64117	KC-Holiday Hills	310.0
#489	64048	Holt	298.0

Ranking by ZIP code; 1 = Best. Source: Missouri Hospital Association, 2014-2016[62]

In Platte County, ZIP code 64150 in Riverside ranks in the bottom 20% of Missouri ZIP codes for asthma, smoking, and obesity. ZIP code 64163 in Ferrelview also has high rates of asthma and ranks in the bottom 10% of ZIP codes for diagnosed smoking and obesity. Additionally, four ZIP codes in Platte County rank in the bottom 10% of all Missouri ZIP codes for cancer diagnoses. ZIP codes ranking in the bottom 20% of Missouri ZIP codes for a diagnosed depressive disorder include Platte City (64079) and Dearborn (64439). Overall, Riverside, Dearborn, Edgerton, and Weston ZIP codes consistently rank in the bottom of Platte County ZIP codes for multiple chronic disease diagnosis rates and their related diagnoses. (Figures 51 and 52)

Figure 50: Platte County Chronic Disease Diagnosis Rates: Bottom ZIP Codes, Statewide Rank, Rate per 1000 Residents

Heart Disease

Rank	Zip Code	Community	Rate
#628	66439	Dearborn	305.5
#567	64098	Weston	287.5
#453	64444	Edgerton	255.8
#347	64150	Riverside	230.3

Asthma

Rank	Zip Code	Community	Rate
#767	64150	Riverside	66.1
#765	64163	Ferrelview	65.8
#563	64098	Weston	48.1
#538	64151	KC-Lake Waukomis	46.6

Diabetes

Rank	Zip Code	Community	Rate
#689	64444	Edgerton	229.2
#531	66439	Dearborn	190.7
#511	64018	Camden Point	187.1
#483	64150	Riverside	180.3

Cancer

Rank	Zip Code	Community	Rate
#945	64164	KC- Ferrelview NE	55.4
#906	64444	Edgerton	35.5
#873	64098	Weston	29.2
#831	64152	KC-Parkville	25.2

COPD

Rank	Zip Code	Community	Rate
#580	66439	Dearborn	90.1
#477	64098	Weston	79.7
#452	64150	Riverside	77.7
#379	64444	Edgerton	68.6

Depressive Disorder

Rank	Zip Code	Community	Rate
#797	64079	Platte City	81.8
#786	66439	Dearborn	79.8
#747	64018	Camden Point	68.4
#730	64150	Riverside	66.6

Source: Missouri Hospital Association, 2014-2016[62]

Figure 51: Platte County Chronic Disease Risk Factors: Bottom ZIP Codes, Statewide Rank, Rate per 1000 Residents

Smoking

Rank	Zip Code	Community	Rate
#899	64163	Ferrelview	373.9
#813	64150	Riverside	301.5
#646	64444	Edgerton	229.7
#626	64098	Weston	224.8

Obesity

Rank	Zip Code	Community	Rate
#854	64163	Ferrelview	83.1
#822	64150	Riverside	77.7
#732	64439	Dearborn	67.4
#721	64444	Edgerton	66.8

Hypertension

Rank	Zip Code	Community	Rate
#648	66439	Dearborn	357.7
#635	64098	Weston	351.0
#542	64018	Camden Point	313.7
#503	64444	Edgerton	301.1

Source: Missouri Hospital Association, 2014-2016[62]

While ZIP code level data provides important insights into the community, it is important to note that there are limitations to this data. This ZIP code level diagnosis data is provided by the Missouri Hospital Association and is based on hospital discharges occurring between fiscal years 2014 and 2016 (October 1, 2013 through September 30, 2016). Only diagnoses made during this timeframe in the Missouri hospital system are included in the analysis. Diagnoses made at outpatient clinics outside the hospital system or in other states are not included. Additionally, diagnosis rates are counted for each visit and not for each individual. Because of this, the same person may be counted more than once if they have multiple visits with the same diagnosis. Finally, some ZIP codes have very small population sizes. In particular, ZIP codes 64018, 64163, and 64164 in Platte County and ZIP codes 64048 and 64161 in Clay County have populations of under 1,000 residents according to the 2010 census. Due to these small population sizes, diagnoses rates for these ZIP codes may be unstable and results should be interpreted with caution.

C. Chronic Disease Mortality Rates

In addition to looking at chronic disease diagnoses, it is helpful to also review chronic disease mortality (death) rates. In the Northland, heart disease mortality in both counties are lower than the state, cancer mortality is lower than the state in Platte County, and COPD mortality is lower than the state in Clay County.[39] (Figure 52)

Figure 52: 2016 Chronic Disease Mortality Rate (Mortality per 100,000 of population)

	Heart Disease	Cancer	COPD	Diabetes
Missouri	192.0	166.9	52.1	20.1
Platte County	137.7	131.4	51.8	21.1
Clay County	143.5	160.2	40.8	16.5

Missouri Department of Health and Senior Services, 2016[39]

In the Northland, heart disease mortality rates in both counties are lower than the state rate.

IX. Health Indicator: Hospitalization Rates/ Diagnoses in Clay & Platte Counties

A. Northland Inpatient Hospitalizations

The Northland Health Alliance received inpatient hospitalization data for Clay and Platte County residents from four of the major hospitals in the Northland—North Kansas City Hospital (59% of hospitalizations), Liberty Hospital (20%), Saint Luke's North Hospital-Barry Road (19%), and Saint Luke's North Hospital-Smithville (3%).[40]

Looking at hospitalization data gathered between June 1, 2017 and May 31, 2018, 75% of patients came from Clay County and 25% from Platte County. The gender distribution of inpatients was 60% female and 40% male. This trend remained true across all age groups. The largest number of hospitalizations were for patients age 75 and above, closely followed by those age 45-64.[40] (Figure 53)

Figure 53: Percentage of Hospitalization by Age Group

Age	% of All Northland Hospitalizations
Under age 14	9%
15-14	4%
25-44	20%
45-64	24%
65-74	18%
75+	25%

Source: Northland Health Alliance, 2018[40]

To ensure a Northland focus, **the hospital inpatient data presented in the following tables represents only patients over the age of 15 who reside in Clay or Platte Counties. This data only includes the ICD-10 codes which were the primary diagnosis codes for inpatient hospitalizations.** Childbirth (vaginally or by cesarean section) was the leading primary diagnosis for inpatient hospitalizations in the Northland, accounting for nearly 40% of all inpatient diagnoses. Pneumonia was the third primary diagnosis for hospitalizations. (Figure 54)

Figure 54: Top Diagnoses for Inpatient Hospitalizations in Clay and Platte Counties

ICD 10 Code	Explanation	Percent of Total for Top 10
Z38.00	Baby delivery, vaginally	27%
A41.9	Sepsis	15%
Z38.01	Baby delivery, cesarean section	11%
J18.9	Pneumonia	8%
M17.11	Osteoarthritis, right knee	7%
N17.9	Acute kidney failure	7%
I11.0	Hypertensive heart disease with heart failure	6%
M17.12	Osteoarthritis, left knee	6%
I13.0	Heart disease and chronic kidney disease	6%
I21.4	Myocardial infarction (heart attack)	6%

Source: Northland Health Alliance, 2018[40]

Excluding diagnoses related to childbirth provides more detailed insight into the health issues causing the highest number of hospitalizations in the Northland. This data reveals some striking differences in diagnosis by gender. While sepsis and osteoarthritis

of the knee were the two the most common primary diagnoses for both men and women, the next most frequent causes of hospitalization for men were heart disease and chronic kidney failure, heart attack, acute kidney failure, and pneumonia. For women, pneumonia, COPD, heart disease with heart failure, and acute kidney failure were the next most frequent cause of hospitalization. Major depressive disorder was among the top 10 diagnoses for hospitalization of men.[40] (Figure 55)

Figure 55: Top Inpatient Hospitalization Diagnoses by Gender (excluding childbirth)

Females	Males
Sepsis (22%)	Sepsis (20%)
Osteoarthritis of the knee (21%)	Osteoarthritis of the knee (15%)
Pneumonia (11%)	Heart disease and chronic kidney failure (11%)
COPD, exacerbation (10%)	Myocardial infarction (heart attack) (11%)
Heart disease with heart failure (9%)	Acute kidney failure (11%)
Acute kidney failure (8%)	Pneumonia (9%)
Heart disease and chronic kidney failure (7%)	Heart disease with heart failure (9%)
COPD, acute infection (6%)	Major depressive disorder (7%)
Myocardial infarction (heart attack) (6%)	COPD with acute infection (7%)

Source: Northland Health Alliance, 2018[40]

Differences in cause of hospitalization can also be found by age group. **Among the 15-24-year-old age group, mental health conditions accounts for a large proportion of inpatient hospitalizations.** Of the top 10 primary diagnosis codes for this age group, six codes were for mental health concerns such as depression, bipolar disorder, and schizoaffective disorder.

The 25-44-year-old age group also saw a large proportion of hospitalizations due to mental health concerns. In addition, acute conditions such as ketoacidosis due to diabetes, acute kidney failure or infection, appendicitis, and sepsis account for some of the top primary diagnosis codes. **The 25-44 age group was also the only age group with morbid obesity among the top five diagnoses for hospitilization.**[40] (Figure 68)

In the 45-64-year-old age group, sepsis becomes the most frequent primary diagnosis code for inpatient visits. This is also the top concern for the 65-74-year-old group and the 75 and over age group. Perhaps not surprisingly, chronic conditions such as heart disease, kidney failure, COPD, and myocardial infarction were common diagnoses for inpatient visits in the 65-74 age cohort. For those 75 and over, chronic diseases and acute infections such as pneumonia and urinary tract infections were the most common primary diagnoses.[40] (Figure 56)

Of the top 10 primary diagnosis codes for 15-24 year-olds, six codes were for mental health concerns.

Figure 56: Northland Hospitalization by Age Group: Top Diagnoses (excluding childbirth)

15-24 years	25-44 years	45-64 years	65-74 years	75+ years
Major depressive disorder, recurrent	Major depressive disorder, recurrent	Sepsis	Sepsis	Sepsis
Type 1 diabetes with ketoacidosis	Sepsis	Osteoarthritis, right knee	Osteoarthritis, right knee	Heart disease and chronic kidney disease
Major depressive disorder, single episode	Type 1 diabetes with ketoacidosis	Osteoarthritis, left knee	Osteoarthritis, left knee	Heart disease with heart failure
Bipolar disorder	Morbid obesity	COPD with acute infection	Acute kidney failure	Pneumonia
Sepsis	Pneumonia	Myocardial infarction	Heart disease and chronic kidney disease	Acute kidney failure

Source: Northland Health Alliance, 2018[40]

Correlating inpatient diagnosis with payor source for care provides interesting insight into the diverse health experiences of citizens across the Northland. Sepsis was the top diagnosis for inpatient care for all groups except those who were uninsured/self-pay. The top diagnoses for uninsured patients and those covered by Medicaid included mental health issues, such as substance dependence, depression, and schizoaffective disorder. These groups also saw top diagnoses for acute health crises related to a chronic disease, including acute kidney failure, Type 1 diabetes, and COPD exacerbation. The most common primary diagnoses in inpatient visits for holders of commercial insurance included osteoarthritis, issues related to morbid obesity, and heart problems.[40] (Figure 57).

Figure 57: Inpatient Payor Source by Diagnosis (excluding childbirth)

Commercial Insurance	Medicare	Medicaid	Uninsured/ Self-Pay
Sepsis	Sepsis	Sepsis	Major depressive disorder
Osteoarthritis, left knee	Pneumonia	Major depressive disorder	Sepsis
Osteoarthritis, right knee	Heart disease and chronic kidney disease	Schizoaffective disorder	Alcohol dependence with withdrawal
Morbid obesity	Heart disease with heart failure	Acute kidney failure	Type 1 diabetes with ketoacidosis
Myocardial infarction	Acute kidney failure	COPD with exacerbation	Acute kidney failure

Source: Northland Health Alliance, 2018[40]

The full 2018 CHNA Hospital Inpatient Data findings are located in Appendix I.

Sepsis was the top diagnosis for inpatient care for all groups except those who were uninsured/self-pay.

B. Samuel U. Rodgers Health Center Outpatient Clinic Data

The Samuel U. Rodgers Health Center (SURHC) and its affiliated clinics see Medicaid, underinsured, and uninsured patients from across the Kansas City metro area, including people from Clay and Platte Counties. Like the four hospitals that provided data for this report, SURHC provided diagnostic data on patient visits to its clinics between June 1, 2017 and May 31, 2018. While it is not possible to directly correlate these outpatient visits with inpatient hospitalizations, it is interesting to note that four of the top five primary diagnoses given by the SURHC clinics were for chronic disease or conditions that are related to chronic disease.[41] (Figure 58) As noted in previous tables, chronic disease conditions were a leading cause of hospitalization.

Figure 58: Top 10 Diagnoses: SURHC Outpatient Clinics

1. Essential (primary) hypertension
2. Type 2 diabetes mellitus without complications
3. Hyperlipidemia, unspecified
4. Low back pain
5. Obesity, unspecified
6. Gastro-esophageal reflux disease without esophagitis
7. Unspecified symptoms and signs involving genitourinary system
8. Major depressive disorder, single episode, unspecified
9. Constipation, unspecified
10. Urinary tract infection, site not specified

Source: Northland Health Alliance, 2018[41]

The full 2018 CHNA Samuel U. Rodgers Health Center Data findings are located in Appendix J.

C. Northland Emergency Room Utilization

The Northland Health Alliance Data Task Force also analyzed and summarized Emergency Department (ED) utilization data from four of the major hospitals in the Northland—North Kansas City Hospital (49.7% of ED visits), Liberty Hospital (18.9%), Saint Luke's North Hospital-Barry Road (29.6%), and Saint Luke's North Hospital-Smithville (1.8%). As noted in the previous section, to ensure a Northland focus, the ED data presented in the following tables represents only patients who resided in Clay or Platte Counties collected between June 1, 2017-May 31, 2018. Of the patients seen in the four hospital Emergency Departments, 74% resided in Clay County, 26% in Platte County.[42]

Females were more likely to visit hospital emergency departments (59% of all visits) than men (41% of all visits). This was true for all age groups except for those under age 15, where males were seen for emergency treatment more frequently than females. The 25-44 age category accounted for the highest percentage of all ED visits.[42] (Figure 59)

Figure 59: Percentage of Emergency Department Visits by Age

Age	% of all Emergency Department Visits
Under 14	8%
15-24	13%
25-44	31%
45-64	25%
65-74	10%
75+	13%

Source: Northland Health Alliance, 2018[42]

This data only includes the ICD-10 codes which were the primary diagnosis codes for ED visits. Chest pain was the most frequent primary diagnosis for ED visits, accounting for just under 5% of all visits. Abdominal pain, headache, urinary tract infection, and low back pain were also among the top ten primary diagnoses in patients visiting the ED.[42] (Figure 60)

Figure 60: Top Diagnoses for Emergency Department Visits in Clay and Platte Counties

ICD 10 Code	Explanation	Percent of Total for Top 10
R07.9	Chest pain	2.50%
R07.89	Other chest pain	2.05%
R10.9	Abdominal pain	1.60%
R51	Headache	1.54%
N39.0	Urinary tract infection	1.26%
M54.5	Low back pain	1.14%
J20.9	Acute bronchitis	1.07%
R42	Dizziness and giddiness	1.00%
R11.2	Nausea with vomiting	0.99%
R55	Syncope and collapse	0.98%

Source: Northland Health Alliance, 2018[42]

There were notable differences in the reasons men and women visited an ED. **Chest pain was the most common primary diagnosis for an ED visit for either gender.** Abdominal pain was the next most common primary diagnosis for both males and females as well.

However, **for men, the next most frequent ED diagnosis was suicidal ideation,** while for women it was headache. (Figure 61) While suicidal ideation was a top 10 ED diagnosis for males, it is important to remember that men in general visited EDs at lower rates than women. Therefore, more Northland women were actually diagnosed with suicidal ideations in ED visits than men.[42]

Figure 61: Top Diagnoses for Emergency Department Visits by Gender

Females	Males
Chest pain (29%)	Chest pain (36%)
Abdominal pain (12%)	Abdominal pain (9%)
Headache (12%)	Suicidal ideation (8%)
Urinary tract infection (11%)	Low back pain (8%)
Low back pain (8%)	Syncope and collapse (8%)
Acute bronchitis (8%)	Headache (8%)
Nausea with vomiting (7%)	Influenza with respiratory manifestations (8%)
Dizziness and giddiness (7%)	Hydronephrosis with renal and ureteral calculous obstruction (8%)
Noninfective gastroenteritis and colitis (6%)	COPD with acute infection (7%)

Emergency Department Utilization Summary 2018[42]

As with inpatient hospitalizations, the primary diagnoses among ED visits varied by age as well. For children under the age of 15, respiratory diseases, symptoms of acute illness, and head injuries were the top ED diagnoses. Influenza, upper respiratory infections, and viral infections were among the top 10 ED diagnoses for both children under the age of 1 and the 1-14-year-old age group.[42] (Figure 62)

> **Mental health issues were the top primary diagnoses in ED visits for 15-24-year-olds in the Northland, with suicidal ideation and major depressive disorder leading the list.** Mental health conditions were not among the top 10 diagnoses for ED visits for any other age group.[42] (Figure 62)

Chest pain was the number one primary diagnosis for ED visits among people between the ages of 25 and 74. For those between age 25 and 64, headache, abdominal pain, and low back pain were the next most frequent primary diagnoses. Disorders of the teeth was the sixth most common diagnosis for patients in the 25-44-year-old age group. It did not appear among the top 10 diagnoses for any other age group.[42] (Figure 62)

In age groups over 45, additional diagnoses related to chronic diseases were found in the top 10 primary diagnoses codes for ED visits, including essential hypertension in all of these age groups. Infectious diagnoses such as pneumonia, sepsis, and urinary tract infections were among the top 10 primary diagnoses for ED visits in patients over age 65.[42] (Figure 62)

Figure 62: Top 5 Diagnoses for Emergency Department Visits by Age Group

< 1 years	1-14 years	15-24 years	25-44 years	45-64 years	65-74 years	75+ years
Acute upper respiratory infection	Acute upper respiratory infection	Suicidal ideations	Chest pain	Chest Pain	Chest Pain	Urinary tract infection
Fever	Fever	Major depressive disorder, single episode	Headache	Other Chest pain	Other Chest pain	Sepsis
Vomiting	Influenza with respiratory manifestations	Abdominal pain	Abdominal pain	Headache	Sepsis	Chest pain
Cough	Acute obstructive laryngitis [croup]	Acute pharyngitis	Other chest pain	Abdominal pain	Syncope and collapse	Pneumonia
Unspecified injury of head	Laceration without foreign body of other part of head	Headache	Low back pain	Low back pain	Pneumonia	Syncope and collapse

Source: Northland Health Alliance, 2018[42]

The majority of patients paid for ED visits using commercial insurance, followed by Medicare. A total of 14% of patients were uninsured or self-pay.[42] (Figure 63)

Figure 63: Payor Source

Payor	% of Total
Commercial Insurance	42%
Medicare	27%
Medicaid	15.5%
Uninsured/Self-Pay	14%

Source: Northland Health Alliance, 2018[42]

Notable differences in the reason for visiting the ED can be identified by examining a patient's payor source. **For uninsured patients, disorders of the teeth and supporting structures was the second most frequent primary diagnoses for ED visits, behind chest pain.** This was not one of the top 10 primary diagnosis codes for any other payor group. Chest pain was the top diagnosis for patients with Medicare or commercial insurance who visited an ED. Mental health conditions were among the top 10 primary diagnoses for an ED visit by those using Medicaid or who were uninsured/self-pay. Suicidal ideation, a top 5 diagnosis for Medicaid and self-pay patients, does not show up in the top 10 diagnoses for those using Medicare or commercial insurance. Among self-pay patients, alcohol abuse with intoxication was among the top five diagnoses. Acute health issues such as upper respiratory infection, acute pharyngitis and headache rounded out the top five reasons a patient covered by Medicaid insurance visited an ED.[42] (Figure 64) Because these acute health conditions are often managed by primary care providers, the data may suggest these patients face issues related to access to care. It is a topic that may bear further exploration.

Figure 64: Emergency Department Payor Source by Diagnosis

Commercial Insurance	Medicare	Medicaid	Uninsured/Self-Pay
Chest pain	Chest pain	Acute upper respiratory infection	Chest pain
Other chest pain	Other chest pain	Abdominal pain	Other specified disorders of teeth and supporting structures
Abdominal pain	Urinary tract infection	Suicidal ideations	Abdominal pain
Headache	Sepsis	Acute pharyngitis	Alcohol abuse with intoxication
Strain of muscle, fascia and tendon at neck level	Pneumonia	Headache	Acute bronchitis

Source: Northland Health Alliance, 2018[42]

The full 2018 CHNA Hospital Emergency Department Data findings are located in Appendix K.

X. Health Indicator Dental Health

Studies suggest that oral bacteria and the inflammation associated with periodontitis, a severe form of gum disease, might play a role in some diseases. Endocarditis is an infection of the inner lining of the heart. It is caused by bacteria or germs traveling from another part of the body, such as the mouth, that attach to damaged areas in the heart. Research also links cardiovascular disease to the inflammation and infections that oral bacteria can cause. Periodontitis has been linked to premature birth and low birth weight.[43] As the inter-connection between oral health and physical health becomes more and more apparent, public health discussions about how to meet community needs are growing. **In 2016, nearly a quarter of adults in Clay and Platte Counties reported they had not had a recent dental exam. A quarter of adults in Clay County and 20% of adults in Platte County reported they could not get the dental care they needed.**[3]

School-based dental screenings in Clay County revealed that 11% of children screened had untreated dental decay; just under 10% had a history of "rampant" dental caries (cavities on 7 or more teeth). Just 22% of the schoolchildren screened in Clay County had dental sealants.[44]

Healthy People 2020 sets a goal for the desired ratio of licensed dentists to total population at 1230 to 1.[45] Both Clay and Platte Counties have not reached that goal, but both show improvement in these ratios since the 2015 Community Health Needs Assessment report.[46,47] (Figure 65)

Figure 65: Dentist to Population Ratio 2014-2018 Comparison

Platte		Clay		MO	
2014	**2018**	**2014**	**2018**	**2014**	**2018**
1770:1	1670:1	1792:1	1700:1	1985:1	1810:1

Source: Robert Wood Johnson Foundation, 2014[46], 2018[47]

For low income families, one of the greatest challenges to receiving dental care is finding a dentist who will accept MO HealthNet. In Clay and Platte Counties, MO HealthNet providers are available mainly through public health or charitable organizations including Clay County Public Health Center, Samuel U. Rodgers Health Center, and Miles of Smiles Portable Dental Program. For those with transportation, Kansas City Free Health Clinic, Swope Health Services, and the UMKC School of Dentistry are also options outside of the Northland.[48]

XI. Health Indicator: Maternal and Infant Health

Having a healthy pregnancy is one of the best ways to promote a healthy birth and to ensure the health of the mother. A review of 2017 data showed the majority of expectant mothers in the Northland began care in the first trimester of pregnancy. However, a deeper look at the data reveals disparities in prenatal care by race and ethnicity. **In Clay and Platte Counties, white women began prenatal care during the first trimester at much higher rates than African American or Hispanic women did.**[31] (Figures 66 and 67)

Figure 66: Percentage of Live Births in 2017 where Mother Began Prenatal Care in First Trimester, by Race

Platte			Clay		
White	African American	All Races	White	African American	All Races
79.2%	54.0%	74.7%	76.7%	58.1%	73.7%

Source: Missouri Department of Health and Senior Services, 2017[31]

Figure 67: 2017 Prenatal Care: Began First Trimester by Ethnicity, Rate per 100 Births

Platte		Clay	
Not Hispanic or Latino	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino
75.2	65.7	74.6	62.0

Source: Missouri Department of Health and Senior Services, 2017[31]

The Kotelchuck Adequacy of Prenatal Care Utilization Index is a national standard for quantifying the prenatal care received by women. Under this index, adequate prenatal care is defined as:

- Care that is begun by the fourth month of pregnancy;
- A mother who receives 80-109% of healthcare visits recommended by the American College of Obstetricians and Gynecologists from the time prenatal care begins until the time of delivery.

Inadequate prenatal care is defined as:

- Care begun in the 5th month or later or no prenatal care at all,
- A mother who receives less than 50% of the recommended health care visits by the time of delivery.[49]

A review of data on adequate prenatal care based on the Kotelchuck Index reveals health disparities for Northland mothers. **African American and Hispanic women in the Northland were more likely to receive inadequate prenatal care than white women.**[31] (Figures 68 and 69)

Figure 68: Percentage of Live Births in 2017 where Mother Did Not Receive Adequate Prenatal Care (Kotelchuck Index), by Race

Platte			Clay		
White	African American	All Races	White	African American	All Races
10.1%	23.6%	13.1%	11.8%	26.1%	14.4%

Source: Missouri Department of Health and Senior Services, 2017[31]

Figure 69: Percentage of Live Births in 2017 where Mother Did Not Receive Adequate Prenatal Care (Kotelchuck Index), by Ethnicity

Platte		Clay	
Not Hispanic or Latino	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino
12.5%	22.9%*	13.7%	24.0%

*Rate is unreliable, numerator less than 20
Source: Missouri Department of Health and Senior Services, 2013-2017[64]

Low birth weight is a leading cause of neonatal mortality (death before 28 days of age). The rate of low weight births in the Northland is less than the rate in the state of Missouri, 8.7% of births in 2017.[31] (Figure 70)

Figure 70: Percentage of Births in 2017, by Birth Weight

	Platte	Clay
Very Low (less than 1500g)	0.8%*	1.3%
Low (less than 2500g)	7.6%	6.6%
Normal (2500-4499g)	91.1%	92.4%
High (greater than 4499g)	1.4%*	1.0%

*Rate is unreliable, numerator less than 20
Source: Missouri Department of Health and Senior Services, 2013-2017[64]

Infant mortality is defined as a death that occurs before a child's first birthday. Data published by the Office of Minority Health at the U.S. Department of Health and Human Services shows that African Americans have 2.2 times the infant mortality rate as non-Hispanic whites. African American infants are more than three times as likely to die from complications related to low birthweight and as a result of maternal complications compared to non-Hispanic white infants. National data from 2014 indicates African Americans had over twice the sudden infant death syndrome mortality rate as non-Hispanic whites.[50, 51] (Figure 71)

Figure 71: National Leading Causes of Infant Mortality (per 100,000 live births, 2014)

Cause of Death	African American Death Rate	Non-Hispanic White Death Rate
Low Birthweight	251.5	77.6
Congenital Malformations	145.3	117.8
Maternal Complications	88.4	30.2
Sudden Infant Death Syndrome	74	33

Source: U.S. Department of Health and Human Services Office of Minority Health, 2017[50]

Data analyzed from 2007-2017 places infant mortality rates in the Northland below that of the state of Missouri.[52] (Figure 72) While it is not possible to break the data down by race or ethnicity at this time because of unreliability due to low numbers, infant mortality is a data point the Northland Health Alliance Data Task Force will continue to monitor closely.

Figure 72: Infant Mortality Rates per 1,000 Live Births (2007-2017)

	Platte	Clay	MO
Neonatal Deaths *Death during first 27 days of life*	3.4	3.5	4.3
Perinatal Deaths **Fetal deaths (gestational age of 20 or more week) or death immediately after birth**	7.4	8.3	10.0
Post Neonatal Deaths *Death after 27 days of life and before one year of age*	1.9	1.9	2.4
Infant Deaths *Total deaths of infants born alive and dying before the first birthday*	5.3	5.3	6.7

Source: Missouri Department of Health and Senior Services, 2007-2017[52]

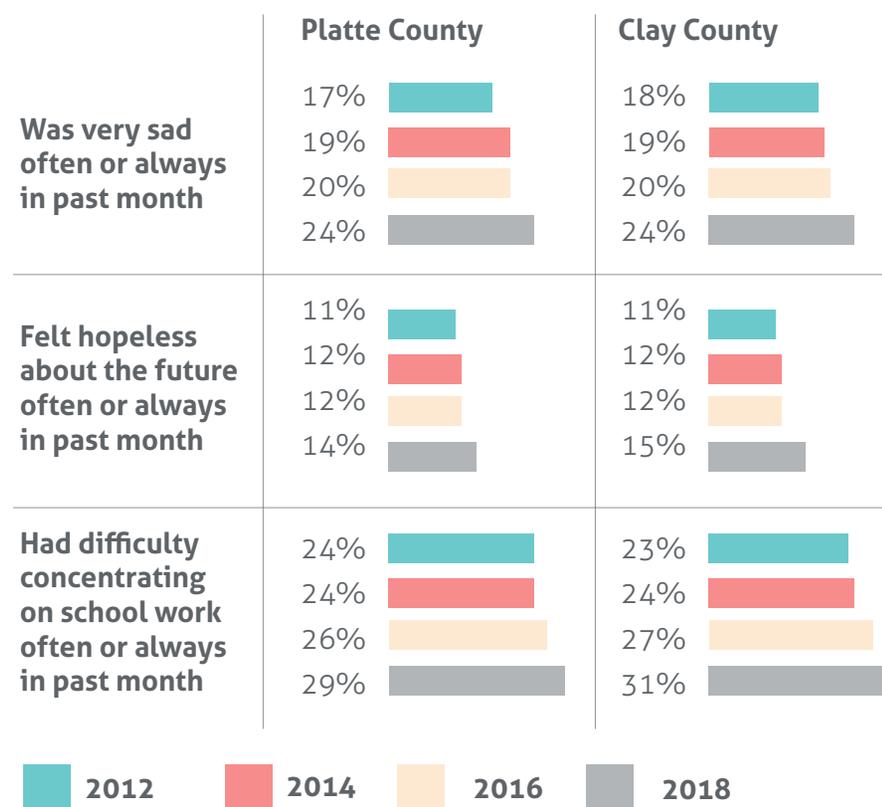## XII. Health Indicator: Behavioral and Mental Health

A 2017 study by the University of Southern California's Schaeffer Center for Health Policy and Economics analyzed data from such sources as the National Institutes of Mental Health, National Association of State Mental Health Program Directors Research Institute, and the Healthcare Cost and Utilization Project to assess the current state of mental health in the U.S. and Missouri. **It estimated that in 2016 almost half a million adults in Missouri had experienced "Serious Psychological Distress" in the past 12 months.** Further, the study found these individuals were more likely to abuse or be dependent on alcohol or illicit drugs during the same time period.[53]

The concerns the study raises about the state of mental health in Missouri align with the top health concerns identified in the 2018 Northland Community Health Survey: **Mental health was selected as one of the most important health problems facing the community by a majority of survey respondents.[2]**

The community's perception of the size and scope of mental health issues citizens are experiencing is also supported by data from the 2016 County-Level Study. **The data reveals that, of the issues surveyed, depressive disorder is the health issue with the greatest prevalence in Clay and Platte counties. Nearly 30% of Platte County residents and about a quarter of Clay County residents surveyed reported that they had ever been diagnosed with depressive disorder.[3]**

Results from the Missouri Student Survey suggest that the number of students in 6th-12th grades who struggle with mental health issues is growing. Nearly a quarter of respondents to the 2018 survey said they felt sad often or always in the past month. More than 10% said they often or always felt hopeless about the future in the past month, and a third said they had difficulty concentrating on school work in the past month. The 2018 figures are all higher than those reported in 2016.[34, 35, 36, 37] (Figure 73)

Figure 73: Missouri Student Survey Results Mental and Behavioral Health

	Platte County	Clay County
Was very sad often or always in past month	17% 19% 20% 24%	18% 19% 20% 24%
Felt hopeless about the future often or always in past month	11% 12% 12% 14%	11% 12% 12% 15%
Had difficulty concentrating on school work often or always in past month	24% 24% 26% 29%	23% 24% 27% 31%

Legend: 2012 2014 2016 2018

A. Tri-County Mental Health Services Data

Tri-County Mental Health Services (TCMHS) was established in 1990 to provide safety-net services in the areas of mental and behavioral health, and substance use disorders to residents living in Clay, Platte, and Ray Counties. TCMHS established a provider network to meet the diverse needs of clients living in urban, suburban, and rural settings and today provides services to more than 8,000 people annually. To provide deeper insight into the mental and behavioral health issues occurring in the Northland, TCMHS shared general diagnostic data about Clay and Platte County citizens served between June 1, 2017-May 31, 2018. (Figure 74)

Figure 74: Top 10 Mental & Behavioral Health Diagnoses at TCMHS

1. Major depressive disorder, recurrent severe without psychotic features
2. Major depressive disorder, recurrent, moderate
3. Post-traumatic stress disorder, unspecified
4. Bipolar disorder, unspecified
5. Bipolar II disorder
6. Generalized anxiety disorder
7. Bipolar disorder, current episode depressed, severe, without psychotic features
8. Attention-deficit hyperactivity disorder, unspecified type
9. Disruptive mood dysregulation disorder
10. Schizoaffective disorder, depressive type

Figure 75: Mental/Behavioral Health Diagnosis by Gender

Male	Female
Bipolar disorder, unspecified	Major depressive disorder, recurrent severe without psychotic features
Major depressive disorder, recurrent severe without psychotic features	Major depressive disorder, recurrent, moderate
Post-traumatic stress disorder, unspecified	Post-traumatic stress disorder, unspecified
Attention-deficit hyperactivity disorder, unspecified type	Bipolar II disorder
Major depressive disorder, recurrent, moderate	Generalized anxiety disorder
Disruptive mood dysregulation disorder	Bipolar disorder, unspecified
Schizophrenia, unspecified	Bipolar disorder, current episode depressed, severe, without psychotic features
Generalized anxiety disorder	Major depressive disorder, recurrent, unspecified
Attention-deficit hyperactivity disorder, combined type	Schizoaffective disorder, depressive type
Schizoaffective disorder, depressive type	Schizoaffective disorder, bipolar type

Source: Northland Health Alliance, 2018[54]

Utilization trends for mental and behavioral health services mirrored those for inpatient hospitalization and Emergency Department visits, with females making up a larger proportion of the TCMHS client base than males, accounting for 60% of all clients. Differences can be seen in diagnosis by gender. Bipolar disorder was the most frequent diagnosis for males while recurrent severe major depressive disorder was the top diagnosis for females. Attention-deficit hyperactivity disorder appeared in the top five diagnoses for males but did not appear in the top 10 diagnoses for females.[54] (Figure 75)

By age group, children age 1-14 were most frequently diagnosed with an Attention-deficit hyperactivity disorder, Disruptive mood dysregulation disorder, Post-traumatic stress disorder, or Oppositional defiant disorder. Teens and young adults (15-24) were most frequently diagnosed with severe or moderate Major depressive disorder, Bipolar disorder, Post-traumatic stress disorder or Generalized anxiety disorder.[54]

Severe recurring Major Depressive Disorder was the top diagnosis for all clients from the 25-44 age group through those 75+. Post-traumatic stress disorder was a top 5 diagnosis for those age 25-44 and 45-64 but was not a top 10 diagnosis for clients age 65 and up.[54]

The full 2018 CHNA Tri-County Mental Health Services Data findings are located in Appendix L.

B. Access Improves, But Cost Remains an Issue

In response to the gap in care noted as part of the 2015 Community Health Needs Assessment, Northland Health Alliance member Liberty Hospital partnered with Signature Psychiatric Hospital to open an inpatient mental health and dual diagnosis (mental health and substance use crisis stabilization) unit in March of 2018. The unit, which began with 12 beds, was expanded to 35 beds before the end of the year. Since opening, the unit has admitted and cared for over 700 patients; 502 adults and 209 geriatric patients. The hospital campus is also home to a Signature Psychiatric clinic that provides adolescents, adults, and senior adults access to outpatient treatment and support.

In 2015, both Clay and Platte Counties were designated as a Health Professional Shortage Area (HPSA) for mental health. Since that time, hospitals, clinics, and health providers across the Northland have worked to expand the number of psychiatric inpatient beds and the availability of outpatient programs and services to meet the mental and behavioral health needs of the community. **In a sign of progress, the HPSA designation was withdrawn for Clay County in July of 2018. Platte County, however, continues to be critically underserved.[55]**

The cost of mental health treatment is an economic burden on both individuals and the nation. According to national data, nearly 30% of people who experienced "Serious Psychological Distress" reported an unmet need for mental healthcare. Of those who did not receive mental health treatment, more than 40% said it was because they could not afford it. It is interesting to note that a quarter of those respondents to the 2018 Northland Community Health Survey who selected Mental Health as a top health concern, also indicated they had skipped medical care because of cost. In Missouri, adults with a serious mental illness (primary diagnosis of schizophrenia, bipolar disorder or major depressive disorder) spent a combined total of nearly 250,000 days in the hospital in 2014. The hospital charges in Missouri for these patients ranged from $12,000-$31,000 per stay, totaling more than half a billion dollars. **A University of Southern California report estimated the economic burden on Missouri of the direct and indirect costs (productivity losses, income losses, quality-of-life losses) associated with schizophrenia, bipolar disorder and major depressive disorder in adults to total more than $6 billion annually.[53]**

C. Suicide

Statistics from the Centers for Disease Control and Prevention (CDC) place Missouri's suicide rate in 2017 as 13th highest in the nation at 18.49/100,000, well above the U.S. rate of 14/100,000. Suicide was the 10th leading cause of death in the state. **Suicide rates in both Clay and Platte counties exceed the rate in the U.S., and the suicide rate in Platte County is higher than the rate in Missouri.**[56] (Figure 76)
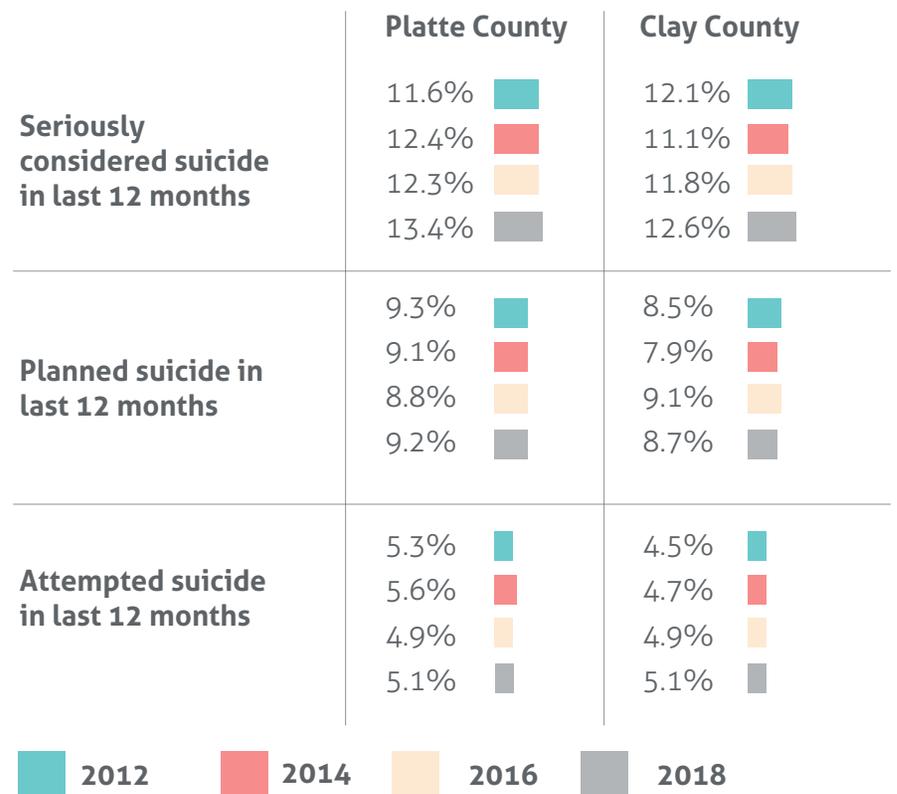
Figure 76: 2017 Suicide Rate per 100,000 Population

Platte County	Clay County	Kansas City	Missouri
19.4	18.3	18.3	18.5
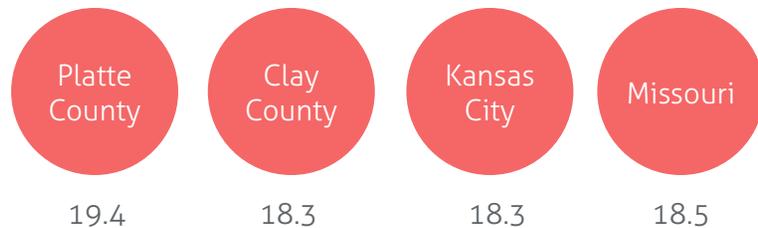
Source: Missouri Department of Health and Senior Services, 2017[56]

According to the CDC, in 2015, suicide was the third most common cause of death among Missouri children and young adults (ages 10-24), the second most common cause of death among 25-34-year-olds, and the fourth most common cause of death among people ages 35-54. Most people who committed suicide in that year in Missouri were male (78%) and white (98%). The highest rate of suicide was among white males aged 45-54 and 75+.[57]

Results from the Missouri Student Survey underscore community concerns about mental health. **In 2018, more than 12% of Clay and Platte County students responding to the survey reported they had seriously considered suicide in the last 12 months.**

About 9% of students said they had planned suicide in the last 12 months, and 5% said they had attempted it in the last 12 months. The percentage of students who had seriously considered suicide increased in both counties between 2016 and 2018.[34, 35, 36, 37] (Figures 77)

Figure 77: Missouri Student Survey County Level Trends 2012-2018

	Platte County	Clay County
Seriously considered suicide in last 12 months	11.6% ■ (2012) 12.4% ■ (2014) 12.3% ■ (2016) 13.4% ■ (2018)	12.1% ■ (2012) 11.1% ■ (2014) 11.8% ■ (2016) 12.6% ■ (2018)
Planned suicide in last 12 months	9.3% ■ (2012) 9.1% ■ (2014) 8.8% ■ (2016) 9.2% ■ (2018)	8.5% ■ (2012) 7.9% ■ (2014) 9.1% ■ (2016) 8.7% ■ (2018)
Attempted suicide in last 12 months	5.3% ■ (2012) 5.6% ■ (2014) 4.9% ■ (2016) 5.1% ■ (2018)	4.5% ■ (2012) 4.7% ■ (2014) 4.9% ■ (2016) 5.1% ■ (2018)

■ **2012**   ■ **2014**   ■ **2016**   ■ **2018**

Source: Missouri Department of Mental Health, 2012[34], 2014[35], 2016[36], 2018[37]

Missouri also conducts a similar assessment with college students. **The 2016 Assessment of College Health Behaviors reported that almost 1 in 5 college students reported seriously considering suicide in the past year.**[58]

D. Opioid Abuse

The fastest growing drug problem across the U.S. and Missouri is the misuse and abuse of opioid-based pain relievers. According to the Missouri Department of Health and Senior Services, one out of every 65 deaths in Missouri in 2017 were due to opioid overdose. Statewide, both heroin- and non-heroin opioid-involved overdose deaths were most frequent in the 25-34 year old age groups in 2017, followed by 35-44 and 45-54 year olds, suggesting that this epidemic is hitting young and middle-aged adults the hardest.[59]

In the state of Missouri, the St. Louis region has the highest death rates and ER utilization rates due to opioid abuse. However, Northland residents have still been impacted by the opioid epidemic. Over 100 Northland residents died due to opioid overdoses from 2013-2017. About 17% of these deaths were specifically due to heroin. (Figure 78) Opioid misuse also resulted in nearly 1,200 ER visits among Northland residents from 2012 to 2016.[64]

Figure 78: Opioid-Related Mortality Rates (rate per 100,000 population), 2013-2017

	Platte	Clay
Deaths due to opioid overdoses	6.0	8.3
Deaths due to heroin overdoses	1.4*	1.3*

Rate is unreliable, numerator less than 20
Source: Missouri Department of Health and Senior Services, 2013-2017[64]

Opioid abuse is impacting both the old and the young. The number of infants born suffering from opioid withdrawal has grown steadily since the early 2000s. According to the Hospital Industry Data Institute, between 2012 and 2016 the statewide rate for children born with Neonatal Abstinence Syndrome (NAS) was 6.16/1,000 births. During that period, Clay County had a rate of 4.24 NAS births/1,000, and Platte County had a rate of 4.79 NAS births/1,000. According to the Missouri Hospital Association, anecdotal reports suggest that NAS is an under-coded diagnosis, so the state and county rates of occurrence may actually be higher.[59]

XIII. Health Indicator: Access to Care

When assessing the health of a community, the U.S. Office of Disease Prevention and Health Promotion examines the topic of access to care using three lenses:

- The percentage of the population with access to insurance coverage,
- The availability of/access to actual health services (having and using an ongoing source of care), and
- The timeliness of care received (care can be delivered quickly after a need is recognized).

These factors are critical because access to comprehensive, quality health care services is integral to promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.[45]

Data gathered for this report suggest access to health insurance, high health costs, and the limited availability of some health care services could be playing a role in the health status of the Northland.

A. The Uninsured

The number of uninsured residents living in Clay and Platte Counties dropped between 2012 and 2016, dropping from 12.0% in Clay and 8.2% in Platte County in 2012 to under 7% in both counties in 2016.[1, 63] (Figure 79) Analysis of American Community Survey data conducted by the Henry J. Kaiser Foundation found that the number of uninsured nonelderly people decreased from over 44 million in 2013 (the year before the major coverage provisions of the Affordable Care Act went into effect) to just below 27 million in 2016. This national data may also suggest that the drop in uninsured residents in the Northland is attributable to increased access to health care available through the Affordable Care Act.[61]

Figure 79: Uninsured Residents by County 2012-2016

	2012	2013	2014	2015	2016
Platte	8.2%	9.7%	7.7%	7.6%	4.7%
Clay	12.0%	11.1%	8.7%	8.7%	6.5%

Source: US Census Bureau, 2012[63], 2013[13], 2014[14], 2015[15], 2016[1]

Despite the overall decrease in uninsured rates, disparities exist in coverage. **In both counties, adult males, and particularly middle age men (50-64) living within 138% of poverty, are uninsured at higher rates than in Missouri generally.**[9]

In Missouri, people of color are uninsured at higher rates than white citizens. African American and Hispanic/Latino citizens in Missouri are also uninsured at higher rates than the national average.[9] (Figure 80) As health insurance laws, Medicaid expansion and ACA enrollment policies/processes continue to change, it will be important to monitor these statistics to see how they change in coming years.

Figure 80: Uninsured Population by Race and Ethnicity (5-year estimates 2012-2016)

	Missouri	United States
White	9.9%	8.1%
African American	16.2%	13.7%
Hispanic/Latino	24.3%	23.4%

Source: US Census Bureau, 2012-2016[9]

B. Health Resource Availability

A more disturbing trend is the number of Northland respondents to the Missouri Department of Health and Senior Services 2016 County-Level Study who said they did not get needed medical or dental care due to cost in the last 12 months. **Half of all Clay County survey respondents, and approximately 40% of those from Platte County, said they did not get care because of cost.** Lack of transportation prevented 12% of Platte County residents from getting needed care. A sizeable percentage of residents in both counties do not have a regular doctor, an important relationship that can help ensure patients have access to comprehensive and integrated health services.[3] (Figure 81)

Figure 81: Did Not Get Care by County: 2016

	Platte	Clay
Did not get needed medical care	21.8%	20.0%
Did not get needed dental care	19.6%	25.0%
Did not get needed medical care due to cost	39.1%	52.0%
Does not have a regular doctor	15.6%	16.2%

Source: Missouri Department of Health and Senior Services, 2016[3]

C. Insights from the 2018 Northland Community Health Survey

The majority (69%) of respondents to the 2018 Northland Community Health Survey reported being satisfied with the health care available in the community for themselves and their families. But the survey revealed some interesting insights about access to care using the lens of the top three health problems in the community as an analytical framework.[2]

The survey asked respondents if there was a time in the past three years when you needed to see a doctor but couldn't because of cost. **A quarter of those respondents who selected Mental Health as a top health concern in the Northland indicated they had skipped medical care because of cost. Of those who identified chronic disease as a top health issue, 23% said they had skipped medical care because of cost, as did 20% of those who selected obesity as a top three health problem.**[2]

Similar numbers can be seen in relation to prescription medication. The survey asked respondents if there was a time in the last three years when you needed to purchase a prescription medication but couldn't because of cost. Looking across the top three health problems identified in the survey, **27% of those who selected mental health, 25% of those who selected chronic disease, and 20% of those who selected obesity indicated they had not purchased a prescription due to cost.**[2] Clearly, health care costs are influencing health care decisions for a number of Northland citizens.

D. Physician to Patient Ratio

Ensuring citizens having access to care, and in particular to care from a primary care provider, plays an essential role in improving health outcomes in a community. The Healthy People 2020 plan established by the Office of Disease Prevention and Health Promotion calls for communities to work to achieve a ratio of 1,030 to 1 for licensed primary care physicians (general practice, family practice, internal, ob/gyn, and pediatrics). Neither Clay nor Platte County currently meets this ratio, however **the physician to total population ratio in both counties improved in 2018 compared to 2014, meaning there are more physicians available to meet the needs of a growing Northland population.**[46, 47] (Figure 82)

Figure 82: Physician to Total Population Ratio 2014-2018 Comparison

Platte		Clay		MO	
2014	**2018**	**2014**	**2018**	**2014**	**2018**
1,420:1	1,200:1	1,656:1	1,480:1	1,455:1	1,420:1

Source: Robert Wood Johnson Foundation, 2014[46], 2018[47]

E. Medicaid Coverage

Determining the number of people covered by Medicaid is challenging as the number of recipients, and the number eligible for coverage, fluctuates month to month. The most recent numbers available from the U.S. Census Bureau American Community Survey indicate that children aged 6-17 were the largest age group with Medicaid/means-tested coverage in Clay County (8,874 children) and Platte County (2,041 children). One-third of Medicaid recipients in both counties fell into this age group. The next most frequently covered age group was children up to age 6, accounting for a quarter of all recipients in both counties (Clay: 6,043 children; Platte: 1,083 children). Men aged 25-34 were the least likely to have coverage in Clay County, accounting for 0.8% of all recipients (190 individuals). In Platte County, men aged 45-54 were the least likely to have coverage, with 0 recipients falling into this age category in 2016. The American Community Survey 1- year estimate of Medicaid coverage tallies to 6,987 total individuals in Platte County, and 24,841 total individuals in Clay County.[1]

A search of the MO HealthNet (Missouri Medicaid) Provider List revealed that as of November 2018, Clay County had 86 general or family practice physicians (MDs or DOs) who accepted MO HealthNet patients. The list for Platte County totaled 49 physicians (Note: A number of these physicians accepted patients at more than one office location). These numbers reflect an increase from 2014 when 61 general/family practice physicians in Clay County and 27 in Platte County accepted MO HealthNet patients. Access to care frequently remains a challenge for these patients. In addition, just because a physician's name appears on the list does not mean they will accept a new patient. Participating physicians often establish a set number of patient slots for MO HealthNet clients, and when those slots are filled, the practice does not accept new patients.[48]

Children aged 6-17 were the largest age group with Medicaid/ means-tested coverage.

XIV. Summary and Identification of Key Strategic Issues

Careful analysis and review of the primary and secondary data gathered through the 2018 Community Health Needs Assessment led the Northland Health Alliance Data Task Force to recommend that Access to Care, Mental and Behavioral Health, and Chronic Disease be re-affirmed as notable health priorities for the community. These priorities were identified in the initial Community Health Needs Assessment conducted by the Northland Health Alliance in 2015 and led to the creation of a collaborative Community Health Improvement Plan.

In presenting this recommendation to Northland Health Alliance leadership, the Data Task Force emphasized that while the broad priorities remain pertinent, the information and insights gained through this assessment should lead to new approaches to address the community's most significant health issues. The 2018 report uncovers data examining chronic disease and behavioral risk factors at the ZIP code level, pinpointing pockets of the community with the greatest health challenges and poorest health outcomes. It looks at mental and behavioral health issues through numerous lens: from demographics, to inpatient and emergency department utilization, to self-reported levels of suicidal ideation, revealing disturbing trends for both youth and middle-aged citizens. It deepens understanding of the changing face of the Northland community and raises questions about the income, education, and health disparities being experienced by communities of color. It reveals that the economics of health care are an issue, not just for low- and moderate-income citizens, but for residents earning $100,000 or more too.

The Northland Health Alliance formally adopted the recommended health priorities at a meeting in January 2019. The following is a summary of highlighted findings from the 2018 Community Health Needs Assessment. Members of the Northland Health Alliance will use this information to deepen understanding within their organizations and across the community about the current state of health in the Northland, and more specifically, to provide insight into the health needs and gaps being experienced by citizens. The next step will be to work with partners across the community to craft a new Community Health Improvement Plan, bringing the power of collaborative thinking and effort to improving the health of the Northland. This evidence-based approach will guide decision-making about where Northland Health Alliance members and their partners in the community can most effectively invest their collective resources to deliver the greatest impact.

A. The Northland community perspective:

Responses to the 2018 Northland Community Health Survey revealed:

- The three most important health issues identified by the community are:
  - Mental Health,
  - Chronic Disease, and
  - Obesity.

The next most commonly cited issues were Aging Problems and Drug Abuse.[2]

- The 3 identified health behaviors that have the most impact on overall health in the Northland are:
  - Poor eating habits,
  - Lack of exercise, and
  - Texting and driving.

Drug misuse was also cited as a top health behavior.[2]

- The community identified the top challenges to being healthy as:
  - Medical debt,
  - Housing insecurity, and
  - Employment and income.

These were followed closely by access to healthcare and transportation issues.[2]

- Access to care is a concern. Less than a third of all survey respondents agreed that there is enough access to medical care for residents with low income in the community.[2]

Responses from the 2018 Community Health Forums revealed:

- Mental and emotional health, drug abuse, and obesity were the issues identified as the top health problems across all the community health forums.[2]
- Participants at the Gladstone Health Fair and Excelsior Springs Housing Authority also listed aging problems and chronic disease among the top issues.[2]
- NCAPS students and Platte County Day of Hope families identified suicide as a top five issue.[2]

B. Suicide, drug use, and mental health issues are becoming more prevalent in the Northland:

- Mental health was selected as one of the most important health problems facing the community by a majority of respondents to the 2018 Community Health Survey.[2]
- Suicide rates in both Clay and Platte counties exceed the rate in the U.S., and the suicide rate in Platte County is higher than the rate in Missouri.[56]
- There are high diagnoses of depressive disorder in Clay and Platte counties. According to survey data, nearly 30% of the population in Platte County and about a quarter of the population in Clay County have been diagnosed with depressive disorder in their lifetime.[3]
- Mental health issues were the primary driver of Emergency Department visits for 15-24-year-olds in the Northland, with suicidal ideation and major depressive disorder leading the list.[42]
- Among 15-24-year-olds in the Northland, mental health conditions accounted for three of the top five reasons a patient was hospitalized.[40]
- In 2018, more than 10% of Clay and Platte County students responding to the Missouri Student Survey reported they had seriously considered suicide in the last 12 months. About 9% of students said they had planned suicide in the last 12 months, and 5% said they had attempted it in the last 12 months.[37]
- The percentage of students who had seriously considered suicide increased in both counties between 2016 and 2018.[36, 37]
- A report by the Missouri Institute of Mental Health using CDC data showed that in 2015, suicide was the third most common cause of death among Missouri children and young adults

(ages 10-24), the second most common cause of death among 25-34-year-olds, and the fourth most common cause of death among people ages 35-54.[57]

C. Chronic disease, and the health behaviors that contribute to it, continue to be a serious concern:

- The obesity rate is 28.4% in Clay County, and 26% in Platte County, and more than one-third of residents in both counties are additionally considered overweight.[3]
- 90% of Northland residents do not eat an adequate diet of fruits and vegetables and about a quarter of them get no leisure-time physical activity.[3]
- The smoking rate in Clay and Platte Counties (21% and 19.5% respectively), which are well above the U.S. rate.[3]
- Rates of binge drinking and heavy drinking are higher in Platte County than in Missouri.[3]
- According to survey data, Clay County citizens experience lifetime prevalence rates of diabetes, asthma, cancer, and coronary heart disease at higher rates than the state as a whole.[3]
- According to survey data, Platte County citizens are more likely to have ever been diagnosed with depressive disorder than both those living in neighboring Clay County and the state as a whole.[3]
- ZIP level analysis reveals which neighborhoods/communities within each county experience high diagnoses of chronic diseases.
  - Citizens living in the Excelsior Springs 64024 ZIP code have the highest diagnosis rates of heart disease, diabetes, and COPD, and also have the highest diagnosis rates of smoking and hypertension in Clay County, ranking in the bottom quarter of all Missouri ZIP codes.[3]

- Holiday Hills (Kansas City) 64117 ZIP code has the highest diagnosis rates of asthma and mental disorder and has the highest diagnosis rates for obesity-related diagnoses.[3]
- ZIP code 64150 in Riverside ranks in the bottom 20% of Missouri ZIP codes for asthma.
- Platte City (64079) and Dearborn (64439) ZIP codes in Platte County rank in the bottom 20% of all Missouri ZIP codes for a diagnosed mental disorder.
- ZIP code 64150 in Riverside ranks in the bottom 20% of Missouri ZIP codes for asthma

- In the Northland, heart disease mortality in both counties are lower than the state, cancer mortality is lower than the state in Platte County, and COPD mortality is lower than the state in Clay County.[39]
- Chronic disease related issues--hypertension, COPD, and heart disease--were among the top ten reasons for inpatient admissions in the Northland.[40]
- The number of students reporting that they smoke cigarettes or use chew declined in both counties between 2012 and 2018. In Platte County, under 3% of students reported using cigarettes, down from over 8% in 2012. Similar numbers and declines were reported in Clay County, with cigarette rates down to slightly over 3% in 2018 from over 8% in 2012. [34, 37]
- E-cigarette use increased in both counties between 2014 and 2018, jumping from about 7% of students reporting use in 2014 to over 11% of students saying they had used an e-cigarette in the past 30 days in 2018. [35, 37]
- Alcohol use by Northland students declined. In 2012, more than a third of students in both counties reported they had used alcohol in the past 30 days. In 2018, the number was down to 11% in Platte County and just under 10% in Clay County.[34, 37]

D. Access to care creates challenges across the community but especially for low income residents and communities of color:

- Half of all respondents to the Missouri County-Level Study from Clay County, and approximately 40% of those from Platte County, said they did not get needed healthcare because of cost in the past year.[3]
- A quarter of adults in Clay County and 20% of adults in Platte County reported they could not get the dental care they needed.[3]
- In 2016, nearly a quarter of adults in Clay and Platte Counties reported they had not had a recent dental exam.[3]
- For uninsured patients, disorders of the teeth and supporting structures was the second most frequent reason they visited a Northland emergency room, just slightly behind the most common reason, chest pain.[42]
- Rates on the number of uninsured citizens of color are still too unstable to report in the Northland, however data from the state of Missouri is clear that African American and Hispanic individuals are far more likely to be uninsured in than whites.[11]
- In both counties, adult males, and particularly middle age men (50-64) living within 138% of poverty are uninsured at higher rates than in Missouri generally.[9]
- African American and Hispanic mothers were less likely to begin prenatal care during the first trimester of pregnancy than white mothers. In Platte County, white women began prenatal care during the first trimester at a much higher rate (79%), than African American mothers (54%) or Hispanic women (66%) did. Similar differences were found in Clay County, with white women beginning first trimester care at higher rates (77%) than African American (58%) and Hispanic women (62%).[31]
- African American and Hispanic women in the Northland were

more likely to receive inadequate prenatal care than white women, meaning they started care late, did not receive all recommended visits with a healthcare provider, or received no prenatal care at all.[31]

E. The face and economy of the Northland community is changing:

- A MARC study suggests the senior population in the Kansas City metro area will grow by more than 100% by 2030, and that the senior population in Clay County will grow by nearly 120%, and by more than 135% in Platte County, in that same timeframe.[8]
- Between 2000 and 2013, nonwhite populations grew by 37% in the Kansas City Metropolitan Statistical area compared to 32% in the US. During the same time period, nonwhite populations in Clay County grew by 113% and in Platte County by 96%.[8]
- The unemployment rate for African American residents is more than twice that of white residents in Platte County, and just under twice the rate in Clay County.[9]
- 10% of children under the age of 18 in Platte County and 12% of those in Clay County live below 100% of poverty.[20]
- Families headed by single females are the most likely to live in poverty. In Clay County, more than 20% of these families live in poverty compared to just 3% of married couple families. In Platte County 16% of families headed by single females live in poverty compared to 2% of married couple families.[20]
- 18% of Clay County children, and 17% of Platte County children were considered food insecure.[21]
- More than 40% of renters in Clay County and more than 35% of renters in Platte County have rental costs that absorb 30% or more of their monthly income. More than 20% of homeowners in both counties have mortgages that absorb

30% or more of their monthly income.[25]
- While rates of high school graduation and the achievement of a bachelor's degree for communities of color in the Northland generally are higher than graduation rates in Kansas City and Missouri, they are lower than graduation rates for whites.[9]
- In 2017, more than 10% of the population in both Clay and Platte counties was living with a disability. Since 2013, Platte County has seen an overall increase in the number of citizens living with a disability, up nearly 3%.[1, 13, 14, 15]
- Adults age 65 and older are the most likely to be living with a disability. In Clay and Platte counties about one-third of the senior population has some form of disability.[1]

Improving the health of Northland citizens will require thoughtful, collaborative work to craft and implement strategies that can make inroads on the interconnected and highly complex health issues facing the community. The Northland Health Alliance is committed to engaging with a wide range of organizations including public health, government agencies, schools, faith-based organizations, the business community, nonprofit entities, as well as citizen "champions" of health, to create a healthier Northland.

XV. 2016-2018 Community Health Improvement Plan: Results Review

Following completion of the 2015 Community Health Needs Assessment, the Northland Health Alliance engaged its members and a host of community partners; including government agencies, law enforcement, school districts, business entities, and nonprofit organizations; in the creation and implementation of a focused plan to improve the health of the Northland. The plan was built around the three critical health priorities identified in the assessment (access to care, behavioral health, and chronic disease) and included specific strategies and tactics these organizations committed to undertake to improve the health of Northland citizens. Implementation of the strategies and tactics for each priority was advanced by a designated Task Force comprised of Northland Health Alliance members and community partners. The following is an overview of the work undertaken by these Task Forces and a list of their 2016-2018 Community Health Improvement Plan accomplishments:

Community Health Priority 1: Access to Care: Improve the health of individuals and influence positive health outcomes in the community as a whole by expanding access to care.

Goals

1. Increase Northland residents' awareness of appropriate and accessible health and wellness services by providing information to residents.
2. Increase the availability of appointments for children, adult primary care and prenatal patients in the Northland, focusing on uninsured and underinsured residents.

Task Force Activities & Accomplishments

- Northland Health Alliance member Northland Health Care Access launched a pilot program to serve underinsured clients. To date, six patients have been enrolled and are accessing health care services.
- All hospital emergency rooms were visited by Task Force members and reintroduced to all available programs to uninsured and underinsured patients.
- Community EMT's were invited to participate in the Access to Care Task Force in order to reach addition residents in need of health services and to inform all EMT programs of services available in the Northland.
- Northland Health Alliance member Samuel U. Rodgers Health Center will begin offering a clinic in four North Kansas City elementary schools beginning in Fall 2019.
- Prenatal and pediatric encounters continue to increase due to Samuel U. Rodgers Health Center's new office in the Northland in the Creekwood Medical Plaza. The clinic is a partnership with Northland Health Alliance member North Kansas City Hospital.

- The Northland Health Care Access Health Resource Line includes information regarding the Northland Health Alliance and its website.
- Partners continue to explore opportunities for providing adult dental care.

Community Health Priority 2: Behavioral Health: Promote and support mental and emotional well-being for all Northland citizens.

Goals

1. Enhance access to behavioral health programs and services in the Northland.
2. Educate the community and advocate for public policies that support behavioral health.

Task Force Activities & Accomplishments

- All information regarding Behavioral Health was added to the Northland Health Alliance website.
- Northland Health Alliance member Tri-County Mental Health Services (TCMHS) launched www.encouragehopeandhelp.com, a suicide prevention website.
- TCMHS launched the Enhanced Care Pathway, an evidence-based tool for individuals at risk for suicide, in September of 2018 as part of the Zero Suicide Initiative.
- The film *Resilience: The Biology of Stress and the Science of Hope* was shown 57 times to 1,769 people.
- Increased the number of schools participating in the Signs of Suicide (SOS) program.
- In an effort to increase the number of health practitioners in the Northland, information on how to become a National Health Service Corps site was provided to Northland Health Alliance members.

- After a survey of Medical Managers revealed that many in the Northland did not have information on safe medication disposal, the Behavioral Health Task Force provided Medical Managers with information on how to dispose of medication and how to educate their patients on disposal.
- DEA National Prescription Drug Take Back Day events were completed across the Northland.
- Clay County Public Health Center Board of Trustees passed an ordinance to establish a Prescription Drug Monitoring Program (PDMP) to monitor the prescribing and dispensing of controlled substances
- A Children's Services Fund was approved by Clay County voters in 2017. Since then, a Board has been established and will be setting up an application process for funding.

Community Health Priority 3: Chronic Disease: Improve the over-all health of the Northland Community through advancing healthy lifestyles, thus decreasing the incidence of our highest chronic disease rankings.

Goals

1. Promote health and reduce chronic disease risks through the consumption of healthy foods, and by achieving and maintaining a healthy body weight
2. Mobilize the Northland community to increase physical activity, with a focus on walking.
3. Reduce tobacco/nicotine use in the Northland by decreasing the number of current users and preventing new users from starting.

Task Force Activities & Accomplishments

- Missouri Family Services Division now has office hours at Clay County Public Health Center (CCPHC) one day per week.

- University of Missouri Extension will be at CCPHC 3-4 hours a week beginning in May 2019 to provide SNAP enrollment assistance.
- Platte County Health Department (PCHD) installed a kiosk in the Parkville WIC office to enable clients to access the internet for enrollment in SNAP and Medicaid. An in-house full-time social worker is available to assist clients with enrollment as well.
- CCPHC provided WIC Outreach to 14 health care providers in Clay County. Information on the WIC program was given to health care providers and to families.
- Assessment was completed on the Lactation Support Policies of local organizations and businesses.
- The Chronic Disease Task Force established a community baseline goal of BMI below 25.0 following a 3-month BMI data collection effort.
- Clay and Platte County Senior Services Funds partnered with community centers to offer discounted walking programs.
- PCHD contributed $5,000 to the City of Riverside for an outdoor Fitness Court, which opened to the public in October 2018. The Fitness Court provides FREE access to the exercise equipment to all members of the public.
- Excelsior Springs Hospital is working in partnership with Excelsior Springs Public Schools to create joint programming.
- In Clay County, the following cities are now recognized as Communities for All Ages:
  - Gladstone & Kearney (GOLD),
  - Excelsior Springs & Liberty (SILVER),
  - In Process: City of North Kansas City

Northland Health Alliance Marketing Committee: Recognizing that many of the strategies and tactics undertaken by the individual Task Forces called for building awareness of

informational resources, programs, and events, the Northland Health Alliance established a Marketing Committee in 2016. The committee established the following goals to address this need:

Goals

1. Develop a cohesive marketing plan that creates awareness of the Northland Health Alliance and serves the specific needs of each CHIP task force.
2. Support the Task Forces with target marketing strategies as requested.

Marketing Committee Activities & Accomplishments

- Developed a PowerPoint presentation about the 2015 Community Health Needs Assessment and presented to local community organizations across the Northland.
- Created and implemented a marketing plan.
- Created an organization logo, tagline, and brand standards.
- Developed and launched a website to serve as the hub for all Northland Health Alliance marketing initiatives, and as a resource for health and wellness services in the Northland: www.northlandKChealthalliance.org
    - Gathered, organized, and posted on the website all member and non-member healthcare services in an interactive Provider Directory, After-Hours Car Map, and Event Calendar.
    - Trained all members on how to add and delete content from the website.
- Created and distributed small cards with the Northland Health Alliance website address for members to distribute to their patients as a resource.
- Developed media list.
- Wrote and distributed press release for 2018 Community Health Survey.

Visit www.NorthlandKCHealthAlliance.org

XVI. References

1. U.S. Census Bureau. (2016). 2016 American Community Survey 1-Year Estimates. Retrieved from: https://factfinder.census.gov
2. Northland Health Alliance. (2018). Northland Community Health Survey.
3. Missouri Department of Health and Senior Services. (2016). Missouri County-Level Study. Retrieved from: https://exploremohealth.org
4. Northland Health Alliance. (2018). Northland Community Health Forums.
5. U.S. Census Bureau. (2010). 2010 Census. Retrieved from: https://factfinder.census.gov
6. Rural Health Information Hub. (2017). Rural Health Disparities. Retrieved from: https://www.ruralhealthinfo.org/topics/rural-health-disparities
7. U.S. Census Bureau. (2010). 2010 American Community Survey 1-Year Estimates. Retrieved from https://factfinder.census.gov
8. Mid-America Regional Council. (2015). 2015 Regional Health Assessment for Greater Kansas City. Retrieved from: http://marc.org/data-economy/pdf/REACH2015_FULLREPORT_draft.aspx
9. U.S. Census Bureau. (2012-2016). 2012-2016 American Community Survey 5-Year Estimates. Retrieved from: https://factfinder.census.gov
10. U.S. Census Bureau. (2007-2011). 2007-2011 American Community Survey 5-Year Estimates. Retrieved from: https://factfinder.census.gov
11. Henry J Kaiser Family Foundation. (2016). Key Facts on Health and Health Care by Race and Ethnicity. Retrieved from: https://www.kff.org/disparities-policy/report/key-facts-on-health-and-health-care-by-race-and-ethnicity/
12. LaVeist, TA, DJ Gaskin, and P Richard. Joint Center for Political and Economic Studies. The Economic Burden of Health Inequalities in the United States. Retrieved from: https://jointcenter.org/sites/default/files/Economic%20Burden%20of%20Health%20Inequalities%20Fact%20Sheet.pdf
13. U.S. Census Bureau. (2013). 2013 American Community Survey 1-Year Estimates. Retrieved from: https://factfinder.census.gov
14. U.S. Census Bureau. (2014). 2014 American Community Survey 1-Year Estimates. Retrieved from: https://factfinder.census.gov
15. U.S. Census Bureau. (2015). 2015 American Community Survey 1-Year Estimates. Retrieved from: https://factfinder.census.gov
16. U.S. Census Bureau. (2013-2017). 2013-2017 American Community Survey 5-Year Estimates. Retrieved from: https://exploremohealth.org
17. U.S. Census Bureau. (2013-2017). 2013-2017 American Community Survey 5-Year Estimates. Retrieved from: https://factfinder.census.gov
18. Missouri Department of Economic Development. (2018). Unemployment Rates. Retrieved from: https://ded.mo.gov/economic-data
19. U.S. Census Bureau. (2008-2012). 2008-2012 American Community Survey 5-Year Estimates. Retrieved from: https://factfinder.census.gov
20. U.S. Census Bureau. (2013-2017). 2013-2017 American Community Survey 5-Year Estimates. Retrieved from: https://factfinder.census.gov
21. University of Missouri Interdisciplinary Center for Food Security. (2016). Missouri Hunger Atlas 2016 Edition. Retrieved from: http://foodsecurity.missouri.edu/projects/missouri-hunger-atlas/
22. Missouri Department of Elementary and Secondary Education. (2013). Students Eligible for Free and Reduced-Price Lunch. Retrieved from: https://datacenter.kidscount.org/

23. Missouri Department of Elementary and Secondary Education. (2016). Students Eligible for Free and Reduced-Price Lunch. Retrieved from: https://datacenter.kidscount.org/

24. Food Research and Action Center. (2017). Hunger Doesn't Take a Vacation: Summer Nutrition Status Report. Retrieved from: http://frac.org/wp-content/uploads/2017-summer-nutrition-report-1.pdf

25. U.S. Census Bureau. (2012-2016). 2012-2016 American Community Survey 5-Year Estimates. Retrieved from: https://exploremohealth.org

26. Cutler, DM and A Lleras-Muney, Poverty Solutions at The University of Michigan. (2007). Policy Brief #9. Retrieved from: http://www.npc.umich.edu/publications/policy_briefs/brief9/

27. U.S. Department of Education. (2015-2016). ED Facts. Retrieved from: https://exploremohealth.org

28. National Center for Education Statistics. (2016). Digest of Education Statistics. Retrieved from: https://nces.ed.gov/programs/digest/d17/tables/dt17_502.30.asp \

29. Robert Wood Johnson Foundation. (2016). The State of Obesity in Missouri. Retrieved from: https://www.stateofobesity.org/states/mo/

30. Sharma, A., V Madaan, and FD Petty. (2016). Primary Care Companion to the Journal of Clinical Psychiatry. 8(2). Exercise for Mental Health. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470658/

31. Missouri Department of Health and Senior Services. (2017). Birth MICA. Retrieved from: https://webapp01.dhss.mo.gov/MOPHIMS/MOPHIMSHome

32. United Health Foundation. (2017). America's Health Rankings' 2017 Annual Report. Retrieved from: https://www.americashealthrankings.org/learn/reports/2017-annual-report

33. Centers for Disease Control and Prevention. (2017). Behavioral Risk Factor Surveillance System. Retrieved from: https://www.cdc.gov/brfss/

34. Missouri Department of Mental Health. (2012). 2012 Missouri Student Survey. Retrieved from: https://seow.dmh.mo.gov/

35. Missouri Department of Mental Health. (2014). 2014 Missouri Student Survey. Retrieved from: https://seow.dmh.mo.gov/

36. Missouri Department of Mental Health. (2016). 2016 Missouri Student Survey. Retrieved from: https://seow.dmh.mo.gov/

37. Missouri Department of Mental Health. (2018). 2018 Missouri Student Survey. Retrieved from: https://seow.dmh.mo.gov/

38. Missouri Department of Health and Senior Services. (2012). Death MICA. Retrieved from: https://webapp01.dhss.mo.gov/MOPHIMS/MOPHIMSHome

39. Missouri Department of Health and Senior Services. (2016). Death MICA. Retrieved from: https://webapp01.dhss.mo.gov/MOPHIMS/MOPHIMSHome

40. Northland Health Alliance. (2018). 2018 CHNA Hospital Inpatient Data Summary.

41. Northland Health Alliance. (2018). 2018 CHNA Hospital Samuel U. Rodgers Health Center Data Summary.

42. Northland Health Alliance. (2018). 2018 CHNA Hospital Emergency Department Data Summary.

43. Mayo Clinic. (2018). Oral health: A window into your overall health. Retrieved from: https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475

44. Clay County Public Health Center. (2018). School-Based Dental Program Data.

45. Office of Disease Prevention and Health Promotion. (2018). Topics & Objectives. Retrieved from: https://www.healthypeople.gov/2020/topics-objectives

46. Robert Wood Johnson Foundation. (2014). 2014 County Health Rankings and Roadmaps. Retrieved from: http://www.countyhealthrankings.org/

47. Robert Wood Johnson Foundation. (2018). 2018 County Health Rankings and Roadmaps. Retrieved from: http://www.countyhealthrankings.org/

48. Missouri Department of Social Services. (2018). MO HealthNet Fee-for-Service Provider Search. Retrieved from: https://apps.dss.mo.gov/fmsMedicaidProviderSearch/

49. Sheps Center for Health Services Research. (2013). Outline of Kotelchuck Adequacy of Prenatal Care Utilization Index. Retrieved from: https://www.shepscenter.unc.edu/wp-content/uploads/2013/05/Appendix-D-Criteria-for-the-Kotelchuck-Index.pdf

50. U.S. Department of Health and Human Services Office of Minority Health. (2017). Infant Mortality and African Americans. Retrieved from: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=23

51. Centers for Disease Control and Prevention National Center for Health Statistics. (2016). Health, United States, 2016. Retrieved from: https://www.cdc.gov/nchs/hus/contents2016.htm

52. Missouri Department of Health and Senior Service. (2007-2017). Infant Health Community Data Profile. Retrieved from: https://webapp01.dhss.mo.gov/MOPHIMS/MOPHIMSHome

53. Huen-Johnson, H, M Menchine, D Goldman, and S Seabury. (2017). The Cost of Mental Illness: Missouri Facts and Figures. Retrieved from: https://healthpolicy.usc.edu/wp-content/uploads/2018/07/MO-Facts-and-Figures.pdf

54. Northland Health Alliance. (2018). 2018 CHNA Tri-County Mental Health Services Data Summary.

55. Health Resources & Services Administration. (2018). HPSA Find. Retrieved from: https://data.hrsa.gov/tools/shortage-area/hpsa-find

56. Missouri Department of Health and Senior Services. (2017). Death MICA. Retrieved from: https://webapp01.dhss.mo.gov/MOPHIMS/MOPHIMSHome

57. Centers for Disease Control and Prevention. (2015). Web-Based Injury Statistics Query and Reporting System (WISQARS). Retrieved from: https://www.cdc.gov/injury/wisqars/index.html

58. University of Michigan. (2016). 2016 National College Health Assessment. Retrieved from: https://www.uhs.umich.edu/files/sa/NCHA-2016-University-of-Michigan.pdf

59. Missouri Hospital Association (2017). Trend is Hospital Utilization for Opioid Overuse and Drug-Dependent Newborns in Missouri. Retrieved from: https://web.mhanet.com/SOI/opioid/NAS_Research.pdf

60. Coffey, W, E Mobly, and A Hunter. (2018). Online Journal of Public Health Informatics 10(1). Tracking Neonatal Abstinence Syndrome in Missouri. Trends and the ICD-CM Transition. Retrieved from: https://ojphi.org/ojs/index.php/ojphi/article/view/8981

61. Henry J Kaiser Family Foundation. (2018). Key Facts and the Uninsured Population. Retrieved from: https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/

62. Missouri Hospital Association. (2014-2016). 2014-2016 Hospital Discharge Data. Retrieved from: https://exploremohealth.org

63. U.S. Census Bureau. (2012). 2012 American Community Survey 1-Year Estimates. Retrieved from: https://factfinder.census.gov

64. Missouri Department of Heath and Senior Services. (2012-2017). Missouri Opioid Information. Retrieved from: https://health.mo.gov/data/opioids/

XVII. Appendices

Appendix A: Northland Health Alliance Member Organizations

Children's Mercy Hospital
2401 Gillham Road
Kansas City, Missouri 64108

Clay County Public Health Center
800 Haines
Liberty, Missouri 64068

Excelsior Springs Hospital
1700 Rainbow Boulevard
Excelsior Springs, Missouri 64024

Liberty Hospital
2525 Glenn Hendren Drive
Liberty, Missouri 64068

North Kansas City Hospital
2800 Clay Edwards Drive
North Kansas City, Missouri 64116

Northland Health Care Access
5810 NW Barry Road #200
Kansas City, Missouri 64154

Platte County Health Department
1201 East Street
Parkville, Missouri 64152

Saint Luke's Health System
4401 Wornall Road
Kansas City, Missouri 64111

Saint Luke's North Hospital
5830 NW Barry Road
Kansas City, Missouri 64154

Saint Luke's North Hospital-Smithville
601 S. 169 Highway
Smithville, Missouri 64089

Samuel U. Rodgers Health Center
825 Euclid Avenue
Kansas City, Missouri 64124

Tri-County Mental Health Services, Inc.
3100 NE 83rd Street Suite 1001
Kansas City, Missouri 64119

Signature Psychiatric Hospital
2900 Clay Edwards Drive
North Kansas City, Missouri 64116

Appendix B: Northland Health Alliance Leadership Members

Children's Mercy Hospital
Margo Quiriconi

Clay County Public Health Center
Gary Zaborac

Excelsior Springs Hospital
Kristen DeHart

Liberty Hospital
Marilyn Stockman

North Kansas City Hospital
Randee Gannon

Northland Health Care Access
Jen Hibbs
Karen Dolt

Platte County Health Department
Mary Jo Vernon

Saint Luke's Health System
Kara Lubischer

Samuel U. Rodgers Health Center
Bob Theis

Tri-County Mental Health Services, Inc.
Tom Petrizzo

Signature Psychiatric Hospital
Lisa St. Aubyn

Appendix C: Northland Health Alliance Data Task Force Members

Children's Mercy Hospital
Margo Quiriconi

Clay County Public Health Center
Ashley Wegner
Danielle Roethler
Nkolika Obiesie

Excelsior Springs Hospital
Kristen T. DeHart

Liberty Hospital
Lisa Skeens
Marilyn Stockman
Peggy Ford

North Kansas City Hospital
Beth Ann Stansbury
Damara Harper
Michelle Lane

Northland Health Care Access
Cory Unrein

Platte County Health Department
Chelsie Carter
Erin Sanders

Saint Luke's Health System
Lynsey McNeal

Samuel U. Rodgers Health Center
Tim Loethen

Tri-County Mental Health Services, Inc.
Ellen Channels

Signature Psychiatric Hospital
Angie Winkler

Appendix D: Northland Health Alliance Marketing Committee Members

Children's Mercy Hospital
Margo Quiriconi

Clay County Public Health Center
Danielle Roethler
Kaitlyn Wallace

Excelsior Springs Hospital
Kristen DeHart

Liberty Hospital
Julie Simpson

North Kansas City Hospital
Randee Gannon

Northland Health Care Access
Jen Hibbs

Platte County Health Department
Daylin Britt
Erin Sanders

Saint Luke's Health System
Trisha Ranes

Samuel U. Rodgers Health Center
Randy Withers

Tri-County Mental Health Services, Inc.
Dan Ryan

Signature Psychiatric Hospital
Brenda Clevenger

2018 Community Health Survey

The Northland Health Alliance is seeking your input on the health and well-being of the Northland community. You have been selected to take this survey because you live in, work in, or visit Clay or Platte counties. The results of this survey will help the Northland Health Alliance, comprised of local health departments, hospitals, and mental health organizations, identify pressing issues affecting the Northland. Your opinion is important to us. Your responses will be kept anonymous. Please think of the past 3 years when answering the following questions. This survey is also available online at: https://www.surveymonkey.com/r/2018NorthlandHealth

(1) Please indicate when you are in the Northland. Select all that apply.

☐   I live in Clay County
☐   I live in Platte County
☐   I work in Clay or Platte counties
☐   I visit Clay or Platte counties (for restaurants, entertainment, to visit friends and family, etc.)
☐   I NEVER spend any time in the Northland.
☐   Other (please specify) _____

(2) How would you rate the health of the Northland community?

☐   Very Unhealthy
☐   Unhealthy
☐   Somewhat Healthy
☐   Healthy
☐   Very Healthy

Children in Household

(3) How many children are living in your home under the age of 18 years old?

☐   0
☐   1
☐   2
☐   3
☐   4
☐   5
☐   6 or more

(4) Please select the age range of each child in your home who is under the age of 18. After you have selected an age from each child in your home, move on to question 5. If you have no children in your home, move to question 10 on at the top of page 2.

Age of child 1:	Age of child 2:	Age of child 3:	Age of child 4:
☐ 0-35 months	☐ 0-35 months	☐ 0-35 months	☐ 0-35 months
☐ 3-5 years	☐ 3-5 years	☐ 3-5 years	☐ 3-5 years
☐ 6-12 years	☐ 6-12 years	☐ 6-12 years	☐ 6-12 years
☐ 13-17 years	☐ 13-17 years	☐ 13-17 years	☐ 13-17 years

Age of child 5:
☐ 0-35 months
☐ 3-5 years
☐ 6-12 years
☐ 13-17 years

Age of child 6:
☐ 0-35 months
☐ 3-5 years
☐ 6-12 years
☐ 13-17 years

Please list the ages of any additional children in your home:

_____

(5) Has a child in your household been told by a doctor that they have one of the following conditions:
   • Asthma
   • Diabetes
   • Overweight or obesity

☐   Yes
☐   No

(6) If a child in your household has asthma, how many times during the past 12 months did you visit an emergency room because of asthma?

☐☐☐☐☐☐☐☐☐☐

(7) Has a child in your household used any of the following:
   • Alcohol
   • Drugs
   • Tobacco

☐   Yes
☐   No

(8) Has a child in your household become pregnant?

☐   Yes
☐   No

(9) Is any child in your household in fair-to-poor health?

☐   Yes
☐   No

1

Please indicate your level of agreement with the following statements. Think of you and your family when answering the following questions.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
(10) I am satisfied with the quality of life in my community (think about well-being, safety, physical and mental health, education, and recreation).					
(11) It is easy for me to get to places (ex: grocery stores, doctor, work, etc.)					
(12) I have enough housing choices to fit my needs in my community (consider size, location, cost, etc.).					
(13) I feel my community is a safe place to live and raise children (consider crime, schools, etc.).					
(14) I feel satisfied with public health services in my community (food safety, disease prevention, birth certificates, immunizations, etc.).					
(15) My community has enough health and wellness activities to meet my needs.					
(16) My community is a good place to grow old (consider senior housing, transportation to medical service, shopping, senior day care, etc.).					
(17) There is enough access to medical care for residents with low income in my community.					
(18) I am satisfied with the health care available in my community for me and my family.					

Northland Health Problems

(19) Select the 3 most important <u>health problems</u> in the Northland community. Please mark <u>no more</u> than 3.

☐ Aging problems (ex: arthritis, hearing/vision loss, osteoporosis, etc.)

☐ Alcohol abuse/alcoholism

☐ Cancer

☐ Chronic disease (ex: diabetes, heart disease, stroke, high blood pressure, respiratory/lung disease)

☐ Dental problems

☐ Drug abuse (illicit drug use)

☐ Firearm related injury

☐ Infant death

☐ Infectious disease (ex: hepatitis, TB, seasonal flu)

☐ Mental/emotional health problems (ex: depression, anxiety)

☐ Motor vehicle crash injuries

☐ Obesity

☐ Opioid abuse

☐ Preventable injuries

☐ Sexually transmitted diseases (ex: HIV/AIDS, syphilis, gonorrhea)

☐ Suicide

☐ Other (please specify)

_____

2

Northland Health Behaviors

(20) Select the 3 most important <u>health behaviors</u> that have the greatest impact on overall Northland community health. Please mark <u>no more</u> than 3.

- ☐ Alcohol misuse
- ☐ Drug misuse
- ☐ E-cigarette/vape use
- ☐ Lack of exercise

- ☐ Not getting vaccines/shots to prevent disease
- ☐ Not using seat belts or child safety seats
- ☐ Opioid misuse
- ☐ Poor eating habits

- ☐ Texting/cell phone use while driving
- ☐ Tobacco use
- ☐ Unsafe sex
- ☐ Other (please specify) _____

Challenges to Being Healthy in the Northland

(21) Select the 3 factors that you see as the <u>greatest challenges to being healthy</u> in the Northland community. Please mark <u>no more</u> than 3.

- ☐ Access to health care
- ☐ Crime
- ☐ Discrimination (ex: age, gender, gender identity, immigration status, sexual orientation, racial, etc.)
- ☐ Education (not having access to school or training that helps gain employment)
- ☐ Employment and income (not having the ability to get or keep a job)
- ☐ Food insecurity/hunger (not having reliable access to enough affordable nutritious food)
- ☐ Homelessness

- ☐ Housing insecurity (trouble paying rent, overcrowding, moving frequently, living with relatives, etc.)
- ☐ Human trafficking
- ☐ Medical debt
- ☐ Transportation issues
- ☐ Utility needs (not having enough money to pay electric/gas/water/etc. bills)
- ☐ Violence (ex: bullying, child abuse/neglect, domestic violence, rape/sexual assault, school violence, etc.)
- ☐ Other (please specify)

  _____

Access to Health Care

(22) I have my own doctor I see when I am sick.

- ☐ Yes
- ☐ No

(23) I have access to the medical specialists I need.

- ☐ Yes
- ☐ No
- ☐ I have not had any need for a medical specialist

(24) How do you pay for your health care? Select all that apply.

- ☐ Pay cash
- ☐ Veteran Administration
- ☐ Indian Health Services
- ☐ Medicaid
- ☐ Medicare
- ☐ Health Insurance (private insurance, employer paid health insurance, market place, PPO, HMO, etc.)
- ☐ Other (please specify)

  _____

(25) Where do you <u>primarily</u> receive healthcare services? (only select 1)

- ☐ Local Health Department
- ☐ Urgent Care
- ☐ Emergency Room
- ☐ Primary Care Doctor
- ☐ Quick Care Clinics (located in grocery stores pharmacies)
- ☐ Other (please specify)

  _____

(26) Was there a time in the past 3 years when you needed to <u>see a doctor</u> but couldn't because of cost?

- ☐ Yes
- ☐ No
- ☐ I didn't need medical care in the past 3 years

(27) Was there a time in the past 3 years when you needed to purchase <u>prescription medication</u> but couldn't because of cost?

- ☐ Yes
- ☐ No
- ☐ I didn't need prescription medication in past 3 years

3

(28) Where do you get your health information? Select all that apply.

- ☐ Health care provider (ex: doctor, nurse dentist
- ☐ Social media
- ☐ Internet search (ex: WebMD, Google, etc.)
- ☐ Educational program or newsletter sponsored by health department of hospital
- ☐ Family

- ☐ Health or fitness magazine
- ☐ Newspapers
- ☐ Friends
- ☐ Other (please specify)

  _____

Where do you live?

Zip Code: ___ ___ ___ ___ ___   City: _____   County: _____

Demographic Information

What is your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

Gender

- ☐ Male
- ☐ Female
- ☐ Prefer to self-describe (please specify)

  _____

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

- ☐ White
- ☐ Black/African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Multi-race
- ☐ Other (please specify) _____

Are you Hispanic of Latino?

- ☐ Yes
- ☐ No

How many people are currently living in your household (including yourself)?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more

Primary language spoken at home:

_____

Marital status:

- ☐ Married/living together
- ☐ Divorced
- ☐ Never married
- ☐ Separated
- ☐ Widowed
- ☐ Other (please specify)

  _____

Your highest education level:

- ☐ Less than high school graduate
- ☐ High school diploma or GED
- ☐ College degree or higher
- ☐ Other (please specify)

  _____

Current employment status:

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Retired
- ☐ Unemployed, seeking work
- ☐ Unemployed, NOT seeking work
- ☐ Other (please specify)

  _____

Household Income:

- ☐ Less than $19,000
- ☐ $20,000 to $29,000
- ☐ $30,000 to $49,000
- ☐ $50,000 to $74,000
- ☐ $75,000 to $100,000
- ☐ Over $100,000

Thank you for your response!
This survey can be mailed to:
Clay County Public Health Center
Attn: Danielle Roethler
800 Haines Drive
Liberty, MO 64068

Or scanned and emailed to: droethler@clayhealth.com

By Friday September 14, 2018

4

Northland Health Alliance

Encuesta de Salud Comunitaria 2018

Northland Health Alliance necesita su opinión sobre la salud y el bienestar de la comunidad de Northland. Usted ha sido seleccionado para realizar esta encuesta porque vive, trabaja o visita los condados de Clay o Platte. Los resultados de esta encuesta ayudarán a Northland Health Alliance, compuesta por los departamentos de salud locales, hospitales y organizaciones de salud mental, a identificar los problemas urgentes que afectan a Northland. Su opinión es importante para nosotros. Sus respuestas serán anónimas. Por favor, piense en los últimos 3 años al contestar las siguientes preguntas.

(1) Indique cuando pasa tiempo en el Northland. Seleccione todas las que correspondan.

☐ Vivo en el Condado de Clay
☐ Vivo en el Condado de Platte
☐ Trabajo en los Condados de Clay o Platte
☐ Visito los Condados de Clay o Platte (por los restaurantes, entretenimiento, visitar a amigos y familiares, etc.)
☐ NUNCA paso tiempo en Northland.
☐ Otro (Especifique) _____

(2) ¿Cómo calificaría la salud de la comunidad de Northland?

☐ Muy poco saludable
☐ Poco saludable
☐ Algo saludable
☐ Saludable
☐ Muy saludable

Los niños en el hogar

(3) ¿Cuántos niños menores de 18 años viven en su hogar?

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6 o más

(4) Seleccione el rango de edad de cada niño en su hogar que sea menor de 18 años. Después de haber seleccionado la edad de cada niño en su hogar, pase a la pregunta 5. Si usted no tiene niños en su hogar, pase a la pregunta 10 en la parte superior de la página 2).

Edad del niño(a) 1:
☐ 0-35 meses
☐ 3-5 años
☐ 6-12 años
☐ 13-17 años

Edad del niño(a) 2:
☐ 0-35 meses
☐ 3-5 años
☐ 6-12 años
☐ 13-17 años

Edad del niño(a) 3:
☐ 0-35 meses
☐ 3-5 años
☐ 6-12 años
☐ 13-17 años

Edad del niño(a) 4:
☐ 0-35meses
☐ 3-5 años
☐ 6-12 años
☐ 13-17 años

Edad del niño(a) 5:
☐ 0-35 meses
☐ 3-5 años
☐ 6-12 años
☐ 13-17 años

Edad del niño(a) 6:
☐ 0-35 meses
☐ 3-5 años
☐ 6-12 años
☐ 13-17 años

Por favor, enumere las edades de todos los niños adicionales en su hogar:

_____

(5) Le ha dicho un médico que alguno de sus niños en el hogar tiene una de las siguientes condiciones:
- Asma
- Diabetes
- Sobrepeso u obesidad

☐ Sí
☐ No

(6) Si un niño en su hogar tiene asma, ¿cuántas veces durante los últimos 12 meses visitó una sala de emergencia debido al asma?

(7) ¿Ha usado uno de los niños en su hogar alguno de los siguientes:
- Alcohol
- Drogas
- Tabaco

☐ Sí
☐ No

(8) ¿Ha quedado embarazada alguna de las niñas en su hogar? (

☐ Sí
☐ No

(9) ¿Tiene algún niño en su hogar una salud más o menos a mala?

☐ Sí
☐ No

1

Indique su nivel de acuerdo con las siguientes afirmaciones. Piense en usted y su familia al responder las siguientes preguntas.

	Total desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
(10) Estoy satisfecho con la calidad de vida en mi comunidad (piense en el bienestar, seguridad, salud física y mental, educación y recreación).					
(11) Es fácil para mí llegar a lugares (por ejemplo: supermercados, médico, trabajo, etc.)					
(12) Tengo suficientes opciones de vivienda para satisfacer mis necesidades en mi comunidad (considere el tamaño, la ubicación, el costo, etc.).					
(13) Siento que mi comunidad es un lugar seguro para vivir y criar niños (considere el crimen, las escuelas, etc.).					
(14) Me siento satisfecho con los servicios de salud pública en mi comunidad (seguridad alimentaria, prevención de enfermedades, certificados de nacimiento, inmunizaciones, etc.).					
(15) Mi comunidad tiene suficientes actividades de salud y bienestar para satisfacer mis necesidades.					
(16) Mi comunidad es un buen lugar para envejecer (considere alojamiento para personas mayores, transporte a servicios médicos, compras, guardería para ancianos, etc.).					
(17) Hay suficiente acceso a la atención médica para los residentes con bajos ingresos en mi comunidad.					
(18) Estoy satisfecho con la atención médica disponible en mi comunidad para mí y mi familia.					

Problemas de salud en Northland

(19) Seleccione los 3 <u>problemas de salud más importantes</u> en la comunidad de Northland. Por favor, marque <u>no más</u> de 3.

☐ Problemas de envejecimiento (por ejemplo: artritis, pérdida de audición / visión, osteoporosis, etc.).

☐ Abuso de alcohol / alcoholismo

☐ Cáncer

☐ Enfermedad crónica (por ejemplo: diabetes, enfermedad cardíaca, accidente cerebrovascular, presión arterial alta, enfermedad respiratoria / pulmonar).

☐ Problemas dentales

☐ Abuso de drogas (uso de drogas ilícitas)

☐ Herida relacionada con armas de fuego

☐ Fallecimiento de un bebé

☐ Enfermedades infecciosas (por ejemplo, hepatitis, tuberculosis y gripe estacional).

☐ Problemas de salud mental / emocional (por ejemplo: depresión, ansiedad)

☐ Lesiones por accidentes automovilístico.

☐ Obesidad

☐ Abuso de opiáceos

☐ Lesiones prevenibles

☐ Enfermedades de transmisión sexual (por ejemplo: VIH / SIDA, sífilis, gonorrea).

☐ Suicidio

☐ Otro (por favor especifique):

_____

Las coductas saludables de Northland

(20) Seleccione las 3 <u>conductas saludables</u> más importantes que tienen el mayor impacto en la salud general de la comunidad de Northland. Por favor, marque <u>no más</u> de 3.

- ☐ Uso indebido del alcohol
- ☐ Uso indebido de drogas
- ☐ Uso de cigarrillo electrónico/ vapor
- ☐ Falta de ejercicios

- ☐ No recibir vacunas para prevenir enfermedades.
- ☐ No usar cinturones de seguridad o asientos de seguridad para niños.
- ☐ Uso indebido de opioids.
- ☐ Malos hábitos alimenticios.

- ☐ Uso del teléfono celular / mensajes de texto mientras conduce.
- ☐ Uso de tabaco
- ☐ Sexo sin protección
- ☐ Otro (especifique) _____

Desafíos para ser saludable en la tierra de Northland

(21) Seleccione los 3 factores que ve como <u>los mayores desafíos para estar saludable</u> en la comunidad de Northland. Por favor, marque <u>no más</u> de 3.

- ☐ Acceso a la atención médica.
- ☐ Crimen
- ☐ Discriminación (por ejemplo: edad, género, identidad de género, estado migratorio, orientación sexual, racial, etc.).
- ☐ Educación (no tener acceso a la escuela o capacitación que ayuda a obtener empleo).
- ☐ Empleo e ingresos (no tener la capacidad de obtener o conservar un trabajo).
- ☐ Inseguridad alimentaria / hambre (no tener acceso confiable a suficientes alimentos)
- ☐ Sin hogar

- ☐ Inseguridad en la vivienda (problemas para pagar el alquiler, hacinamiento, mudarse con frecuencia, vivir con parientes, etc.)
- ☐ Trata de personas
- ☐ Deuda médica
- ☐ Problemas de transporte
- ☐ Necesidades de servicios públicos (no tener suficiente dinero para pagar facturas de electricidad / gas / agua / etc.).
- ☐ Violencia (por ejemplo: intimidación, abuso / negligencia infantil, violencia doméstica, violación / agresión sexual, violencia escolar, etc.).
- ☐ Otro (especifique)

  _____

Acceso a Servicios de Salud

(22) Tengo mi propio médico que veo cuando estoy enfermo.

- ☐ Sí
- ☐ No

(23) Tengo acceso a los especialistas médicos que necesito.

- ☐ Sí
- ☐ No
- ☐ No he tenido necesidad de un especialista.

(24) ¿Cómo paga su atención médica? Seleccione todas las que correspondan.

- ☐ Pago en efectivo
- ☐ Administración de Veteranos
- ☐ Servicios de salud para indios
- ☐ Seguro de salud (seguro privado, seguro de salud pagado por el empleador, *market place*, PPO, HMO, etc.)
- ☐ Otro (especifique)

  _____

(25) ¿Dónde recibe principalmente servicios de salud? (solo seleccione 1)

- ☐ Departamento de salud local.
- ☐ Atención de Urgencia
- ☐ Sala de emergencia
- ☐ Médico de atención primaria
- ☐ Clínicas de Atención Rápida (que se encuentra en las farmacias de supermercados)
- ☐ Otro (especifique)

  _____

(26) ¿Hubo algún momento en los últimos 3 años en que necesitó ver a <u>un médico</u> pero no pudo debido al costo?

- ☐ Sí
- ☐ No
- ☐ No he necesitado atención médica en los últimos 3 años.

(27) ¿Hubo algún momento en los últimos 3 años en que necesitó comprar <u>medicamentos recetados</u> pero no pudo debido a los costos?

- ☐ Sí
- ☐ No
- ☐ No he necesitado ningún medicamento recetado en los últimos 3 años.

3

(28) ¿De dónde obtiene su información de salud? Seleccione todas las que correspondan.

- ☐ Proveedor de atención médica (por ejemplo: doctor, enfermera dentista).
- ☐ Redes sociales
- ☐ Búsqueda en Internet (por ejemplo: WebMD, Google, etc.).
- ☐ Programa educativo o boletín patrocinado por el Departamento de Salud del hospital.
- ☐ La familia

- ☐ Revista de salud o estado físico
- ☐ Periódicos
- ☐ Amigos
- ☐ Otro (especifique)
  _____

¿Dónde vive usted?

Código postal: __ __ __ __ __   Ciudad: _____   Condado: _____

Información demográfica

¿Cuál es su edad?

- ☐ Menos de 18 años
- ☐ 18-24 años
- ☐ 25-44 años
- ☐ 45-54 años
- ☐ 55-64 años
- ☐ 65+ años

Género

- ☐ Hombre
- ☐ Mujer
- ☐ Prefiere autodescribirse (por favor especifique)
  _____

¿Es usted hispano o latino?

- ☐ Sí
- ☐ No

¿Cuál de estos grupos diría que representa mejor a su raza?

- ☐ Blanco
- ☐ Negro / afroamericano
- ☐ Indio americano o nativo de Alaska
- ☐ Asiático
- ☐ Nativo de Hawai u otra isla del Pacífico
- ☐ Multirracial
- ☐ Otro (especifique) _____

H ¿Cuántas personas viven actualmente en su hogar (incluyase usted)?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 o más

Su nivel educativo más alto:

- ☐ No graduado de escuela secundaria
- ☐ Diploma de escuela secundaria o GED
- ☐ Título universitario o superior
- ☐ Otro (especifique):
  _____

Idioma principal que se habla en el hogar:

_____

Estado actual de empleo:

- ☐ Empleado jornada completa
- ☐ Empleado media jornada
- ☐ Jubilado
- ☐ Desempleado, buscando trabajo
- ☐ Desempleado, NO buscando trabajo
- ☐ Otro (especifique)
  _____

Estado civil:

- ☐ Casado / convivencia
- ☐ Divorciado
- ☐ Nunca se casó
- ☐ Separado
- ☐ Viudo
- ☐ Otro (especifique)
  _____

Ingresos del hogar:

- ☐ Menos de $19,000
- ☐ $20,000 a $29,000
- ☐ $30,000 a $49,000
- ☐ $50,000 a $74,000
- ☐ $75,000 a $100,000
- ☐ Sobre $100,000

¡Gracias por su respuesta!
Esta encuesta se puede enviar por correo postal a:
Clay County Public Health Center
Attn: Danielle Roethler
800 Haines Drive
Liberty, MO 64068
O escanear y enviar por correo electrónico a: droethler@clayhealth.com

Antes del Viernes 14 de Septiembre de 2018

4

Appendix F: 2018 Northland Community Health Survey Results

Demographics of Survey Respondents									
	Northland		**Clay**		**Platte**		**Other**		**Unknown**
Total Population	1658	100%	981	59.2%	441	27.0%	134	8.1%	129	7.8%
Gender									
Male	259	15.6%	158	16.1%	81	19.6%	18	13.4%	2	1.6%
Female	1257	75.8%	805	82.1%	327	79.0%	113	84.3%	12	9.3%
Prefer to self-describe	3	0.2%	3	0.3%	0	0%	0	0%	0	0%
Unknown	139	8.4%	15	1.5%	6	1.4%	3	2.2%	115	89.2%
Age									
Under 18	18	1.1%	11	1.2%	5	1.2%	2	1.5%	0	0
18-24 years	70	4.2%	43	4.4%	24	5.1%	2	1.5%	1	0.8%
25-44 years	556	33.5%	354	36.1%	154	37.2%	46	34.3%	2	1.6%
45-54 years	300	18.1%	189	19.3%	77	18.6%	33	24.6%	1	0.8%
55-64 years	302	18.2%	200	20.4%	66	15.9%	35	26.1%	1	0.8%
65 and over	284	17.1%	178	18.1%	82	19.8%	14	10.5%	10	7.8%
Unknown	128	7.7%	6	0.6%	6	1.5%	2	1.5%	114	88.4%
Race									
White	1387	83.7%	890	90.7%	367	88.6%	121	90.3%	9	7.0%
Black/African American	49	3.0%	21	2.1%	18	4.4%	8	5.8%	2	1.6%
American Indian/ Alaska Native	9	0.5%	6	0.6%	2	0.5%	0	0%	1	0.8%
Asian	17	1.0%	12	1.2%	5	1.2%	0	0%	0	0%
Native Hawaiian/ Pacific Islander	2	0.1%	0	0%	2	0.5%	0	0%	0	0%
Multi-race	28	1.7%	18	1.8%	8	1.9%	1	0.8%	1	0.8%
Other	22	1.3%	18	1.8%	3	0.7%	1	0.8%	0	0%
Ethnicity									
Hispanic	55	3.3%	32	3.3%	18	4.35%	5	3.7%	0	0%
Not Hispanic	1417	85.5%	913	93.1%	366	88.4%	125	93.3%	13	10.1%
Unknown	186	11.2%	36	3.7%	30	7.3%	4	3.0%	116	89.9%
Highest Educational Attainment Status									
Less than high school graduate	39	2.4%	22	2.2%	16	3.9%	1	0.8%	0	0%
High school Diploma or GED	350	21.1%	225	22.9%	95	3.0%	27	20.2%	3	2.3%
College degree or higher	1024	61.8%	664	67.7%	261	63.0%	94	70.2%	5	3.9%
Other (associate/ job training, etc.)	94	5.7%	55	5.6%	31	7.5	8	6.0%	0	0%
Unknown	151	9.1%	15	1.5%	11	2.7%	4	3.0%	121	93.8%

	Northland		Clay		Platte		Other		Unknown	
Household Income										
Less than $20,000	107	6.5%	58	5.9%	42	10.1%	7	5.2%	0	0
$20,000-$29,000	111	6.7%	71	7.2%	31	7.5%	8	6.0%	1	0.8%
$30,000-$49,000	269	16.2%	189	19.3%	59	14.3%	20	15.0%	1	0.8%
$50,000-$74,000	303	18.3%	196	20.0%	80	19.3%	26	19.4%	1	0.8%
$75,000-$100,000	260	15.7%	173	17.6%	55	13.3%	30	22.4%	2	1.6%
Over $100,000	380	22.9%	232	23.7%	111	26.8%	36	26.9%	1	0.8%
Unknown	228	13.8%	62	6.3%	36	8.7%	7	5.2%	123	95.4%
Marital Status										
Married/Living together	1009	60.9%	661	67.4%	257	62.1%	85	63.4%	6	4.7%
Divorced	169	10.2%	109	11.1 %	46	11.1%	14	10.5%	0	0
Never Married	194	11.7%	111	11.3%	62	15.0%	20	14.9%	1	0.8%
Separated	26	1.6%	16	1.6%	9	2.2%	1	0.8%	0	0
Widowed	72	4.3%	47	4.8%	18	4.4%	7	5.2%	0	0
Other	21	1.3%	14	1.4%	6	1.4 %	1	0.8%	0	0
Unknown	167	10.1%	16	1.6%	16	3.9%	6	4.5%	122	94.6%
Primary Language Spoken at Home										
English	1361	82.1%	869	88.6%	367	88.7%	119	88.8%	6	4.6%
Non-English	34	2.1%	21	1.7%	9	2.2%	2	1.5%	2	1.6%
Unknown	263	15.9%	91	9.3%	38	9.2%	13	9.7%	121	93.8%
Current Employment Status										
Employed full-time	894	53.9%	569	58.0%	225	54.4%	98	73.1%	2	1.6%
Employed part-time	194	11.7%	116	11.8%	29	14.2%	16	11.9%	3	2.3%
Retired	275	16.6%	187	19.1%	23	17.6%	13	9.7%	2	1.6%
Unemployed (seeking work	28	1.7%	14	1.4%	13	3.1%	1	0.8%	0	0%
Unemployed (not seeking work	56	3.4%	38	3.9%	15	3.6%	2	1.5%	1	0.8%
Other	70	4.2%	46	6.7%	23	5.6%	1	0.8%	0	0%
Unknown	141	8.5%	11	1.1%	6	1.5%	3	2.2%	121	93.8%
Household Size Including Self										
1	214	16.2%	139	16.4%	53	15.7%	20	16.4%	2	22.2%
2	557	42.3%	346	40.8%	145	42.9%	62	50.8%	4	44.4%
3	258	19.6%	178	21.0%	62	18.3%	18	14.8%	0	0%
4	289	21.9%	186	21.9%	78	23.1%	22	18.0%	3	33.3%
5 or more	194	11.7%	117	11.9%	68	16.4%	8	6.0%	1	0.8%
Unknown	146	8.8%	15	1.5%	8	1.9%	4	3.0%	119	92.3%

	Northland		Clay		Platte		Other		Unknown	
Number of Children Under 18 years in Household										
0	853	56.8%	557	57.7%	222	54.7%	6	54.6%	68	56.7%
1	245	16.9%	171	17.7%	61	15.0%	3	27.3%	19	15.8%
2	242	16.1%	157	16.3%	64	15.8%	1	9.1%	20	16.7%
3	113	7.5%	57	5.9%	45	11.1%	0	0%	11	9.2%
4	30	2.0%	17	1.8%	11	2.7%	1	9.1%	1	0.8%
5	10	0.7%	6	0.2%	3	0.7%	0	0%	1	0.8%
6 or more	7	0.5%	1	0.1%	5	1.2%	0	0%	1	0.8%
Unknown	149	9.0%	15	1.5%	3	0.7%	123	91.8%	8	6.2%
Health Care Payment Method										
Pay Cash	114	6.9%	65	6.6%	40	9.7%	7	5.2%	2	1.6%
Private Healthcare Insurance	864	52.1%	563	57.3%	203	49.0%	94	70.2%	5	3.9%
Public Healthcare Insurance	150	9.1%	79	8.1%	60	14.5%	5	3.7%	6	4.7%
Combination of Sources	371	22.4%	248	25.3%	95	23%	25	18.7%	3	2.3%
Unknown	159	9.6%	27	2.8%	16	3.9%	3	2.2%	113	87.6%
Where do you primarily receive healthcare services?										
Local Health Department	55	3.3%	20	2.0%	32	7.7%	1	0.8%	2	1.6%
Urgent Care	67	4.0%	41	4.2%	19	4.6%	6	04.5%	1	0.8%
Emergency Room	22	1.3%	15	1.5%	6	1.5%	1	0.8%	0	0%
Primary Care Doctor	1243	75%	801	81.7%	319	77.1%	111	82.9%	12	9.3%
Other	121	7%	89	9.1%	27	6.0%	12	8%	1	0.8%
Unknown	142	8.6%	15	1.5%	11	2.7%	3	2.2%	113	99.2%

* Numbers are based on the total that responded based on the variable under consideration. Column percentages may not add up to 100% due to rounding.

Question #2	**How would you rate the health of the Northland Community?**									
	Northland		**Clay**		**Platte**		**Other**		**Unknown**	
	(n=1658)		(n=981)		(n=414)		(n=134)		(n=129)	
Very Healthy/ Healthy	650	39.2%	348	35.47%	201	650	39.2%	348	35.47%	201
Unhealthy	142	8.59%	94	9.58%	27	142	8.59%	94	9.58%	27
Somewhat Healthy	819	49.40%	515	52.50%	168	819	49.40%	515	52.50%	168
Unknown	47	2.83%	24	2.45%	18	47	2.83%	24	2.45%	18

	Northland	Clay	Platte
Question #10	**I am satisfied with the quality of life in my community (think about well-being, safety, physical and mental health, education, and recreation)**		
	(n=1658)	(n=981)	(n=414)
Agree/Strongly Agree	1176 (70.9%)	672 (68.5%)	335 (80.9%)
Disagree/Strongly Disagree	198 (11.9%)	141 (14.4%)	26 (6.3%)
Neutral	275 (16.6%)	165 (16.8%)	51 (12.3%)
Question #11	**It is easy for me to get to places (ex. grocery stores, doctor, work, etc.)**		
	(n=1658)	(n=981)	(n=414)
Agree/Strongly Agree	1401 (84.5%)	822 (83.8%)	366 (88.4%)
Disagree/Strongly Disagree	128 (7.7%)	85 (8.7%)	22 (5.3%)
Neutral	125 (7.5%)	74 (7.5%)	25 (6.0%)
Question #12	**I have enough housing choices to fit my needs in my community (consider size, location, cost, etc.)**		
	(n=1658)	(n=981)	(n=414)
Agree/Strongly Agree	1102 (66.5%)	651 (66.4%)	282 (68.1%)
Disagree/Strongly Disagree	206 (15.7%)	164 (16.7%)	60 (14.5%)
Neutral	286 17.3%)	161 (16.4%)	70 (16.9%)
Question #13	**I feel my community is a safe place to live and raise children (consider crime, schools, etc.)**		
	(n=1658)	(n=981)	(n=414)
Agree/Strongly Agree	1261 (76.1%)	725 (73.9%)	350 (84.5%)
Disagree/Strongly Disagree	137 (8.3%)	97 (9.9%)	15 (3.6%)
Neutral	250 (15.1%)	157 (16.0%)	45 (10.9%)
Question #14	**I feel satisfied with public health services in my community (food safety, disease prevention, birth certificates, immunizations, etc.)**		
	(n=1658)	(n=981)	(n=414)
Agree/Strongly Agree	1184 (71.4%)	686 (69.9%)	329 (79.5%)
Disagree/Strongly Disagree	144 (8.7%)	96 (9.8%)	21 (5.1%)
Neutral	**324 (19.5%)**	197 (20.8%)	62 (15.0%)
Question #15	**My community has enough health and wellness activities to meet my needs**		
	(n=1658)	(n=981)	(n=414)
Agree/Strongly Agree	1010 (60.9%)	588 (60.0%)	288 (69.6%)
Disagree/Strongly Disagree	273 (16.5%)	179 (18.3%)	45 (10.9%)
Neutral	347 (20.9%)	211 (21.5%)	78 (18.8%)
Question #16	**My community is a good place to grow old (consider senior housing, trans-portation to medical services, shopping, senior day care, etc)**		
	(n=1658)	(n=981)	(n=414)
Agree/Strongly Agree	942 (56.8%)	540 (55.1%)	268 (64.7%)
Disagree/Strongly Disagree	291 (17.6%)	193 (19.7%)	55 (13.3%)
Neutral	397 (24.0%)	245 (25.0%)	88 (21.3%)

Question #17	There is enough access to medical care for residents with low income in my community		
	(n=1658)	(n=981)	(n=414)
Agree/Strongly Agree	476 (28.7%)	265 (27.0%)	143 (34.5%
Disagree/Strongly Disagree	565 (34.1%)	373 (38.0%)	116 (28.0%)
Neutral	579 34.9%)	334 (34.1%)	150 (36.2%)
Question #18	I am satisfied with the health care available in my community for me and my family		
	(n=1658)	(n=981)	(n=414)
Agree/Strongly Agree	1147 (69.2%)	672 (68.5%)	321 (77.5%)
Disagree/Strongly Disagree	226 (13.6%)	147 (15.0%)	42 (10.1%)
Neutral	253 (15.3%)	156 (16.0%)	48 (11.6%)

Question #19	Select the 3 most important health problems in the Northland community (n=1658)		
	Problem Selected	Count	Percent of respondents
#1	Mental health	870	52.5%
#2	Chronic diseases	701	42.3%
#3	Obesity	604	36.4%
#4	Aging problems	475	28.7%
#5	Drug abuse	437	26.4%
#6	Cancer	329	19.8%
#7	Alcohol abuse	270	16.3%
#8	Opioid abuse	227	13.7%
#9	Suicide	150	9.1%
#10	Motor vehicle crashes	137	8.3%
#11	Dental problems	126	7.6%
#12	Firearms injuries/deaths	72	4.3%
#13	Preventable injuries	56	3.4%
#14	Sexually transmitted diseases	32	1.9%
#15	Infant death	12	0.7%

Question #20	Select the 3 most important health behaviors that have the greatest impact on overall Northland community health. (n=1658)		
	Health Behavior Selected	Count	Percent of respondents
#1	Lack of exercise	784	47.3%
#2	Poor eating habits	773	46.6%
#3	Texting and driving	675	40.7%
#4	Drug misuse	627	37.8%
#5	Alcohol misuse	491	29.6%
#6	Opioid misuse	368	22.2%
#7	Tobacco use	319	19.2%
#8	Not getting vaccines	180	10.9%
#9	E-cigarette/vape use	165	10.0%
#10	Not using seat belts or car seats	83	5.0%
#11	Unsafe sex	51	3.1%

Question #21	Select the 3 factors that you see as the greatest challenges to being healthy in the Northland community. (n=1658)		
	Challenge Selected	**Count**	**Percent of respondents**
#1	Medical debt	554	33.4%
#2	Housing insecurity	549	33.1%
#3	Employment and income	498	30.0%
#4	Access to healthcare	439	26.5%
#5	Transportation issues	419	25.3%
#6	Utility needs	418	25.2%
#7	Food insecurity/hunger	375	22.6%
#8	Education	242	14.6%
#9	Violence	219	13.2%
#10	Crime	207	12.5%
#11	Homelessness	172	10.4%
#12	Discrimination	97	5.9%
#13	Human trafficking	76	4.6%

	Northland		**Clay**		**Platte**		**Other**	
	(n=1658)		(n=981)		(n=414)		(n=134)	
Question #19	Select the three most important health problems in the Northland community.							
#1	Mental health	870 (52.5%)	Mental health	544 (55.5%)	Mental health	223 (53.9%)	Mental health	73 (54.5%)
#2	Chronic disease	701 (42.3%)	Chronic disease	455 (46.4%)	Chronic disease	171 (41.3%)	Obesity	53 (39.6%)
#3	Obesity	604 (36.4%)	Obesity	379 (38.6%)	Obesity	148 (35.8%)	Chronic disease	49 (36.6%)
Question #20	Select the three most important health behaviors that have the greatest impact on overall Northland community health.							
#1	Lack of exercise	784 (47.3%)	Poor eating habits	509 (51.9%)	Lack of exercise	209 (50.5%)	Lack of exercise	68 (50.8%)
#2	Poor eating habits	773 (46.6%)	Lack of exercise	484 (49.3%)	Texting and driving	197 (47.6%)	Drug misuse	67 (50.0%)
#3	Texting and driving	675 (40.7%)	Drug misuse	417 (42.5%)	Poor eating habits	178 (43.0%)	Poor eating habits	65 (48.5%)

Question #21	Select the three factors that you see as the greatest challenges to being healthy in the Northland community.							
#1	Medical debt	554 (33.4%)	Medical debt	360 (36.7%)	Medical debt	145 (35.0%)	Access to healthcare	48 (35.8%)
#2	Housing insecurity	549 (33.1%)	Housing insecurity	352 (35.9%)	Housing insecurity	143 (34.5%)	Poor employment and income	45 (33.6%)
#3	Poor employment and income	498 (30.0%)	Poor employment and income	310 (31.6%)	Poor employment and income	134 (32.4%)	Housing insecurity	44 (32.8%)

Community Survey Cross Tabulations
Question 2 vs. 10-18

	Northland		Clay		Platte		Other	
	(n=1658)		(n=981)		(n=414)		(n=134)	
Question #10	I am satisfied with the quality of life in my community (think about well-being, safety, physical and mental health, education, and recreation) By Community health rating							
	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy
Agree/Strongly Agree	54 (38.0%)	553 (67.5%)	32 (34.0%)	349 (67.8%)	14 (51.9%)	126 (75.0%)	4 (30.8%)	43 (55.8%)
Disagree/ Strongly Disagree	61 (43.0%)	95 (11.6%)	48 (51.1%)	68 (13.2%)	8 (29.6%)	11 (6.6%)	2 (15.4%)	8 (10.4%)
Neutral	26 (18.3%)	168 (20.5%)	14 (14.9%)	97 (18.8%)	4 (14.8%)	31 (18.5%)	7 (53.9%)	25 (32.5%)
Question #11	It is easy for me to get to places (ex. grocery stores, doctor, work, etc.) By Community health rating							

	Very Unhealth/ Unhealthy	Somewhat Healthy	Very Unhealth/ Unhealthy	Somewhat Healthy	Very Unhealth/ Unhealthy	Somewhat Healthy	Very Unhealth/ Unhealthy	Somewhat Healthy
Agree/Strongly Agree	102 (71.8%)	684 (83.5%	65 (69.2%)	427 (92.9%)	23 (85.2%)	151 (89.9%)	10 (76.9%)	60 (77.9%)
Disagree/ Strongly Disagree	23 (16.2%)	63 (7.7%)	17 (18.1%)	46 (8.9%)	2 (7.4%)	7 (4.2%)	1 (7.7%)	5 (6.5%)
Neutral	16 (11.3%)	71 (8.7%)	12 (12.8%)	42 (8.2%)	1 (3.7%)	10 (6.0%)	2 (15.4%)	12 (15.6%)

Question #12	**I have enough housing choices to fit my needs in my community (consider size, location, cost, etc.) By Community health rating**							
	Very Unhealth/ Unhealthy	Somewhat Healthy	Very Unhealth/ Unhealthy	Somewhat Healthy	Very Unhealth/ Unhealthy	Somewhat Healthy	Very Unhealth/ Unhealthy	Somewhat Healthy
Agree/Strongly Agree	66 (46.5%)	529 (64.6%)	44 (46.8%)	338 (65.6%)	14 (51.9%)	106 (63.1%)	6 (46.1%)	46 (59.7%)
Disagree/ Strongly Disagree	43 (30.3%)	133 (16.2%)	27 (28.7%)	87 (16.9%)	9 (33.3%)	28 (16.7%)	4 (30.8%)	9 (11.7%)
Neutral	32 (22.5%)	153 (18.7%)	23 (24.5%)	87 (16.9%)	3 (11.1%)	34 (20.2%)	3 (23.1%)	22 (28.6%)

Question #13	**I feel my community is a safe place to live and raise children (consider crime, schools, etc.) By Community health rating**							
	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy
Agree/Strongly Agree	76 (53.5%)	605 (73.9%)	50 (53.2%)	372 (72.2%)	18 (66.7%)	138 (82.1%)	5 (38.5%)	51 (66.2%)
Disagree/ Strongly Disagree	29 (20.4%)	69 (8.4%)	21 (22.3%)	53 (10.3%)	3 (11.1%)	4 (2.4%)	3 (23.1%)	7 (9.1%)
Neutral	36 (25.4%)	142 (17.3%)	23 (24.5%)	90 (17.5%)	5 (18.5%)	25 (14.9%)	5 (38.5%)	18 (23.4%)

Question #14	I feel satisfied with public health services in my community (food safety, disease prevention, birth certificates, immunizations, etc.) By Community health rating							
	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy
Agree/Strongly Agree	64 (45.1%)	562 (68.6%)	39 (41.5%)	356 (69.1%)	18 (66.7%)	122 (72.6%)	4 (30.8%)	46 (59.7%)
Disagree/ Strongly Disagree	35 (24.7%)	70 (8.6%)	25 (26.6%)	48 (9.3%)	3 (11.1%)	11 (6.6%)	4 (30.85)	8 (10.4%)
Neutral	42 (29.6%)	186 (22.7%)	30 (31.9%)	111 (21.6%)	5 (18.5%)	35 (20.8%)	5 (38.5%)	23 (29.9%)
Question #15	My community has enough health and wellness activities to meet my needs By Community health rating							
	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy
Agree/Strongly Agree	49 (34.5%)	452 (55.2%)	33 (35.1%)	291 (56.5%)	10 (37.0%)	99 (58.9%)	4 (30.8%)	40 (52.0%)
Disagree/ Strongly Disagree	62 (43.7%)	150 (18.3%)	45 (47.9%)	98 (19.0%)	9 (33.3%)	25 (14.9%)	5 (38.5%)	16 (72.7%)
Neutral	28 (19.7%)	201 (24.5%)	16 (17.0%)	126 (24.5%)	7 (25.9%)	43 (25.6%)	4 (30.85)	21 (27.3%)
Question #16	My community is a good place to grow old (consider senior housing, transportation to medical services, shopping, senior day care, etc.) By Community health rating							
	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy
Agree/Strongly Agree	48 (33.8%)	422 (51.5%)	29 (30.9%)	270 (52.4%)	11 (40.7%)	95 (56.6%)	4 (30.85)	41 (53.3%)
Disagree/ Strongly Disagree	54 (38.0%)	158 (19.3%)	40 (42.6%)	109 (21.2%)	8 (29.6%)	24 (14.3%)	4 (30.85)	12 (15.6%)
Neutral	37 (26.1%)	222 (27.1%)	25 (26.6%)	135 (26.2%)	7 (25.9%)	48 (28.6%)	5 (38.5%)	24 (31.2%)

Question #17	There is enough access to medical care for residents with low income in my community By Community health rating By Community health rating							
	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy
Agree/Strongly Agree	18 (12.7%)	184 (22.5%)	14 (14.9%)	117 (22.7%)	2 (7.4%)	40 (23.8%)	1 (7.7%)	19 (24.7%)
Disagree/ Strongly Disagree	87 (61.3%)	315 (38.5%)	64 (68.1%)	207 (40.2%)	13 (48.2%)	61 (36.3%)	7 (53.9%)	31 (40.3%)
Neutral	34 (23.9%)	300 (36.6%)	16 (17.0%)	189 (36.7%)	11 (40.7%)	66 (39.3%)	5 (38.55)	25 (32.5%)
Question # 18	I am satisfied with the health care available in my community for me and my family By Community health rating							
	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy	Very Unhealthy/ Unhealthy	Somewhat Healthy
Agree/Strongly Agree	55 (38.7%)	545 (66.5%)	36 (38.3%)	354 (68.7%)	13 (48.2%)	120 (71.4%)	5 (38.55)	47 (61.0%)
Disagree/ Strongly Disagree	46 (32.4%)	119 (14.5%)	32 (34.0%)	75 (14.6%)	6 (22.2%)	24 (14.3%)	4 (30.85)	12 (15.6%)
Neutral	38 (26.8%)	137 (16.7%)	26 (27.7%)	85 (16.5%)	7 (25.9%)	22 (13.1%)	4 (30.85)	18 (23.4%)

Question 2 vs. 19-21

	Northland			Clay			Platte			Other		
	Selected top 3 most important <u>health problems</u> By Community health rating											
	Mental Health	Chronic Disease	Obesity	Mental Health	Chronic Disease	Obesity	Mental Health	Chronic Disease	Obesity	Mental Health	Obesity	Chronic Disease
Unhealthy/ Very Unhealthy	80 (56.3%)	65 (45.8%)	71 (50.5%)	50 (53.2%)	48 (51.1%)	47 (50.0%)	18 (66.7%)	11 (40.75)	12 (44.4%)	9 (69.2%)	9 (69.2%)	4 (30.8%)
Somewhat Healthy	471 (57.5%)	386 (47.1%)	300 (36.6%)	314 (61.0%)	264 (51.3%)	193 (37.5%)	99 (58.9%)	86 (51.2%)	67 (39.9%)	42 (54.6%)	30 (39.0%)	25 (32.5%)
Healthy/Very Healthy	307 (47.2%)	238 (36.6%)	220 (33.9%)	172 (49.4%)	135 (38.8%)	131 (37.6%)	102 (50.8%)	71 (35.3%)	67 (33.3%)	22 (52.4%)	13 (31.0%)	20 (47.6%)
Unhealthy/ Very Unhealthy	80 (56.3%)	65 (45.8%)	71 (50.5%)	50 (53.2%)	48 (51.1%)	47 (50.0%)	18 (66.7%)	11 (40.75)	12 (44.4%)	9 (69.2%)	9 (69.2%)	4 (30.8%)
	Selected top 3 most important <u>health behaviors</u> By Community health rating											
	Lack of exercise	Poor eating habits	Texting and driving	Poor eating habits	Lack of exercise	Drug misuse	Lack of exercise	Texting and driving	Poor eating habits	Lack of exercise	Drug misuse	Poor eating habits
Unhealthy Very Unhealthy	73 (51.4%	91 (64.1%)	38 (26.8%)	62 (66.0%)	51 (54.3%)	41 (43.6%)	14 (51.9%)	11 (40.7%)	20 (74.1%)	6 (46.2%)	7 (53.9%)	6 (46.2%)
Somewhat Healthy	418 (51.0%)	425 (51.9%)	305 (37.2%)	281 (54.6%)	269 (52.2%)	229 (44.5%)	97 (57.7%)	76 (45.2%)	89 (53.0%)	44 (57.1%)	36 (46.8%)	42 (54.6%)
Healthy/Very Healthy	282 (43.4%)	243 (37.4%)	309 (47.5%)	157 (45.1%)	157 (45.1%)	135 (38.8%)	95 (47.3%)	100 (49.8%)	67 (33.3%)	18 (42.9%)	24 (57.1%)	15 (35.7%)

	Selected top 3 factors seen as the <u>greatest challenge</u> to being healthy By Community health rating											
	Medical debt	Housing insecurity	Poor employment	Medical debt	Housing insecurity	Poor employment	Medical debt	Housing insecurity	Poor employment	Access to healthcare	Poor employment	Housing insecurity
Unhealthy/ Very Unhealthy	41 (28.9%)	42 (29.6%)	47 (33.1%)	32 (34.0%)	30 (31.9%)	31 (33.0%)	6 (22.2%)	6 (22.2%)	11 (40.7%)	6 (46.2%)	4 (30.1%)	4 (30.1%)
Somewhat Healthy	281 (34.3%)	298 (36.4%)	253 (30.9%)	193 (37.5%)	199 (38.6%)	166 (32.2%)	58 (34.5%)	70 (41.7%)	56 (33.3%)	27 (35.1%)	26 (33.8%)	25 (32.5%)
Healthy/Very Healthy	221 (34.0%)	198 (30.5%)	188 (28.9%)	129 (37.1%)	117 (33.6%)	107 (30.8%)	77 (38.3%)	64 (31.8%)	64 (31.8%)	15 (35.7%)	14 (33.3%)	14 (33.3%)

Question 10, 11, 15, 17 vs. 20

Q10	I am satisfied with the quality of life in my community.		
Top 3 Health Behaviors	**Strongly agree/agree**	**Strongly disagree/disagree**	**Neutral**
Lack of exercise	573 (73.1%)	89 (11.4%)	121 (15.4%)
Poor eating habits	545 (70.5%)	99 (12.85)	127 (16.4%)
Texting and driving	494 (73.2%)	65 (9.6%)	113 (16.7%)
Q11	**It is easy for me to get to places.**		
Top 3 Health Behaviors	**Strongly agree/agree**	**Strongly disagree/disagree**	**Neutral**
Lack of exercise	665 (84.8%)	63 (8.0%)	56 (7.1%)
Poor eating habits	656 (84.9%)	60 (7.8%)	56 (7.2%)
Texting and driving	579 (85.8%)	44 (6.5%)	51 (7.6%)
Q15	**My community has enough health and wellness activities to meet my needs.**		
Top 3 Health Behaviors	**Strongly agree/agree**	**Strongly disagree/disagree**	**Neutral**
Lack of exercise	476 (60.7%)	146 (18.6%)	160 (20.4%)
Poor eating habits	465 (60.2%)	145 (18.8%)	161 (20.8%)
Texting and driving	443 (65.6%)	97 (14.4%)	130 (19.3%)

Q16	My community is a good place to grow old.		
Top 3 Health Behaviors	Strongly agree/agree	Strongly disagree/disagree	Neutral
Lack of exercise	461 (58.8%)	138 (17.6%)	185 (23.6%)
Poor eating habits	445 (47.2%)	147 (50.5%)	180 (45.3%)
Texting and driving	407 (60.3%)	101 (15.0%)	163 (24.2%)

11, 12, 17 vs. 21

	It is easy for me to get places By Employment and income selected in the greatest challenge to being healthy By Employment and income (Health challenge)	
	Employment and income **Selected**	Employment and income **Not selected**
Strongly agree/agree	425 (85.3%)	976 (84.1%)
Strongly disagree/disagree	37 (7.4%)	91 (7.8%)
Neutral	35 (7.0%)	90 (7.8%)
	I have enough housing choices to fit my needs in my community by housing insecurity By Housing insecurity (Health challenge)	
	Housing insecurity **Selected**	Housing insecurity **Not selected**
Strongly agree/agree	319 (58.1%)	783 (70.6%)
Strongly disagree/disagree	116 (21.1%)	144 (13.0%)
Neutral	112 (20.4%)	174 (15.7%)
	There is enough access to medical care for residents with low income in my community by medical debt (Health challenge)	
	Medical debt **Selected**	Medical debt **Not selected**
Strongly agree/agree	168 (30.3%)	308 (27.9%)
Strongly disagree/disagree	189 (34.1%)	376 (34.1%)
Neutral	192 (34.7%)	387 (35.1%)

19 vs. 22, 23, 26, 27

Selected 3 Most Important Health Problem in the Northland Community		
Q22	I have my own doctor I see when I am sick By selected 3 most important health problems	
Mental health	608 (77.2%)	83 (10.5%)
Chronic disease	617 (88.0%)	61 (8.7%)
Obesity	520 (86.1%)	64 (10.6%)

Q23	I have access to the medical specialists I need By selected 3 most important health problems	
Top 3 Health Problems	Yes	No
Mental health	673 (77.4%)	48 (5.5%)
Chronic disease	568 (81.0%	36 (5.1%)
Obesity	482 (79.8%)	29 (4.8%)

Q26	Was there a time in the past 3 years when you needed to see a doctor but couldn't because of cost? By selected 3 most important health problems	
Top 3 Health Problems	Yes	No
Mental health	224 (25.8%)	588 (67.6%)
Chronic disease	159 (22.7%)	494 (70.5%)
Obesity	124 (20.5%)	444 (73.5%)
Q27	Was there a time in the past 3 years when you needed to purchase prescription medication but couldn't because of cost? By selected 3 most important health problem	
Top 3 Health Problems	Yes	No
Mental health	237 (27.2%)	583 (67.0%)
Chronic disease	176 (25.1%)	484 (69.0%)
Obesity	119 (19.7%)	450 (74.5%)

Appendix G: 2018 Northland Community Health Forum Notes

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Excelsior Springs Hospital Community Health Forum

</div>

Attending: 24 attendees

Introduction: Discussed NHA partnership, purpose of CHNA, purpose of community forums, and established ground rules for discussion

Community Forum Questions:

- **How would you rate the health of Excelsior Springs?**

	Responses	
	Percent	**Count**
Very Unhealthy	0%	0
Unhealthy	17.39%	4
Somewhat Healthy	73.91%	17
Healthy	8.7%	2
Very Healthy	0%	0
Totals	**100%**	**23**
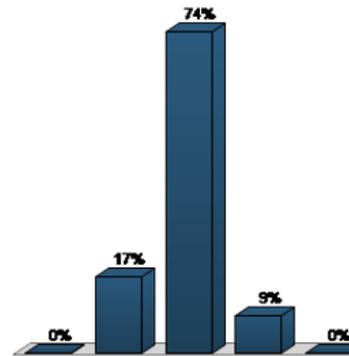
Comments:
- Statistics say we are unhealthy
- We have made strides and are on a healthy trend (Parks and Rec, Community Center)
- I feel the majority of people are healthy (but some are unhealthy)
- Comparing to other communities we are average or about the same

- There are pockets of unhealthy
- Rural versus suburb, there are differences
- Lack of transportation (barrier to being healthy)
- We seem to have a significant amount of poverty
- Some people lack the desire to be healthy
- Higher smoking levels

- **Excelsior Springs has all the health care services I need.**

	Responses	
	Percent	**Count**
Strongly Disagree	4.17%	1
Disagree	37.5%	9
Neutral	25%	6
Agree	29.17%	7
Strongly Agree	4.17%	1
Totals	**100%**	**24**
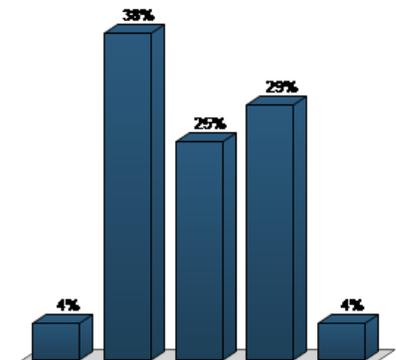
Comments:
- Need more mental health
- The problem with the question is the word "I"
  - I have all the care I need. I don't need and OBGYN or Psychiatric care. The community's needs are likely different than mine.
- Healthcare resources this community lacks:
  - OBGYN care
  - Psychiatrics
  - Other mental heal care
  - Pediatrics
  - Specialty care

- ·Transportation is a barrier (lack of transportation options)
- ·National provider shortages of behavioral health care specialists and physicians. Providers are less likely to be attracted to work in rural areas.
- ·Distance to appointments is an issue.
  - Need to change the mindset of physicians referring patients to a specialist that is a long distance away. Behavioral health referrals are often made to Overland Park, Leawood, and Lenexa vs. in Excelsior Springs or Northland areas.
  - Physicians need to be more aware of patient's transportations ability when making referrals. Patients need to be educated about speaking up and asking for a different referral if the original one won't work.

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

	Responses	
	Percent	**Count**
Aging problems	8.33%	2
Cancer	4.17%	1
Chronic disease	8.33%	2
Drug abuse	20.83%	5
Mental/emotional health	37.5%	9
Obesity	20.83%	5
Suicide	0%	0
Other	0%	0
Totals	**100%**	**24**

Comments:

- Mental health:
  - We really don't have a solution. We can refer to Tri-County, but they are very busy
  - No resources available
  - Mental health issues may be related stress of living in poverty and not being able to pay medical bills

- A lot of these issues listed go hand in hand
- Obesity – you can walk down the street and see that this one is obvious. Obesity is more visually obvious than cancer.
- Chronic disease goes hand in hand with transportation and money issues. People cannot afford to be healthy
- Drug use leads to anxiety also the other way around
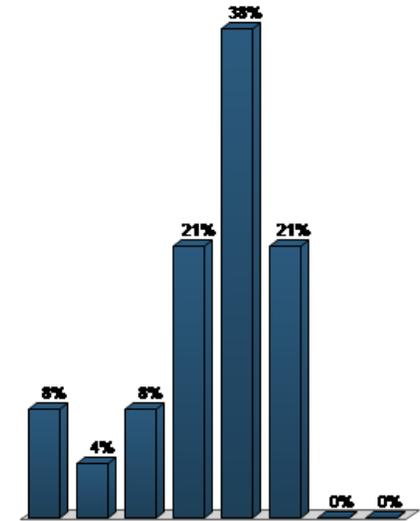
- **Everyone in Excelsior Springs has an equal chance to be healthy.**

|	Responses	
	Percent	Count
Strongly Disagree	29.17%	7
Disagree	50%	12
Neutral	4.17%	1
Agree	12.5%	3
Strongly Agree	4.17%	1
Totals	**100%**	**24**
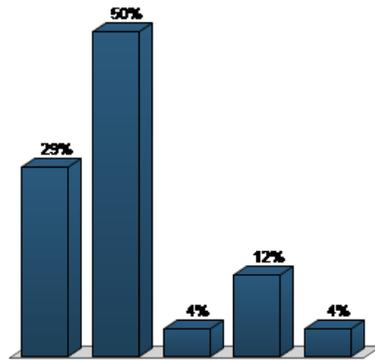
Comments:
- The majority of the group disagrees
- With the poverty level, there are challenges to access to healthcare and access to food
- Many doctors do not accept Medicaid
- Gaps in insurance coverage
- Parks and Rec are a great resource for promoting physical activity
  - Great access to parks and walking areas
- Our Community Center is fee based and doesn't work for you if you are limited in funds
- You have a choice whether you want to live a healthy life or not. The park system is great. Individuals have a choice if they want to live healthy or not.
- We have a great park system
- Children need adults to take them to the park
- Some neighborhoods are unsafe to play, and no one takes them to the park

- The large grocery stores and department stores are at the other end of town (Lack of transportation, disabilities or age is a factor)

- **Of the choices below, which of the following is the biggest barrier to health in Excelsior Springs?**

|	Responses	
	Percent	Count
Access to health care	4.17%	1
Employment and income	58.33%	14
Housing insecurity	0%	0
Medical debt	4.17%	1
Transportation issues	29.17%	7
Violence/ abuse	0%	0
Other	4.17%	1
Totals	**100%**	**24**
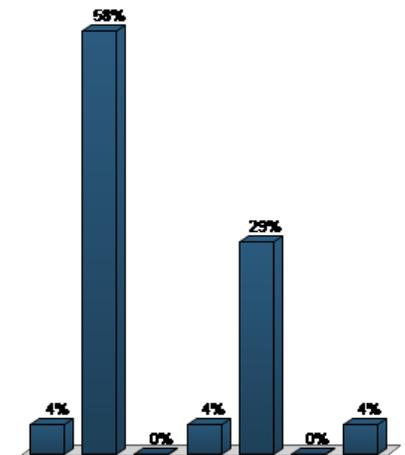
Comments:
- Employment and income are big issues
- If no money from being unemployed (or low money being under employed), there is limited health care and must wait on help and end up in the ER
- No great paying jobs in Excelsior Springs
- Health care is expensive (not many people can afford it)

- ER visits are even more expensive
- Many people are unable to seek preventative services (due to affordability)
- Individuals with health problems will tend to put off their problem and it eventually becomes a bigger problem (due to affordability)
- High level of adults without secondary education (which makes jobs harder to get)
- Not many jobs pay well; people are having to leave town to find good paying jobs
- Income is an umbrella issue/root of many issues listed in this question
- Transportation – hard to get to medical appointments and grocery stores that sell healthy foods

- **Our community will be healthier in the next 10 years.**

	Responses	
	Percent	**Count**
Strongly Disagree	0%	0
Disagree	4.17%	1
Neutral	25%	6
Agree	54.17%	13
Strongly Agree	16.67%	4
Totals	**100%**	**24**
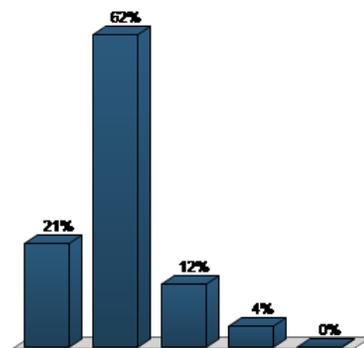
Comments:
- Most people agree
- Seeing more opportunity for people to engage in physical activity (more trails)

- Local hospital is making strong efforts to make sure additional resources are available to the public
- SAFE initiatives that start at a younger age level are helping to break trends/cycles. This will have effects long term. It may be 10 or 20 years before we see effects, but it will also affect whole generations.
- As a community we are starting to have conversations to help lead us to develop goals that will help us have a healthier community
- Getting our healthy healing waters back
- Schools are doing good work
- Parks & Rec, Hospital, Community Center, various committees, Community for all Ages, SAFE, are all working to address community issues
- Internal health committees in the schools, Senior Life Solutions (which help with depression), and volunteers at Good Samaritan Center are good resources
- Good Samaritan Center offered services have increased.
- Community is working together
- Doing a good job partnering with the Health Center and making it more visible and accessible to the community
- People need to fill comfortable coming in to access services (bringing services to the people vs making them come to the service is helping with his issue)

Follow up Questions:

- **What are gaps that haven't been discussed? Any ideas or programs that have not been discussed?**
  - Need more mental health and substance abuse programs
  - Need support groups
  - More nutritional training/services. Nutritionist talking about healthy food, offering recipes and making people feel comfortable trying new things that they have not tried before.
  - It is hard to draw people in to receive available helpful services
  - People cannot always access services right away (wait lists), so they are pulled away
  - We tend to be judgmental so trying not to is important
    - Many people tend to be generous, but some can be judgmental and tear things apart
    - It is important that we make people feel valued a loved
    - We appreciate our culture and don't want to lose that and the generosity that we have as a community
  - Need more smoking cessation classes
    - It is hard to access cessation classes
    - Intergenerational: parents are smoking so kids start smoking
    - IT is great that the public bans smoking (with Clean Indoor Air and Tobacco 21) but we need extra support in the homes

- **Any additional recourses we need to note?**
  - ·People don't know we are here
    - We need better advertising/spread the word
    - Flyers/posters, hanging in businesses

- Good Samaritan Center: this is a great resource but many people do not know about all of the resources they offer

- **How do we get more people involved in the process?**
  - Hand out flyers
  - Invite school age children, bridge the age gap
  - Highrise living downtown – elderly or disabled
  - Find a venue near the people
  - Soccer practice – interview parent while they watch kids practice
  - Talk to Parks & Rec.
  - Churches
  - Go to Housing Authority
  - Eliminate transportation and start going to communities that are underserved and ask them questions

Gladstone Health Fair Community Health Forum

Date: November 8, 2018

Location: Gladstone Community Center during North Kansas City Hospital Gladstone Health Fair

Collection Methods: Each participant was asked to complete two short surveys and were asked for comments. Survey one asked Q1, Q2, Q4, and Q6. Survey two asked Q3 and Q5.

Participant demographic overview: The Gladstone Health Fair was primarily senior citizens, with other demographics mixed in.

- **Q1: How would you are the health of our community?**
- **Q1 Responses:**

How would you rate the health of our community?		
Answer Choice	**Responses**	
Very Unhealthy	5%	2
Unhealthy	16%	6
Somewhat Healthy	55%	21
Healthy	16%	6
Very Healthy	8%	3
TOTAL		**38**
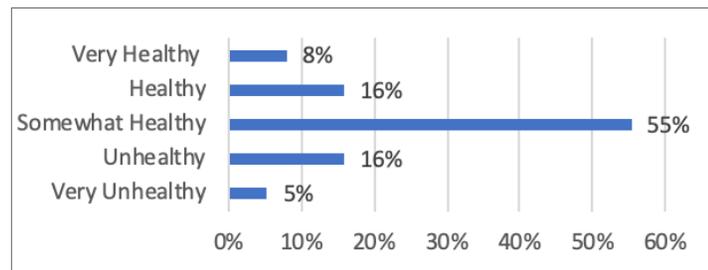
Q1 Comments:
- Lack of movement.
- Not lots of people care about their health.
- Good healthcare system—NKC Hospital.
- Household income and access to care.
- Just fortunate.
- Just seeing very overweight people and what they eat and drink.
- Aging in our community, lots of seniors.
- Seems like there's many ailments for age.
- Obesity, SAD diets.
- Lack of medical checks; poor diet—too much unhealthy food.
- Too many people overweight and not active.
- Use community center for exercise & service.
- People don't move, walk.
- Many overweight.
- Good hospitals/ physicians—would like more community involvement—outreach.
- Obesity is still prevalent.
- Easy access to bad food & harmful products. Easy access & abundance of gyms, health consultants.
- Obesity, chronic disease, mental health, not enough exercise.

- **Q2: Our community has all the health care services I need.**
- **Q2 Responses:**

Our community has all the health care services I need.		
Answer Choice	**Responses**	
Strongly Disagree	3%	1
Disagree	14%	5
Neutral	19%	7
Agree	35%	13
Strongly Agree	30%	11
TOTAL		**37**
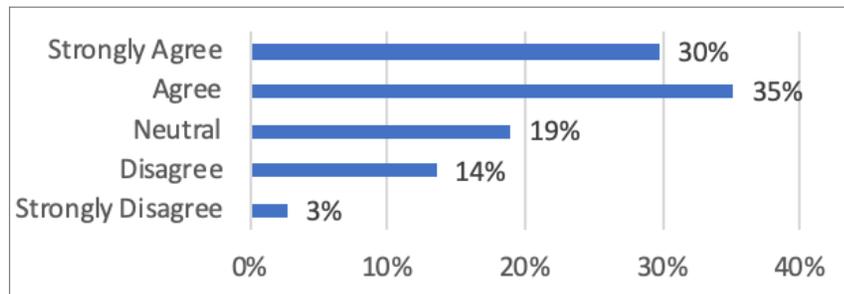
Q2 Comments:
- Better mental health / more options.
- I know where to go if I need anything.
- Need to educate.
- Focus on all areas of health issues.
- Been there done that.
- Not sure.
- Able to get all care I need.
- As long as I have insurance, I'll be OK.
- Doctor and hospital close by.
- I don't know where all the health/ exercise places are so I'm not sure what's needed.
- Lots more offered in Overland Park / Prairie Village—less

in Northland I feel.
- More mental health options.
- Not all jobs offer health care.
- We need more mental health & drug abuse treatment.

- **Q3: Of the choices below, which if the following is the biggest health problem in our community?**
- **Q3 Responses:**

Of the choices below, which of the following is the biggest health problem in our community?		
Answer Choice	**Responses**	
Aging Problems	17%	6
Cancer	9%	3
Chronic Disease	17%	6
Drug Abuse	6%	2
Obesity	46%	16
Suicide	0%	0
Mental/Emotional Health	0%	0
Other	6%	2
TOTAL		**35**
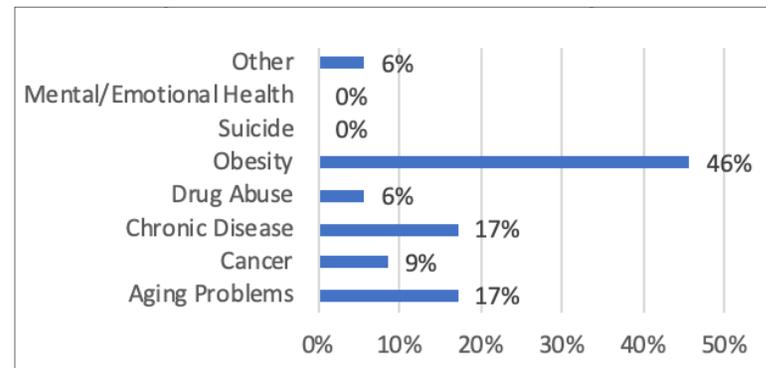
Q3 Comments: none

- **Q4: Our community is a healthy place for people of all ages to live and work.**
- **Q4 Responses:**

Our community is a healthy place for people of all ages to live and work.		
Answer Choice	**Responses**	
Strongly Disagree	0%	0
Disagree	5%	2
Neutral	24%	9
Agree	55%	21
Strongly Agree	16%	6
TOTAL		**38**
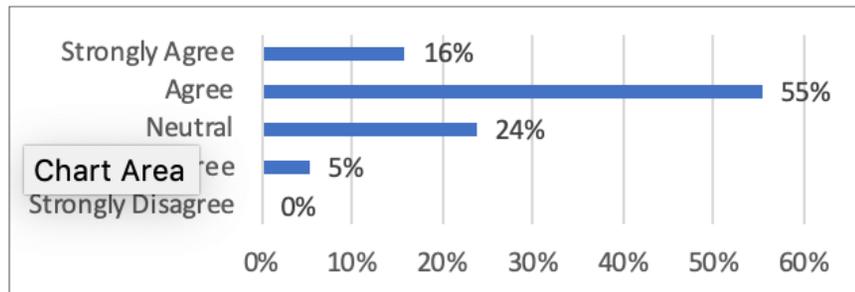
Q4 Comments:
- We have a variety of jobs.
- Workplaces support health.
- Good programs for seniors.
- Not sure.
- Attitudes.
- Lots of processed foods.
- Guest services; Y; comm centers
- Poor people don't always have a good choice where to live.
- Walking paths.
- Lovely park, sidewalks, school play areas, lovely old trees.
- Community too obese & poor health habits.

- **Q5: Of the choices below, which of the following is the biggest barrier to health in our community?**
- **Q5 Responses:**

Of the choices below, which of the following is the biggest barrier to health in our community?		
Answer Choice	**Responses**	
Access to Health Care	21%	8
Discrimination	5%	2
Employment and Income	23%	9
Housing Insecurity	0%	0
Medical Debt	10%	4
Transportation Issues	13%	5
Violence/Abuse	8%	3
Other	21%	8
TOTAL		**39**

Q5 Comments:
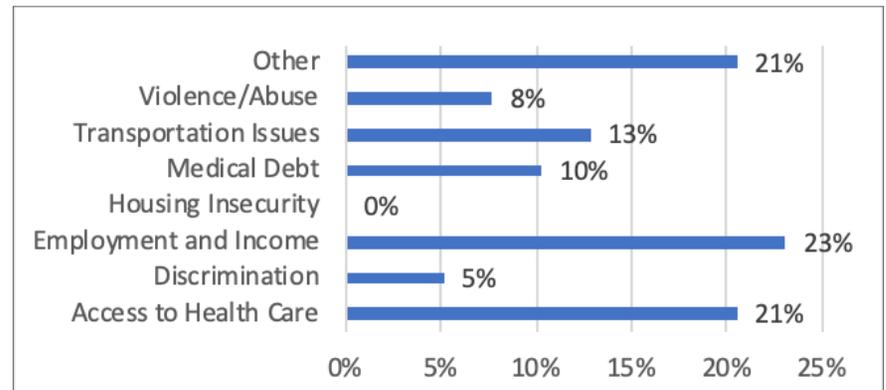
- Price of medical need are getting out of hand.
- Medications.
- Memory.
- Traffic.
- Processes food overload.
- Not enough encouraged.
- People lack of willingness to learn better diet or the willingness to change.

- **Q6: Our community will be healthier in the next 10 years.**
- **Q6 Responses:**

Our community will be healthier in the next 10 years.		
Answer Choice	**Responses**	
Strongly Disagree	3%	1
Disagree	21%	8
Neutral	18%	7
Agree	46%	18
Strongly Agree	13%	5
TOTAL		**39**
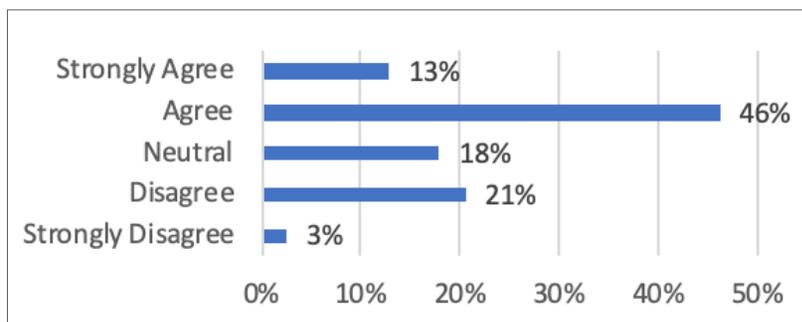
Q6 Comments:
- With technologic improvements, it will.
- Not sure what the future holds.

- Hopeful.
- NKC Hospital has really stepped up in the last 20 years.
- I hope.
- No change.
- Healthcare may be going downhill because of foods.
- Diet, lack of nutrition encouragement in our diets.
- Because they are doing hard work.
- Awareness—public health opportunity.
- More people are becoming uninsured.
- People are concerned with their health and are trying to make changes.
- Too many fast food restaurants.
- Obesity in young people. Improper diets.
- I don't know.
- People need to change living habits.
- Increased programming / outreach—increased awareness.
- We are working on initiatives to strengthen the health of the community.
- Quality of drinking water will continue to decline.
- Cost of healthcare will continue to increase—making it too expensive for *many*.

Northland Center for Advanced Professional Studies (NCAPS) Community Health Forum

Date: November 8, 2018

Location:

Collection Methods: Each participant was asked to complete two short surveys and were asked for comments. Survey one asked Q1, Q2, Q4, and Q6. Survey two asked Q3 and Q5.

Participant demographic overview: The NCAPS Community Forum participants were all between 16 and 18 years old. NCAPS is a high school educational program taught through a profession-based educational model that serves junior and senior students in seven northland school districts, Excelsior Springs, Kearney, Liberty, North Kansas City, Park Hill, Platte County and Smithville.

- **Q1: How would you are the health of our community?**
- **Q1 Responses:**

| How would you rate the health of our community?		
Answer Choice	**Responses**	
Very Unhealthy	1%	2
Unhealthy	12%	19
Somewhat Healthy	49%	78
Healthy	33%	53
Very Healthy	4%	7
TOTAL		**159**
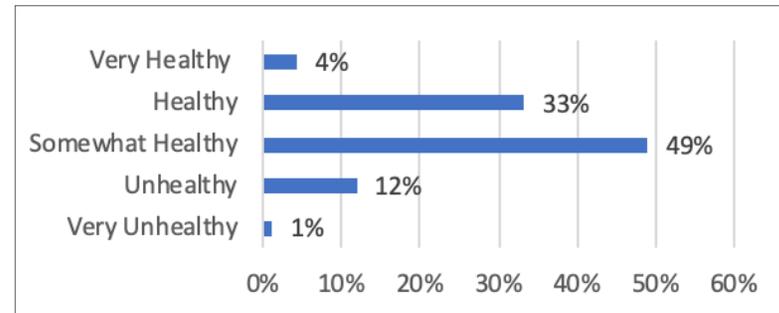
Q1 Comments:
- Pollution
- Our generation is lazy
- Drugs, alcohol, poor eating habits
- Eating, diseases, cancer, diabetes, heart disease
- Food choices
- I don't see all that many unhealthy people
- Because some people aren't healthy
- Because of accessible healthcare
- It is very weighted on both sides
- Not everyone cares to be healthy while there are some who do
- Lots of people do drugs and alcohol
- Lots of issues with smoking and obesity
- I believe we are healthy but some of us need help
- I haven't seen strong examples one way or the other
- 50/50 with everyone
- Obese people
- We know the dangers of our health
- Minor illnesses are still sicknesses
- Lots of overweight people and drug/alcohol abuse
- Lots of people are unhealthy in many ways--others are very healthy
- We have a lot of hospitals that educate people

- Multiple kids with health issues they didn't know about
- Lots of health freaks and obesity
- You have to be healthy
- There are always ways to improve
- Lots of terrible sicknesses
- Good community, just a few things that bring it down
- Too many fast food options
- There are bad sicknesses
- Healthcare givers are serious/committed to their job
- I don't know
- Nobody cares about the community
- Everyone seems to be in good health

- **Q2: Our community has all the health care services I need.**
- **Q2 Responses:**

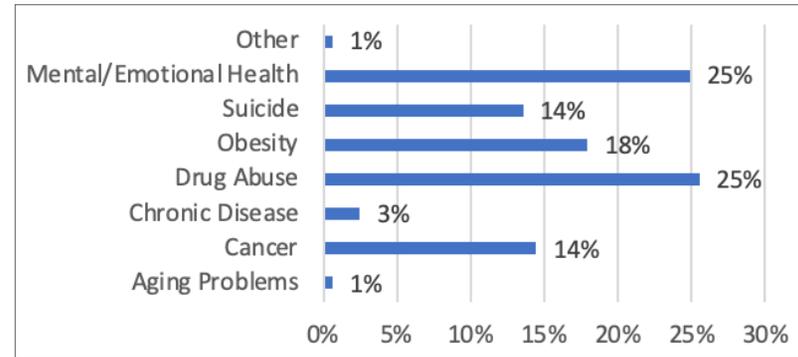| Our community has all the health care services I need.		
Answer Choice	**Responses**	
Strongly Disagree	1%	1
Disagree	3%	5
Neutral	14%	21
Agree	54%	84
Strongly Agree	28%	44
TOTAL		**155**
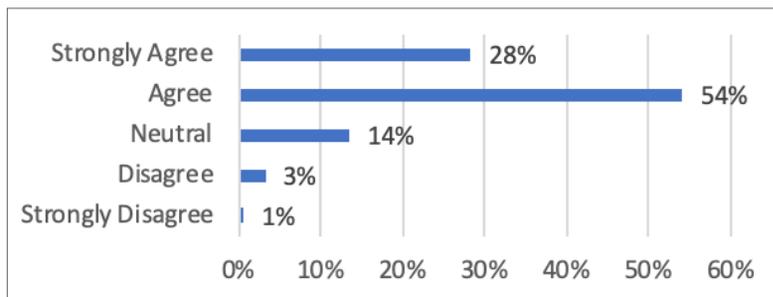
Q2 Comments:
- Everything needed for health services are 30 minutes or less
- I go to the healthcare providers my family goes to
- I'm on my father's
- We have a hospital and clinics but their quality is low
- Because I don't need any
- I feel there could be more
- I feel like we could have more
- I always have access to healthcare because of my parents
- We have healthcare services --some smaller clinics need more
- Yes we have a high income community; they have many doctors' offices and hospitals
- There are plenty of options where to go
- Living near a city has opened us up to healthcare options
- We have multiple hospitals and clinics nearby
- Lots of different forms of help
- This area qualifies my health needs, but maybe not for others
- Many options including money saving
- I can get all the help I need
- We have it but not everyone can get it
- We have a decent amount but could provide more
- I don't know the health service
- Everything I've ever been diagnosed with has a treatment
- There's a hospital, insurance, and clinics
- They have hospitals, clinics, and plenty of health care workers
- It has everything I need
- I got everything I need to maintain a healthy life
- I have not had any health issues not taken care of
- Because there is a hospital

- We have good hospitals
- Hospitals, clinics, provide help for everyone
- Some places require a drive outside the Northland area
- Healthcare services are easily accessible
- We have hospitals
- I have many resources
- Too expensive
- I can get a checkup if I'm sick
- If I was sick I could get help right away
- I don't know
- There are many hospitals around me with amazing care
- I haven't had any problems
- I can get help if I need it

- **Q3: Of the choices below, which if the following is the biggest health problem in our community?**
- **Q3 Responses:**

| Of the choices below, which of the following is the biggest health problem in our community?		
Answer Choice	**Responses**	
Aging Problems	1%	2
Cancer	14%	46
Chronic Disease	3%	8
Drug Abuse	25%	81
Obesity	18%	57
Suicide	14%	43
Mental/Emotional Health	25%	79
Other	1%	2
TOTAL		**318**

Q3 Comments: none

- **Q4: Our community is a healthy place for people of all ages to live and work.**
- **Q4 Responses:**

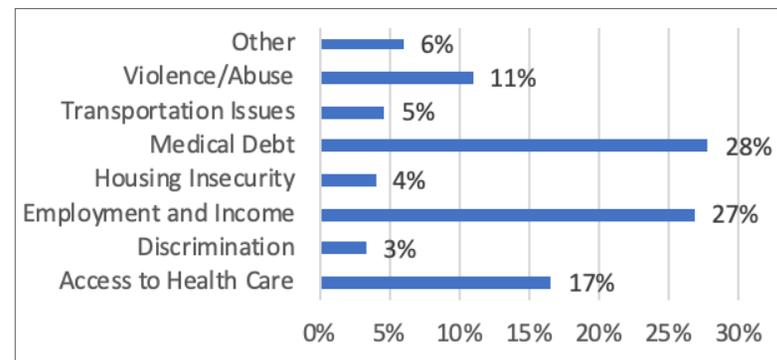| Our community is a healthy place for people of all ages to live and work.		
Answer Choice	**Responses**	
Strongly Disagree	1%	1
Disagree	3%	5
Neutral	26%	45
Agree	46%	80
Strongly Agree	25%	44
TOTAL		**175**
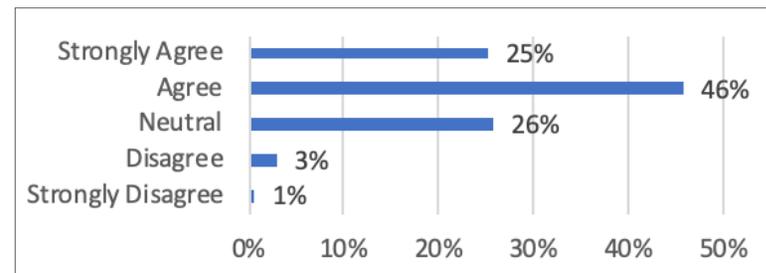
Q4 Comments:
- We have jobs that hire
- We don't have the safest community
- It could be one or the other
- Smoking
- People have different needs that are accommodated in different locations
- My workplace is healthy
- Plenty of businesses
- I really don't know
- There's abuse of drugs and alcohol
- Depends on where you live
- I'm not sure
- We don't have bad pollution
- There are some friendly people
- It's regulated so that it can be healthier
- We're working to make sure we're all healthy
- I haven't seen any reason why not
- Options for everyone
- It's clean
- People only get sick every once in a while
- Idk, I believe we try our best
- Not much discrimination or pollution
- We are diverse and that's good to make a community work
- There will always be germs and people getting sick in the community
- Employment rate is high
- Never knew about you guys
- All ages can get jobs
- Equal opportunity for all
- We have many job opportunities
- All ages can get jobs
- Very safe and welcoming community

- Very easy to get a job
- We have lots of businesses that aren't safe
- Everyone is nice and kind to work with

- **Q5: Of the choices below, which of the following is the biggest barrier to health in our community?**
- **Q5 Responses:**

Of the choices below, which of the following is the biggest barrier to health in our community?		
Answer Choice	**Responses**	
Access to Health Care	17%	50
Discrimination	3%	10
Employment and Income	27%	81
Housing Insecurity	4%	12
Medical Debt	28%	84
Transportation Issues	5%	14
Violence/Abuse	11%	33
Other	6%	18
TOTAL		**302**

Q5 Comments: none

- **Q6: Our community will be healthier in the next 10 years.**
- **Q6 Responses:**

| Our community will be healthier in the next 10 years.		
Answer Choice	**Responses**	
Strongly Disagree	4%	6
Disagree	12%	19
Neutral	37%	57
Agree	36%	56
Strongly Agree	10%	16
TOTAL		**154**
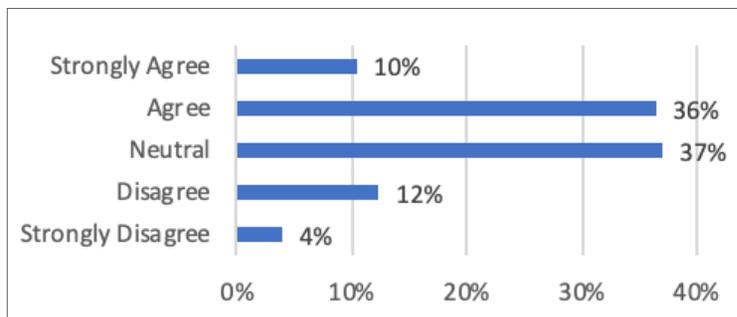
Q6 Comments:
- Trash, pollution
- No way to know
- Technology will advance & everything will be worse
- Younger kids are doing drugs and alcohol more and more
- We are doing lots of research to improve standards and care
- I don't know
- We are getting worse as a community and being lazy
- Because we are making progress
- We are kind of going downhill, we are our own enemy
- Slowly getting more dirty

- Depends on the individual. For our community to become healthier, we need to be healthy.
- With medicine becoming better every year, there's no doubt it will be healthier
- I don't know.
- I think it will be healthier because it is growing and making it easier to access health services
- Medicine is improving every year
- The world is improving
- I see people changing every day
- Technology will advance, people will get lazier
- Not sure
- We'll always be developing medical technology
- Pollution, drugs, and obesity will continue to get worse
- I can't predict the future
- If we eat unhealthy, then we won't be
- It will be the same
- Lots of diets and exercise are in the community
- You should be healthier if you're a health group
- I don't know of anything that could help in the next 10 years
- I don't see us getting better
- Hard to predict how we will be
- Processed food is still growing
- It will stay the same
- If we keep up the pace and doing what we're doing
- I don't know
- We're cleaning the city more and more each year
- Not sure

Q1 Of the choices below, which of the following is the biggest health problem in our community?

Answered: 179   Skipped: 0
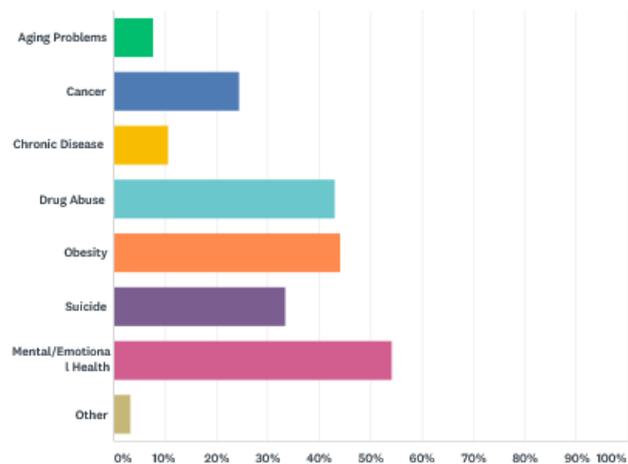
ANSWER CHOICES	RESPONSES	
Aging Problems	7.82%	14
Cancer	24.58%	44
Chronic Disease	10.61%	19
Drug Abuse	43.02%	77
Obesity	44.13%	79
Suicide	33.52%	60
Mental/Emotional Health	54.19%	97
Other	3.35%	6

Q2 Of the choices below, which of the following is the biggest barrier to health in our community?

Answered: 175   Skipped: 4
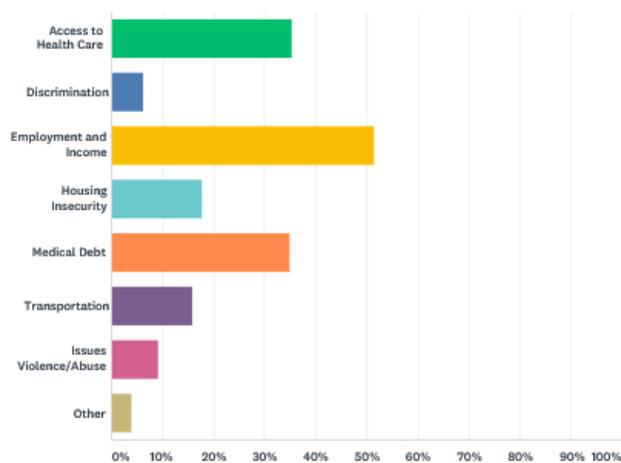
ANSWER CHOICES	RESPONSES	
Access to Health Care	35.43%	62
Discrimination	6.29%	11
Employment and Income	51.43%	90
Housing Insecurity	17.71%	31
Medical Debt	34.86%	61
Transportation	16.00%	28
Issues Violence/Abuse	9.14%	16
Other	4.00%	7
Total Respondents: 175		

Q3 Comments:

Answered: 13   Skipped: 166

#	RESPONSES	DATE
1	Lack of insurance	12/5/2018 10:49 AM
2	Limited providers	12/5/2018 10:48 AM
3	Access to healthy food	12/5/2018 10:47 AM
4	Food choices	12/5/2018 10:33 AM
5	All are the problems of today	12/5/2018 10:32 AM
6	Education	12/5/2018 10:23 AM
7	High cost of rent. I am afraid of what is going to happen to the cost of living once the increase in minimum wage goes into effect	12/5/2018 10:21 AM
8	I think bullying in schools is a big problem too. I think there should be more help for single parents	12/5/2018 10:15 AM
9	Money and affordability	12/5/2018 10:13 AM
10	Because Platte County is a wealthy county, people believe poverty is not an issue here	12/5/2018 10:09 AM
11	We need access to healthy eating education	12/5/2018 10:08 AM
12	Need more medical transportation vehicles	12/5/2018 10:04 AM
13	I love there is help for mental and physical health resources for families during hard times.	12/5/2018 9:56 AM

Q1 How would you rate the health of our community

Answered: 198   Skipped: 0
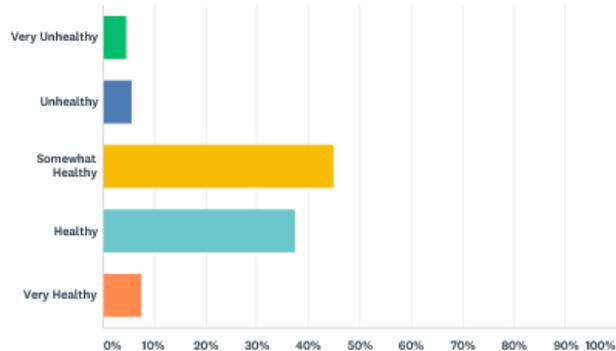
ANSWER CHOICES	RESPONSES	
Very Unhealthy	4.55%	9
Unhealthy	5.56%	11
Somewhat Healthy	44.95%	89
Healthy	37.37%	74
Very Healthy	7.58%	15
TOTAL		198

#	WHY?	DATE
1	Unhealthy Infiltration of theft, vandalism, meth and drug sales in neighborhoods	12/3/2018 3:11 PM
2	Healthy Compared to other towns it is great, people are not always focused on what they can get for free	12/3/2018 3:09 PM
3	Healthy Everyone together sharing love and prayer	12/3/2018 3:07 PM
4	Somewhat Healthy A lot of fast food	12/3/2018 3:05 PM
5	Healthy We recently just moved here in October	12/3/2018 3:04 PM
6	Somewhat Healthy Need better mental health assistance/community recycling	12/3/2018 2:59 PM
7	Somewhat Healthy Some people have diseases such as diabetis	12/3/2018 2:57 PM
8	Somewhat Healthy People need to work out more	12/3/2018 2:56 PM
9	Somewhat Healthy Depends	12/3/2018 2:54 PM
10	Unhealthy Lack of access to healthy food at an affordable price	12/3/2018 2:51 PM
11	Healthy More conscious	12/3/2018 2:51 PM
12	Somewhat Healthy Numerous sick people coughing at all stores	12/3/2018 2:49 PM
13	Unhealthy Habits	12/3/2018 2:47 PM
14	Unhealthy Junk is cheaper than healthy	12/3/2018 2:46 PM
15	Somewhat Healthy Mental health is a big issue still	12/3/2018 2:45 PM
16	Somewhat Healthy I have several health issues	12/3/2018 2:42 PM
17	Somewhat Healthy Some people do not care about their health	12/3/2018 2:42 PM
18	Somewhat Healthy Child and adult obesity	12/3/2018 2:41 PM
19	Somewhat Healthy It varies due to personal interest	12/3/2018 2:38 PM
20	Somewhat Healthy Incomne restrictions/Access Healthcare	12/3/2018 2:32 PM
21	Unhealthy Lots of resources	12/3/2018 2:31 PM
22	Somewhat Healthy A lot of trash somewhat	12/3/2018 2:30 PM
23	Somewhat Healthy We eat what we can afford. Not many fresh fruits	12/3/2018 2:29 PM
24	Somewhat Healthy Feel like people are aware of their health	12/3/2018 2:28 PM
25	Somewhat Healthy Don't know much about the community	12/3/2018 2:26 PM
26	Healthy Heathcare options for all	12/3/2018 2:25 PM
27	Somewhat Healthy Food quality down, healthy food expensive	12/3/2018 2:19 PM
28	Unhealthy Bad eating habits	12/3/2018 2:18 PM
29	Healthy Access to programs for health	12/3/2018 2:16 PM
30	Somewhat Healthy Unhealthy eating habits/overweight, smoking	12/3/2018 2:15 PM
31	Healthy There is fairly easy access to healthcare	12/3/2018 2:12 PM
32	Somewhat Healthy Some can't afford medical care	12/3/2018 2:08 PM
33	Somewhat Healthy Lack of affordable medical care	12/3/2018 2:08 PM
34	Somewhat Healthy Healthcare is expensive	12/3/2018 2:05 PM
35	Healthy Produce availability and walking trails	12/3/2018 2:04 PM
36	Somewhat Healthy Need more health free services	12/3/2018 2:01 PM
37	Healthy It isn't the worst	12/3/2018 1:59 PM
38	Somewhat Healthy Room for improvement	12/3/2018 1:58 PM
39	Unhealthy Lack of activities	12/3/2018 1:57 PM
40	Somewhat Healthy Insurance	12/3/2018 1:56 PM
41	Unhealthy Unaffordable insurance	12/3/2018 1:53 PM
42	Healthy Because my kids don't come home sick from school	12/3/2018 1:53 PM
43	Healthy Lots of trails	12/3/2018 1:29 PM
44	Healthy with everything	12/3/2018 1:22 PM
45	Unhealthy Overweight;junk food cheaper than healthy food	12/3/2018 1:16 PM
46	Healthy Well kept	12/3/2018 1:15 PM
47	Healthy Clean and great	12/3/2018 1:14 PM
48	Healthy Grocery stores close	12/3/2018 1:13 PM
49	Somewhat Healthy Too expensive salads	12/3/2018 1:12 PM
50	Healthy Update immunizations, eat healthy	12/3/2018 1:10 PM

Q2 Our community has all the health care services I need.

Answered: 198   Skipped: 0
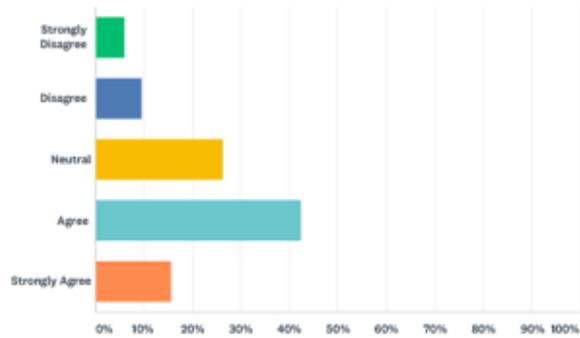
ANSWER CHOICES	RESPONSES	
Strongly Disagree	6.06%	12
Disagree	9.60%	19
Neutral	26.26%	52
Agree	42.42%	84
Strongly Agree	15.66%	31
TOTAL		198

#		WHY?	DATE
1	Agree	My son's doctors and dentists are within about 5-10 miles from home	12/3/2018 3:11 PM
2	Agree	Children Mercy is awesome	12/3/2018 3:09 PM
3	Agree	Always available and ready to help	12/3/2018 3:07 PM
4	Disagree	Not enough mental health services	12/3/2018 3:04 PM
5	Disagree	Some but some services are not open enought to those in middle of assistance guidelines	12/3/2018 2:59 PM
6	Disagree	Have kids with disabilities and hard to get quality care	12/3/2018 2:54 PM
7	Agree	They are everywhere	12/3/2018 2:51 PM
8	Disagree	Lacking in mental health services	12/3/2018 2:49 PM
9	Neutral	Affordability	12/3/2018 2:47 PM
10	Neutral	Not enough mental health care	12/3/2018 2:46 PM
11	Disagree	It's expensive	12/3/2018 2:45 PM
12	Neutral	Wish we had a hospital	12/3/2018 2:42 PM

13	Disagree	Specialized services for lower income	12/3/2018 2:41 PM
14	Disagree	Need therapy for abuse and death	12/3/2018 2:39 PM
15	Agree	Sometimes it depends on affordability	12/3/2018 2:38 PM
16	Agree	I go to the doctor regularly	12/3/2018 2:32 PM
17	Disagree	Wide variety of options	12/3/2018 2:31 PM
18	Disagree	I am not sure what is available	12/3/2018 2:27 PM
19	Neutral	If we have private health care	12/3/2018 2:24 PM
20	Disagree	Not for the poor	12/3/2018 2:20 PM
21	Neutral	I go to the next city for hospital and specialists	12/3/2018 2:19 PM
22	Neutral	Not sure of all programs	12/3/2018 2:16 PM
23	Neutral	Have insurance but high deductible don't go to doctor	12/3/2018 2:15 PM
24	Neutral	My dyslexic daughter has a hard time with services	12/3/2018 2:12 PM
25	Disagree	No expanded coverage	12/3/2018 2:08 PM
26	Agree	More mental health services	12/3/2018 2:04 PM
27	Neutral	Need more health free services	12/3/2018 2:01 PM
28	Disagree	Not everyone can afford it	12/3/2018 1:59 PM
29	Neutral	Sometimes have to travel for care	12/3/2018 1:58 PM
30	Disagree	No healthcare for low income families	12/3/2018 1:57 PM
31	Neutral	People need more than what they have	12/3/2018 1:56 PM
32	Neutral	I have to go to KU or downtown for specialists	12/3/2018 1:29 PM
33	Disagree	Everything goes by income	12/3/2018 1:23 PM
34	Disagree	Some services are harder for others	12/3/2018 1:20 PM
35	Disagree	w/o insurance difficult to get in sometimes	12/3/2018 1:16 PM
36	Agree	Various medical facilities close	12/3/2018 1:15 PM
37	Disagree	Need menu for low income	12/3/2018 1:12 PM

Q3 Our community is a healthy place for people of all ages to live and work.

Answered: 198   Skipped: 0
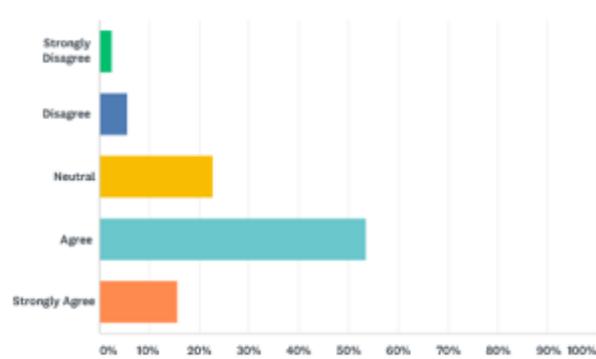
ANSWER CHOICES	RESPONSES	
Strongly Disagree	2.53%	5
Disagree	5.56%	11
Neutral	22.73%	45
Agree	53.54%	106
Strongly Agree	15.66%	31
TOTAL		198

#	WHY?	DATE
1	Neutral I only know my neighborhood is having problems	12/3/2018 3:11 PM
2	Disagree Cost are to much for healthy foods	12/3/2018 3:10 PM
3	Agree Compared to other towns I've lived in it's great	12/3/2018 3:09 PM
4	Disagree They make you come to work sick	12/3/2018 3:07 PM
5	Agree Always so helpful and full of opportunities	12/3/2018 3:07 PM
6	Agree Lots of places to work	12/3/2018 3:04 PM
7	Neutral More free/low cost rec centers and fitness	12/3/2018 2:59 PM
8	Neutral Not everyone has a place to live	12/3/2018 2:57 PM
9	Agree Safety is a valuable key	12/3/2018 2:51 PM
10	Disagree A lot of bullying	12/3/2018 2:49 PM
11	Neutral There is pollution and people smoke	12/3/2018 2:45 PM
12	Agree Plenty of housing and jobs	12/3/2018 2:41 PM
13	Disagree Income purposes	12/3/2018 2:32 PM
14	Agree They really work good with people in need	12/3/2018 2:30 PM
15	Agree Great schools/low crime	12/3/2018 2:24 PM
16	Neutral For kids we go to Children's Mercy	12/3/2018 2:16 PM
17	Disagree It is hard to find a good job	12/3/2018 2:11 PM
18	Agree People take care of things	12/3/2018 2:08 PM
19	Agree I think for the most part we are all wonderful people	12/3/2018 2:01 PM
20	Disagree Not everyone can addord or has same connections	12/3/2018 1:59 PM
21	Disagree Not getting along	12/3/2018 1:57 PM
22	Neutral I am unsure	12/3/2018 1:56 PM
23	Agree You don't hear about outbreaks	12/3/2018 1:30 PM

Q4 Our community will be healthier in the next 10 years.

Answered: 196   Skipped: 2
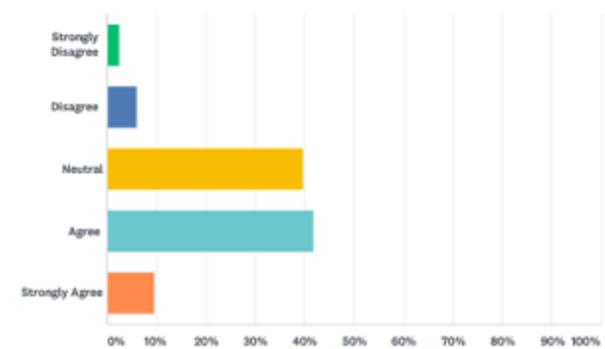
ANSWER CHOICES	RESPONSES	
Strongly Disagree	2.55%	5
Disagree	6.12%	12
Neutral	39.80%	78
Agree	41.84%	82
Strongly Agree	9.69%	19
TOTAL		196

#	WHY?	DATE
1	Agree The school district (Park Hill) is expanding	12/3/2018 3:11 PM
2	Neutral People have to want to change diet and exercise	12/3/2018 3:10 PM
3	Agree People are focused on kids and jobs	12/3/2018 3:09 PM
4	Agree Because working together to build a better future is always a great goal!	12/3/2018 3:07 PM
5	I do not know	12/3/2018 3:02 PM
6	Agree Just by hope and faith	12/3/2018 2:59 PM
7	Agree Because there will be new developments	12/3/2018 2:57 PM
8	Agree That is the hope	12/3/2018 2:51 PM
9	Disagree Can't predict future based off present	12/3/2018 2:49 PM
10	Neutral I don't know	12/3/2018 2:47 PM
11	Agree With CBD illnesses could be reduced	12/3/2018 2:45 PM
12	Agree More people are becoming health conscious	12/3/2018 2:38 PM
13	Neutral More access to healthcare (possible)	12/3/2018 2:32 PM

14		HOW??	12/3/2018 2:29 PM
15	Agree	Growth	12/3/2018 2:21 PM
16	Disagree	Not unless everyone has insurance	12/3/2018 2:20 PM
17	Neutral	Depends of food quantity and quality	12/3/2018 2:19 PM
18	Neutral	I hope so	12/3/2018 2:18 PM
19	Neutral	Not sure, but hoping so	12/3/2018 2:16 PM
20	Neutral	Depends on the government	12/3/2018 2:12 PM
21	Neutral	I hope so	12/3/2018 2:11 PM
22	Agree	More parks and trails	12/3/2018 2:10 PM
23	Disagree	Republicans	12/3/2018 2:08 PM
24	Agree	People are starting to realize the importance of healthy eating.	12/3/2018 2:07 PM
25	Agree	Priority	12/3/2018 2:04 PM
26	Agree	Because we will work more together	12/3/2018 2:01 PM
27	Neutral	Not sure	12/3/2018 1:59 PM
28	Agree	Hopeful	12/3/2018 1:58 PM
29	Neutral	If they work on it	12/3/2018 1:57 PM
30	Neutral	I can only hope	12/3/2018 1:56 PM
31	Agree	I think we will increase more healthcare options as technology gets better	12/3/2018 1:30 PM
32	Agree	I believe resources are improving	12/3/2018 1:20 PM
33	Agree	Advances occur frequently	12/3/2018 1:15 PM
34	Neutral	I don't know	12/3/2018 1:12 PM

## Excelsior Springs Housing Authority Community Health Forum

Attending: 9 attendees

Introduction: Discussed NHA partnership, purpose of CHNA, purpose of community forums, and established ground rules for discussion

Community Forum Questions:

- **How would you rate the health of Excelsior Springs?**

|	Responses	
	Percent	**Count**
Very Unhealthy	14.29%	1
Unhealthy	28.57%	2
Somewhat Healthy	57.14%	4
Healthy	0%	0
Very Healthy	0%	0
Totals	**100%**	**7**
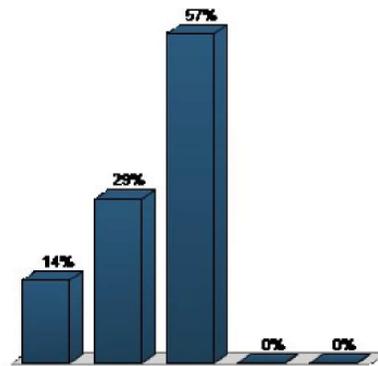
Comments:
- Somewhat healthy; but some I'm not so sure about: smoking is a problem, if you are on oxygen it's dangerous to smoke.
  - I've had 2 cancers, and I quit smoking because. It took 2 cancers to get me to that point. If you're on oxygen and you smoke, it is like putting a gun to your head and pulling the trigger.
- If you eat crummy, you're going to be crummy.

- This community lacks transportation to get to where they need to go.
  - They avoid doctors' appointments.
  - It is hard to get place to place.
  - Not having money, not having the resources.
- No money and low access also contribute.
- My cousin gives me rides.
- There is a bus, but it is expensive ($4 round trip).
  - The bus only runs Monday-Friday and ends at 4pm. Nothing on the weekends and nothing at night.
  - The public service bus has a lift but, the bus system now requires reservations for walkers. If there are more than two walkers on the bus, they won't let a 3rd person on with a walker. I have to only take my cane with me a lot when I really should be taking a walker.
- Access to fresh food is a problem.
- The bus also only allows 2 small bags to come back from the grocery store.
  - WalMart and Price Chopper will pay for bus trip 1 way, but you still have to pay $2 to get there.
- Aldi and Price Chopper now provide delivery for groceries.
  - Aldi's is $3.99, and they will bring groceries to your door.
  - Express delivery is $5.99
  - We need a flyer about that because a lot of people don't know about delivery.

- **Excelsior Springs has all the health care services I need.**

	Responses	
	Percent	**Count**
Strongly Disagree	28.57%	2
Disagree	42.86%	3
Neutral	14.29%	1
Agree	14.29%	1
Strongly Agree	0%	0
Totals	**100%**	**7**
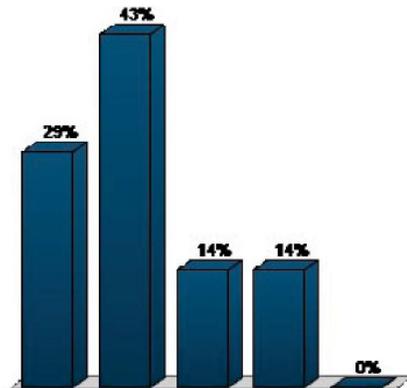
Comments:
- Doctor cancelled my appointment and didn't let me know before my ride left for Liberty, so I had to pay to go there for no reason and will have to coordinate a ride to go back when my appointment is rescheduled.
- Disagree/strongly disagree: no eye doctors take Medicaid in ES. If you are on Medicaid, you have to go to Liberty.
- Same for primary care and specialty. No new Medicaid patients in ES. We have to go to Liberty
- Quick care inside Price Chopper does take Medicaid and Medicare and the service was great. They were excellent and didn't miss anything.
- No urgent cares.
- Public transportation doesn't take you out of Excelsior.
- Medicaid does set up appointments and provide transportation,
    - Just call and they will set up a ride. Sometimes you have to wait for the ride for an hour, but it is free.
    - Reservation required ahead (3-4 days) but radius is small.

- Many people may not know about this service.
- When you have an appointment in Kansas City (near North Kansas City), Medicaid assumes it is further away than it really is and won't pick you up.
- Rides won't go anywhere in North Kansas City.
- I pay taxes, so I feel the service should have a bigger radius.

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

	Responses	
	Percent	**Count**
Aging problems	37.5%	3
Cancer	0%	0
Chronic disease	12.5%	1
Drug abuse	12.5%	1
Mental/emotional health	37.5%	3
Obesity	0%	0
Suicide	0%	0
Other	0%	0
Totals	**100%**	**8**

Comments:
- Aging problems: not enough help for elderly populations (45 and older)
    - There are not a lot of things to do on site.
    - No resources for exercising or access to activities.
    - Isolated in apartment because I cannot leave.
- Mental health: lack of resources, lack of transportation.
    - People have problems, and they know it, but they are not being taken care of.

- Hard to get to the doctor and get on medication and talk to someone.
- We are stimulated enough. We need bingo or something to get us be around each other and not be isolated.
- Drug abuse: high rates of illicit drug use, alcohol use, youth drug use in the community. There is a lot of use in the community.
  - The Housing Authority used to be the drug place in town, but that has been clean up recently. Cameras have helped so people don't loiter here and use drug.
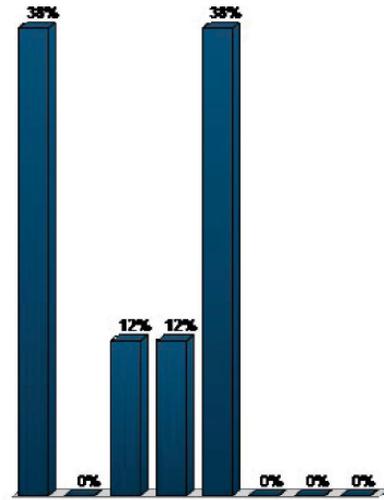
- **Everyone in Excelsior Springs has an equal chance to be healthy.**

	Responses	
	Percent	**Count**
Strongly Disagree	37.5%	3
Disagree	12.5%	1
Neutral	37.5%	3
Agree	12.5%	1
Strongly Agree	0%	0
Totals	**100%**	**8**

Comments:
- Disagree: some people can afford to eat better than others; money creates more access to healthy foods and transportation, health care etc.
- Good Samaritan Center can provide food for free, but it may not be healthy.
- By end of month I can only eat Ramen Noodles.
- It is hard to know how to cook when you live by yourself because there is so much food and you are stuck eating the same thing every day that week.
- Access to doctors are a problem. There are not home visits any more like doctors did back in the day.
- No farmer's market this year due to cost and disagreements between farmers/vendors.
  - Last time there was a farmer's market, it was not great quality. There were a lot of whole sale and grocery vendors and not many actual farmers.
- There is only so much you can do with 15,000 people. We are a rural community.
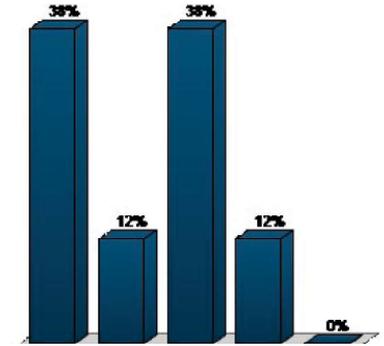
- **Of the choices below, which of the following is the biggest barrier to health in Excelsior Springs?**

	Responses	
	Percent	**Count**
Access to health care	12.5%	1
Employment and income	37.5%	3
Housing insecurity	0%	0
Medical debt	0%	0
Transportation issues	37.5%	3

|		
Violence/abuse	0%	0
Other	12.5%	1
Totals	**100%**	**8**

Comments:

- Social Security alone is not enough income,
- Transportation issues: grocery store, doctors' appointments, to get out of the apartment in general
- No bank downtown. You have to take the bus just to go to the bank.
- No doctor's downtown.
- Many things are closing downtown. No one advertises things and then they don't get business and have to close. People who don't live downtown don't know much about downtown.
- No one knew where to vote this year. Polling places downtown changed or closed.
- We have to go across town to get groceries.
- WalMart does not deliver groceries, but they will do the shopping for you and you can pick it up at the store (buy online, pick up in store).
- Still the issue of only being able to have 2 grocery bags on the bus.
- Aldi home grocery delivery does not currently take government SSI cards, but they are working on it. You have to pay online with a debit or credit card.
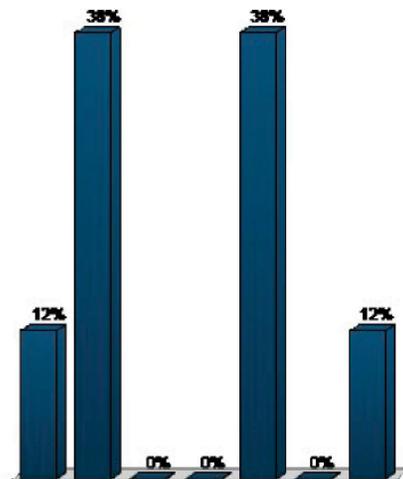
- **Our community will be healthier in the next 10 years.**

	Responses	
	Percent	**Count**
Strongly Disagree	12.5%	1
Disagree	62.5%	5
Neutral	12.5%	1
Agree	12.5%	1
Strongly Agree	0%	0
Totals	**100%**	**8**
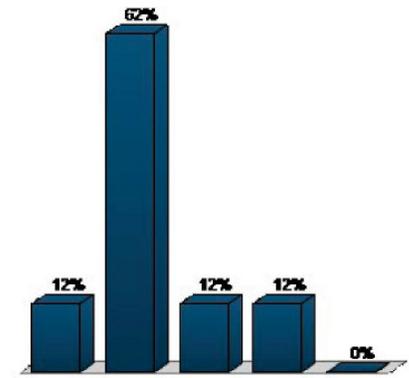
Comments:

- Disagree: aging community doesn't always get attention when we implement interventions
- If you don't have money you don't have a snowball's chance in you know where. Its not fair but it is what it is.
- Doctors aren't taking patients.
- Fear of social security getting cut.

Conducted evaluation

Follow up discussion

- People are not aware that they can utilize the Good Samaritan Center. People always assume that they don't have it bad enough to use their services when they could actually be benefitting from the Center.

Appendix H: 2018 Northland Community Health Forum Themes Analysis

Community Forum	Q1 Themes How would you rate the health of your community?	Q2 Themes My community has all the health care services I need.	Q3 Themes What is the biggest health problem in our community?	Q4 Themes Everyone has an equal chance to be healthy in our community.	Q5 Themes What is the biggest barrier to being healthy in our community?	Q6 Themes Our community will be healthier in 10 years.
Excelsior Springs Hospital September 13, 2018 24 Participants	· Limited access: physical activity · Apathy/lack of will to be healthy · Disparities in rural vs. suburban · Poverty · Unhealthy behaviors: smoking · Transportation issues	· Lack of mental health providers · Transportation issues: long distance to appointments	· Lack of affordable health care · Drug use · Mental health · Obesity · Access to mental health care · Poverty	· Access to healthy food · Access to health care · Insurance · Good parks system · Poverty · Safety · Transportation issues · Medicaid not accepted by providers	· High healthcare costs · Lack of good paying jobs · Low education attainment · Transportation · Access to healthcare	· Unhealthy behaviors: smoking, unhealthy eating · Many community resources but lack of awareness · Community collaboration
Gladstone Health Fair November 8, 2018 39 Participants	· Obesity · Lack of Exercise · Poor diet · Poverty/income · Transportation issues · Chronic diseases · Access to health care · Good hospitals	· Mental health care access · Substance abuse · Access to insurance · Access to healthcare	· No comments (see Appendix G for voting results)	· Jobs available · Physical activity · Obesity · Health habits · Poverty · Seniors/aging · Income/ poverty	· Cost of medical · Health behaviors (people make unhealthy choices) · High access to unhealthy food	· High health care costs · Medical debt · Food/diets · Programming/ community resources · Unhealthy behaviors: food choices · Obesity
NCAPS November 8, 2018 175 Participants	· Substance abuse · Unhealthy behaviors: poor eating habits, drug use, smoking, sedentary life · Apathy · Obesity · Access to health care · Chronic disease · Pollution	· Adequate access with parent's health insurance	· No comments (see Appendix G for voting results)	· Safety concerns · Many employment opportunities · Good sense of community	· No comments (see Appendix G for voting results)	· Technology/ medical improvements · Pollution · Substance abuse · Obesity · Poor diet · Lack of physical activity

Community Forum	Q1 Themes How would you rate the health of your community?	Q2 Themes My community has all the health care services I need.	Q3 Themes What is the biggest health problem in our community?	Q4 Themes Everyone has an equal chance to be healthy in our community.	Q5 Themes What is the biggest barrier to being healthy in our community?	Q6 Themes Our community will be healthier in 10 years.
Platte County Day of Hope December 1, 2018 198 Participants	· Unhealthy behaviors: illicit drug use, unhealthy food choices, lack of exercise · Chronic disease · Mental health · Obesity · Access to healthcare · Poverty · Medical debt/cost · Access to food · Access to walking trails	· Lack of mental health services · Substance abuse · Access to insurance · Affordability of health care · Care for disabled	No comments (see Appendix G for voting results)	· Access to healthy food · Great employment opportunity · Smoking · Housing opportunity · Crime/Safety	· Access to healthy food · Lack of insurance coverage · Access to health care · Housing · Bullying in schools	· Expanding school district · Positive health behavior: diet and exercise · New development · Insurance disparities · More healthcare resources · New technology · Hope
Excelsior Springs Housing Authority December 4, 2018 9 Participants	· Unhealthy behaviors: smoking · Limited public transportation: to medical appointments, grocery stores · Rural issues · Poverty · Limited access to fresh foods	· Transportation issues · Lack of providers accepting Medicaid · Lack of specialty providers	· Isolation/ loneliness · Low access to activities · Lack of urgent care · Transportation issues · Illicit drug use · Lack of access to physical activity	· Low access to healthy foods · Issues accessing health care providers · Rural issues	· Transportation · Lack of health care providers · Low access to food · No bank nearby · Low income	· Aging problems · Low access to health care · Low access to jobs
Overall Themes	· **Access to healthy food** · **Obesity** · **Lack of exercise** · **Smoking** · **Apathy** · **Substance abuse** · **Transportation** · **Chronic disease**	· **Lack of mental health providers** · **Limited access to local providers** · **Transportation** · **Cost of health care/ insurance**	· **Mental/ behavioral health** · **Chronic disease** · **Access to health care**	· **Safety** · **Unhealthy habits** · **Poverty** · **Access to health care** · **Behavioral health**	· **Health care costs** · **Healthy food access** · **Income** · **Transportation** · **Access to health care**	· **New technology** · **Prevention resources** · **Access to health care** · **Diet/exercise**

Appendix I: 2018 CHNA Hospital Inpatient Data Summary

Demographics summary:

The Northland Health Alliance received inpatient hospitalization data from four of the major hospitals in the Northland—North Kansas City Hospital (59% of hospitalizations), Liberty Hospital (20%), Saint Luke's North Hospital-Barry Road (19%), and Saint Luke's North Hospital-Smithville (3%). Excluded from this data analysis was Excelsior Springs Hospital and Kindred Hospital Northland. This data only included patients that reside in Clay or Platte Counties—75% in Clay County and 25% in Platte County.

The gender distribution of inpatients was 60% female and 40% male, showing that females were more often seen in the hospital than males. This trend remained true across all age groups. Regarding age, approximately 9% were under the age of 14, 4% between ages 15-24, 20% ages 25-44, 24% ages 45-64, 18% between ages 65-74, and 25% over the age of 75. It is important to note that baby deliveries accounts for nearly all hospitalizations in the under 14 years age group.

Pay source for hospitalized patients was also analyzed. The majority at nearly half were Medicare insured, likely due to higher hospitalizations among older age groups. 36% of patients were commercially insured. 11% were insured through Medicaid. Patients that were either uninsured or chose to self-pay accounted for 6%.

Top 10 ICD 10 Codes for Inpatient Hospitalizations in Clay and Platte Counties		
ICD 10 Code	**Explanation**	**Percent of Total for Top 10**
Z38.00	Baby delivery, vaginally	27%
A41.9	Sepsis	15%
Z38.01	Baby delivery, cesarean section	11%
J18.9	Pneumonia	8%
M17.11	Osteoarthritis, right knee	7%
N17.9	Acute kidney failure	7%
I11.0	Hypertensive heart disease with heart failure	6%
M17.12	Osteoarthritis, left knee	6%
I13.0	Heart disease and chronic kidney disease	6%
I21.4	Myocardial infarction (heart attack)	6%

Trends in Age of Inpatient Hospitalizations:

Inpatient hospitalization data only included data for those over the age of 15. The data was divided into five age cohorts. Among the 15-24-year-old age group, mental health conditions accounts for a large proportion of inpatient hospitalizations. Of the top 10 ICD 10 codes for this age group, six codes were for mental health concerns such as depression, bipolar disorder, and schizoaffective disorder. The 25-44-year-old age group also saw a large proportion of hospitalizations due to mental health concerns. In addition, acute conditions such as ketoacidosis due to diabetes, acute kidney failure or infection, appendicitis, and sepsis accounts for some of the top ICD 10 codes.
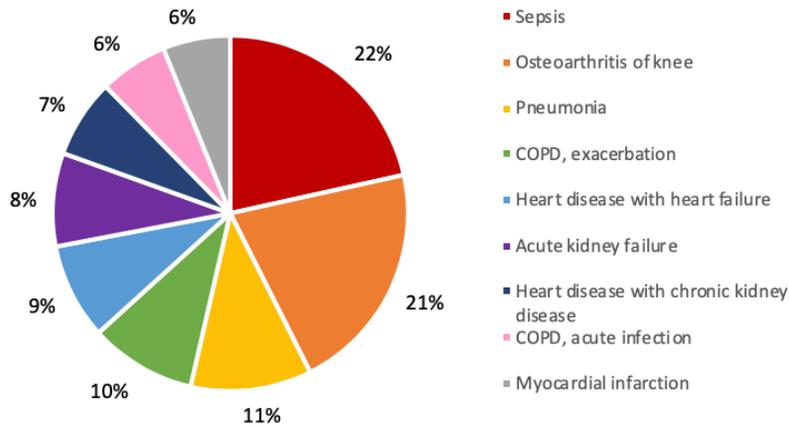
In the 45-64-year-old age group, sepsis becomes the most frequent ICD 10 code for inpatient visits. This is also the top concern for the 65-74-year-old group and the 75 and over age group. Hospitalizations for issues related to osteoarthritis is also a frequently seen ICD 10 code for the 45-64 age group. In the 65-74-year-old age group, chronic conditions become a more common source of hospitalizations. Heart disease, kidney failure, COPD, and myocardial infarctions all become top ICD 10 codes for this age group. The 75 and older age group demonstrates more acute infections as a source of hospitalization in addition to chronic conditions seen in the previous age cohort. For example, pneumonia and urinary tract infections are seen in this group.

Top 5 ICD 10 Codes for Inpatient Hospitalization by Age Group (excluding codes related to childbirth)				
15-24 years	**25-44 years**	**45-64 years**	**65-74 years**	**75+ years**
Major depressive disorder, recurrent	Major depressive disorder, recurrent	Sepsis	Sepsis	Sepsis
Type 1 diabetes with ketoacidosis	Sepsis	Osteoarthritis, right knee	Osteoarthritis, right knee	Heart disease and chronic kidney disease
Major depressive disorder, single episode	Type 1 diabetes with ketoacidosis	Osteoarthritis, left knee	Osteoarthritis, left knee	Heart disease with heart failure
Bipolar disorder	Morbid obesity	COPD with acute infection	Acute kidney failure	Pneumonia
Sepsis	Pneumonia	Myocardial infarction	Heart disease and chronic kidney disease	Acute kidney failure

Trends in Gender of Inpatient Hospitalizations:

Top 10 ICD 10 Codes for Inpatient Hospitalizations by Gender (excluding codes relating to childbirth)	
Females	**Males**
Sepsis	Sepsis
Osteoarthritis, right knee	Heart disease and chronic kidney failure
Pneumonia	Myocardial infarction (heart attack)
Osteoarthritis, left knee	Acute kidney failure
COPD with exasperation	Pneumonia
Heart disease with heart failure	Heart disease with heart failure
Acute kidney failure	Osteoarthritis, right knee
Heart disease and chronic kidney failure	Osteoarthritis, left knee
COPD with acute infection	Major depressive disorder
Myocardial infarction (heart attack)	COPD with acute infection

Top 10 ICD 10 Codes, Inpatient Females

- Sepsis — 22%
- Osteoarthritis of knee — 21%
- Pneumonia — 11%
- COPD, exacerbation — 10%
- Heart disease with heart failure — 9%
- Acute kidney failure — 8%
- Heart disease with chronic kidney disease — 7%
- COPD, acute infection — 6%
- Myocardial infarction — 6%

Top 10 ICD 10 Codes, Inpatient Males

- Sepsis — 20%
- Heart disease with chronic kidney disease — 11%
- Myocardial infarction — 11%
- Acute kidney failure — 11%
- Pneumonia — 9%
- Heart disease with heart failure — 9%
- Osteoarthritis of knee — 15%
- Major depressive disorder — 7%
- COPD, acute infection — 7%

Top 5 ICD 10 Codes by Pay Source (excluding codes relating to childbirth)			
Commercial Insurance	**Medicare**	**Medicaid**	**Uninsured/ Self-Pay**
Sepsis	Sepsis	Sepsis	Major depressive disorder
Osteoarthritis, left knee	Pneumonia	Major depressive disorder	Sepsis
Osteoarthritis, right knee	Heart disease and chronic kidney disease	Schizoaffective disorder	Alcohol dependence with withdrawal
Morbid obesity	Heart disease with heart failure	Acute kidney failure	Type 1 diabetes with ketoacidosis
Myocardial infarction	Acute kidney failure	COPD with exacerbation	Acute kidney failure

- Sepsis top code for all but uninsured/self-pay
- Depression top code for uninsured/self-pay and alcohol dependence also top code
- Mental health codes also top concern for Medicaid patients

Appendix J: 2018 CHNA Samuel U. Rodgers Health Center Data Summary

Diagnoses provided are number of instances. Individuals may be counted more than once for multiple instances of the same diagnosis codes in a year and/or for multiple diagnoses that are in the top 10.

Excluded from analysis were diagnoses codes for encounters for wellness visits, screenings, immunizations, and reproductive visits (such as well women exams and prenatal care)*

Top 10 Diagnoses Codes

	Dx Code	Instances	Dx Description
1	I10	1979	Essential (primary) hypertension
2	E119	1243	Type 2 diabetes mellitus without complications
3	E785	1091	Hyperlipidemia, unspecified
4	M545	1041	Low back pain
5	E669	720	Obesity, unspecified
6	K219	615	Gastro-esophageal reflux disease without esophagitis
7	R399	593	Unspecified symptoms and signs involving the genitourinary system
8	F329	590	Major depressive disorder, single episode, unspecified
9	K5900	571	Constipation, unspecified
10	N390	553	Urinary tract infection, site not specified

Top 10 Diagnoses Codes by Gender

Male

Dx Code	Instances	Dx Description
I10	748	Essential (primary) hypertension
E119	512	Type 2 diabetes mellitus without complications
E785	437	Hyperlipidemia, unspecified
M545	314	Low back pain
E669	193	Obesity, unspecified
E1165	190	Type 2 diabetes mellitus with hyperglycemia
R05	162	Cough
K219	155	Gastro-esophageal reflux disease without esophagitis
K210	147	Gastro-esophageal reflux disease with esophagitis
J309	142	Allergic rhinitis, unspecified

Female

Dx Code	Instances	Dx Description
I10	1231	Essential (primary) hypertension
E119	731	Type 2 diabetes mellitus without complications
M545	727	Low back pain
E785	654	Hyperlipidemia, unspecified
N390	529	Urinary tract infection, site not specified
E669	527	Obesity, unspecified
F329	516	Major depressive disorder, single episode, unspecified
R399	497	Unspecified symptoms and signs involving the genitourinary system
B373	490	Candidiasis of vulva and vagina
K219	460	Gastro-esophageal reflux disease without esophagitis

Top 10 Diagnoses Codes by Age Group

< 1

Dx Code	Instances	Dx Description
L853	55	Xerosis cutis
J069	52	Acute upper respiratory infection, unspecified
P599	40	Neonatal jaundice, unspecified
L309	39	Dermatitis, unspecified
R0981	34	Nasal congestion
L22	29	Diaper dermatitis
R1110	24	Vomiting, unspecified
K219	23	Gastro-esophageal reflux disease without esophagitis
H1033	22	Unspecified acute conjunctivitis, bilateral
L929	21	Granulomatous disorder of the skin and subcutaneous tissue, unspecified

1-14

Dx Code	Instances	Dx Description
J069	129	Acute upper respiratory infection, unspecified
K5900	89	Constipation, unspecified
L853	84	Xerosis cutis
J302	75	Other seasonal allergic rhinitis
R7611	74	Nonspecific reaction to tuberculin skin test without active tuberculosis
H6123	71	Impacted cerumen, bilateral
R070	63	Pain in throat
F909	61	Attention-deficit hyperactivity disorder, unspecified type
R7871	60	Abnormal lead level in blood
E669	60	Obesity, unspecified

15-24

Dx Code	Instances	Dx Description
N760	106	Acute vaginitis
N390	85	Urinary tract infection, site not specified
M545	73	Low back pain
B373	69	Candidiasis of vulva and vagina
A749	59	Chlamydial infection, unspecified
R112	58	Nausea with vomiting, unspecified
N926	54	Irregular menstruation, unspecified
R399	53	Unspecified symptoms and signs involving the genitourinary system
J069	53	Acute upper respiratory infection, unspecified
F329	50	Major depressive disorder, single episode, unspecified

25-44

Dx Code	Instances	Dx Description
M545	385	Low back pain
I10	366	Essential (primary) hypertension
B373	291	Candidiasis of vulva and vagina
N390	276	Urinary tract infection, site not specified
E669	266	Obesity, unspecified
K5900	266	Constipation, unspecified
R399	262	Unspecified symptoms and signs involving the genitourinary system
N760	249	Acute vaginitis
K219	242	Gastro-esophageal reflux disease without esophagitis
R102	232	Pelvic and perineal pain

45-64

Dx Code	Instances	Dx Description
I10	1191	Essential (primary) hypertension
E119	781	Type 2 diabetes mellitus without complications
E785	663	Hyperlipidemia, unspecified
M545	496	Low back pain
E1165	308	Type 2 diabetes mellitus with hyperglycemia
F329	308	Major depressive disorder, single episode, unspecified
E669	287	Obesity, unspecified
E039	258	Hypothyroidism, unspecified
K210	244	Gastro-esophageal reflux disease with esophagitis
G4700	231	Insomnia, unspecified

65-74

Dx Code	Instances	Dx Description
I10	294	Essential (primary) hypertension
E785	194	Hyperlipidemia, unspecified
E119	187	Type 2 diabetes mellitus without complications
M545	74	Low back pain
K210	61	Hypothyroidism, unspecified
K219	60	Gastro-esophageal reflux disease without esophagitis
E669	59	Obesity, unspecified
E039	58	Hypothyroidism, unspecified
J449	54	Chronic obstructive pulmonary disease, unspecified
R05	48	Cough

75+

Dx Code	Instances	Dx Description
I10	111	Essential (primary) hypertension
E119	58	Type 2 diabetes mellitus without complications
E785	47	Hyperlipidemia, unspecified
R05	33	Cough
I2510	22	Atherosclerotic heart disease of native coronary artery without angina pectoris
K210	21	Hypothyroidism, unspecified
R0600	19	Dyspnea, unspecified
M170	18	Bilateral primary osteoarthritis of knee
N390	18	Urinary tract infection, site not specified
R102	232	Pelvic and perineal pain

*Codes excluded: Z00 - Z13, persons encountering health services for examinations

Z23, encounter for immunization

Z30-39, persons encountering health services in circumstances related to reproduction

Z7189, "Other specified counseling"

Appendix K: 2018 CHNA Hospital Emergency Department Data Summary

Demographics summary:

The Northland Health Alliance received emergency department (ED) data from four of the major hospitals in the Northland—North Kansas City Hospital (49.7% of ED visits), Liberty Hospital (18.9%), Saint Luke's North Hospital-Barry Road (29.6%), and Saint Luke's North Hospital-Smithville (1.8%). Excluded from this data analysis was Excelsior Springs Hospital and Kindred Hospital Northland. This data only included patients that reside in Clay or Platte Counties—74% in Clay County and 26% in Platte County.

The gender distribution of inpatients was 59% female and 41% male, showing that females utilized the ED more than males. This was true for all age groups except for those under 15, in which more males were seen than females. Regarding age, approximately 8% were under the age of 14, 13% between ages 15-24, 31% ages 25-44, 25% ages 45-64, 10% between ages 65-74, and 13% over the age of 75.

Pay source for patients utilizing emergency departments was also analyzed. 43% of patients were commercially insured, 27% were insured through Medicare, and 15% were insured through Medicaid. Patients that were either uninsured or chose to self-pay accounted for 14% of ED visits. This was more than double the proportion of inpatient visits that were uninsured or self-pay.

Top 10 ICD 10 Codes for Emergency Department Visits in Clay and Platte Counties		
ICD 10 Code	**Explanation**	**Percent of Total for Top 10**
R07.9	Chest pain	2.50%
R07.89	Other chest pain	2.05%
R10.9	Abdominal pain	1.60%
R51	Headache	1.54%
N39.0	Urinary tract infection	1.26%
M54.5	Low back pain	1.14%
J20.9	Acute bronchitis	1.07%
R42	Dizziness and giddiness	1.00%
R11.2	Nausea with vomiting	0.99%
R55	Syncope and collapse	0.98%

Trends in Age of ED Visits:

Emergency department visit data was divided into seven age cohorts. Among ED visits for children under 15 years of age, respiratory diseases, symptoms of acute illness, and head injuries account for the top ICD 10 codes. In particular, influenza, upper respiratory infections, and viral infections were among the top 10 ICD 10 codes for both the under 1 and 1-14 year old age groups.

In the 15-24 year old age group, suicidal ideations and major depressive disorder were the top ICD 10 codes for ED visits. Mental health conditions were not among the top 10 ICD 10 codes for ED visits in any other age group. Other top ICD 10 codes for this age group include infections and non-specific symptoms of acute illness, such as headache and nausea with vomiting.

Chest pains are among the top ICD 10 codes for ED visits in all age groups over 25. Among the 25-44 year old age group, pain was a frequent diagnosis in ED visits, with headache, abdominal pain, low back pain, migraines, and epigastric pain all among the top 10 ICD 10 codes. In addition, disorders of the teeth was the sixth most common ICD 10 code among this age group. This diagnosis was not among the top 10 ICD 10 codes for any other age group.
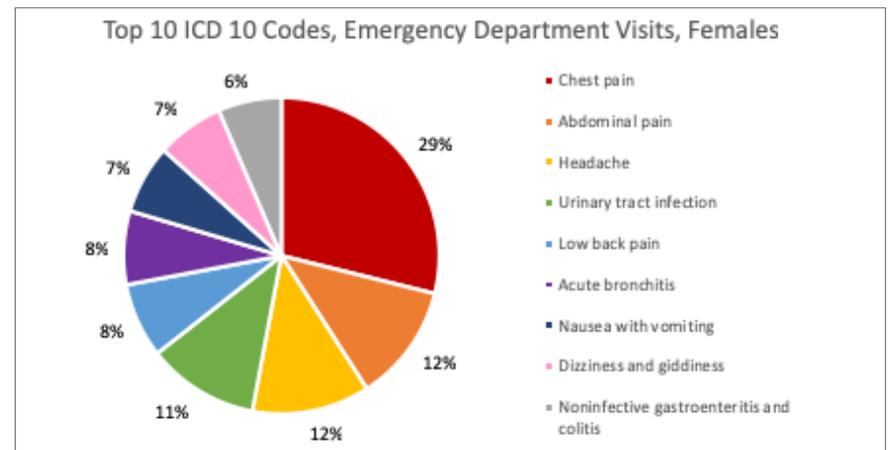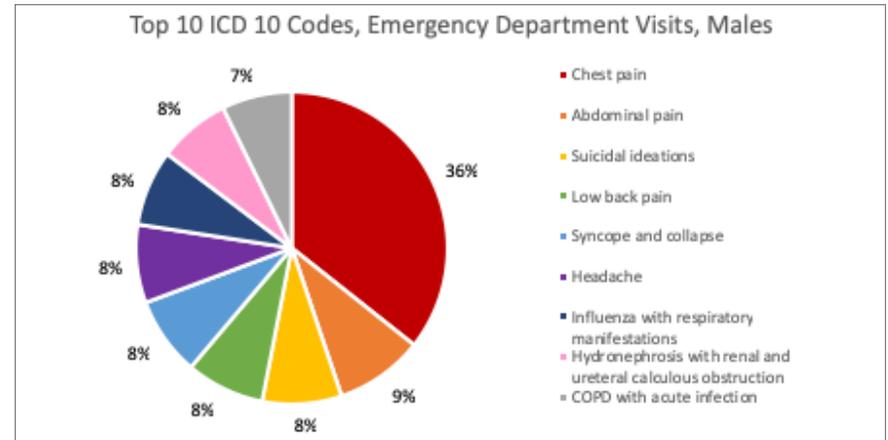
In age groups over 45, additional diagnoses related to chronic diseases were found in the top 10 ICD 10 codes for ED visits, including hydronephrosis in the 45-64 year old age group, COPD exacerbations in the 65-74 year old age group, hypertensive heart and kidney disease in the 75+ age group, and essential (primary) hypertension in all age groups over 45. Infectious diagnoses such as pneumonia, sepsis, and urinary tract infections were also among the top ICD 10 codes for ED visits in age groups over 65

Top 5 ICD 10 Codes for Emergency Department Visits by Age Group						
< 1 years	1-14 years	15-24 years	25-44 years	45-64 years	65-74 years	75+ years
Acute upper respiratory infection	Acute upper respiratory infection	Suicidal ideations	Chest pain	Chest Pain	Chest Pain	Urinary tract infection
Fever	Fever	Major depressive disorder, single episode	Headache	Other Chest pain	Other Chest pain	Sepsis
Vomiting	Influenza with respiratory manifestations	Abdominal pain	Abdominal pain	Headache	Sepsis	Chest pain
Cough	Acute obstructive laryngitis [croup]	Acute pharyngitis	Other chest pain	Abdominal pain	Syncope and collapse	Pneumonia
Unspecified injury of head	Laceration without foreign body of other part of head	Headache	Low back pain	Low back pain	Pneumonia	Syncope and collapse

Trends in Gender of ED Visits:

Top 10 ICD 10 Codes for Emergency Department Visits by Gender	
Females	**Males**
Chest pain	Chest pain
Other chest pain	Other chest pain
Abdominal pain	Abdominal pain
Headache	Suicidal ideations
Urinary tract infection	Low back pain
Low back pain	Syncope and collapse
Acute bronchitis	Headache
Nausea with vomiting	Influenza with respiratory manifestations
Dizziness and giddiness	Hydronephrosis with renal and ureteral calculous obstruction
Noninfective gastroenteritis and colitis	COPD with acute infection

- Though suicidal ideations are a top 10 ICD 10 code for males and not females, more females than males were seen in the ED for suicidal ideation

Top 10 ICD 10 Codes, Emergency Department Visits, Males

Top 10 ICD 10 Codes, Emergency Department Visits, Females

Top 5 ICD 10 Codes by Pay Source			
Commercial Insurance	**Medicare**	**Medicaid**	**Uninsured/Self-Pay**
Chest pain	Chest pain	Acute upper respiratory infection	Chest pain
Other chest pain	Other chest pain	Abdominal pain	Other specified disorders of teeth and supporting structures
Abdominal pain	Urinary tract infection	Suicidal ideations	Abdominal pain
Headache	Sepsis	Acute pharyngitis	Alcohol abuse with intoxication
Strain of muscle, fascia and tendon at neck level	Pneumonia	Headache	Acute bronchitis

- Mental health conditions are a top reason for ED visits in the Medicaid and uninsured/self-pay groups. Suicidal ideations was a top 10 ICD 10 code for Medicaid and uninsured/self-pay groups, but not for commercial or Medicare insurance groups. Additionally, alcohol abuse was a top ICD 10 code for the uninsured/self-pay group only.
- Disorders of the teeth and supporting structures was the second highest primary diagnosis code for the uninsured and self-pay group. This was not one of the top 10 ICD 10 codes for any other pay source.

Appendix L: 2018 CHNA Tri-County Mental Health Services Data Summary

Diagnoses provided are primary diagnosis only.

Top 10 Diagnoses Codes

	Dx Code	Instances	Dx Description
1	F33.2	370	Major depressive disorder, recurrent severe without psychotic features
2	F33.1	308	Major depressive disorder, recurrent, moderate
3	F43.10	292	Post-traumatic stress disorder, unspecified
4	F31.9	237	Bipolar disorder, unspecified
5	F31.81	218	Bipolar II disorder
6	F41.1	202	Generalized anxiety disorder
7	F31.4	146	Bipolar disorder, current episode depressed, severe, without psychotic features
8	F90.9	128	Attention-deficit hyperactivity disorder, unspecified type
9	F34.81	127	Disruptive mood dysregulation disorder
10	F25.1	123	Schizoaffective disorder, depressive type

Top 10 Diagnoses Codes by Gender

Male

Dx Code	Instances	Dx Description
F31.9	113	Bipolar disorder, unspecified
F33.2	98	Major depressive disorder, recurrent severe without psychotic features
F43.10	88	Post-traumatic stress disorder, unspecified
F90.9	86	Attention-deficit hyperactivity disorder, unspecified type
F33.1	83	Major depressive disorder, recurrent, moderate
F34.81	82	Disruptive mood dysregulation disorder
F20.9	79	Schizophrenia, unspecified
F41.1	78	Generalized anxiety disorder
F90.2	73	Attention-deficit hyperactivity disorder, combined type
F25.1	67	Schizoaffective disorder, depressive type

Female

Dx Code	Instances	Dx Description
F33.2	272	Major depressive disorder, recurrent severe without psychotic features
F33.1	225	Major depressive disorder, recurrent, moderate
F43.10	204	Post-traumatic stress disorder, unspecified
F31.81	168	Bipolar II disorder
F41.1	124	Generalized anxiety disorder
F31.9	124	Bipolar disorder, unspecified
F31.4	100	Bipolar disorder, current episode depressed, severe, without psychotic features
F33.9	83	Major depressive disorder, recurrent, unspecified
F25.1	56	Schizoaffective disorder, depressive type
F25.0	50	Schizoaffective disorder, bipolar type

Top 10 Diagnoses Codes by Age Group

1-14

Dx Code	Instances	Dx Description
F90.9	118	Attention-deficit hyperactivity disorder, unspecified type
F34.81	90	Disruptive mood dysregulation disorder
F90.2	73	Attention-deficit hyperactivity disorder, combined type
F43.10	42	Post-traumatic stress disorder, unspecified
F91.3	30	Oppositional defiant disorder
F32.9	21	Major depressive disorder, single episode, unspecified
F41.1	19	Generalized anxiety disorder
F31.9	15	Bipolar disorder, unspecified
F90.0	14	Attention-deficit hyperactivity disorder, predominantly inattentive type
F33.1	12	Major depressive disorder, recurrent, moderate

15-24

Dx Code	Instances	Dx Description
F33.1	61	Major depressive disorder, recurrent, moderate
F33.2	51	Major depressive disorder, recurrent severe without psychotic features
F31.9	46	Bipolar disorder, unspecified
F43.10	44	Post-traumatic stress disorder, unspecified
F41.1	33	Generalized anxiety disorder
F34.81	33	Disruptive mood dysregulation disorder
F31.81	21	Bipolar II disorder
F32.9	20	Major depressive disorder, single episode, unspecified
F90.2	18	Attention-deficit hyperactivity disorder, combined type
F84.0	16	Autistic disorder

25-44

Dx Code	Instances	Dx Description
F33.2	131	Major depressive disorder, recurrent severe without psychotic features
F43.10	119	Post-traumatic stress disorder, unspecified
F31.9	105	Bipolar disorder, unspecified
F41.1	96	Generalized anxiety disorder
F31.81	93	Bipolar II disorder
F33.1	89	Major depressive disorder, recurrent, moderate
F25.0	58	Schizoaffective disorder, bipolar type
F31.4	53	Bipolar disorder, current episode depressed, severe, without psychotic features
F33.9	42	Major depressive disorder, recurrent, unspecified
F25.1	42	Schizoaffective disorder, depressive type

45-64

Dx Code	Instances	Dx Description
F33.2	160	Major depressive disorder, recurrent severe without psychotic features
F33.1	125	Major depressive disorder, recurrent, moderate
F31.81	93	Bipolar II disorder
F43.10	86	Post-traumatic stress disorder, unspecified
F31.4	79	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.9	65	Bipolar disorder, unspecified
F20.9	62	Schizophrenia, unspecified
F25.1	59	Schizoaffective disorder, depressive type
F41.1	46	Generalized anxiety disorder
F33.9	46	Major depressive disorder, recurrent, unspecified

65-74

Dx Code	Instances	Dx Description
F33.2	18	Major depressive disorder, recurrent severe without psychotic features
F33.1	18	Major depressive disorder, recurrent, moderate
F25.1	13	Schizoaffective disorder, depressive type
F31.81	9	Bipolar II disorder
F41.1	7	Generalized anxiety disorder
F31.4	6	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.32	6	Bipolar disorder, current episode depressed, moderate
F31.9	5	Bipolar disorder, unspecified
F20.9	5	Schizophrenia, unspecified
F33.9	5	Major depressive disorder, recurrent, unspecified

75+

Dx Code	Instances	Dx Description
F33.2	4	Major depressive disorder, recurrent severe without psychotic features
F33.1	3	Major depressive disorder, recurrent, moderate
F33.41	2	Major depressive disorder, recurrent, in partial remission
F31.81	2	Bipolar II disorder
F34.1	1	Dysthymic disorder
F31.74	1	Bipolar disorder, in full remission, most recent episode manic
F33.42	1	Major depressive disorder, recurrent, in full remission
F31.9	1	Bipolar disorder, unspecified
F41.1	1	Generalized anxiety disorder
F29	1	Unspecified psychosis not due to a substance or known physiological condition

XVIII. Acknowledgements

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