

Community Health Needs Assessment for FY2022-2024







(FY2022-2024)

COMMUNITY HEAITH NFFDS ASSESSMENT

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INTRODUCTION

No single healthcare organization or provider can truly 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.

This reality was the spur for North Kansas City Hospital to become a founding member of the Northland Health Alliance (NHA) in 2014. The NHA brought healthcare stakeholders from across the community together around a shared goal of improving the health status and health outcomes of all Clay and Platte County residents.

As a first step in that effort, in 2015 NKCH and its fellow NHA partners conducted an assessment of the health and well-being of citizens who live in, work in, or visit Kansas City's Northland community. The valuable insights generated by that shared community assessment encouraged NKCH and the NHA to repeat the collaborative Community Health Needs Assessment in 2018 and 2021. In partnership with the other 10 Alliance

organizations, NKCH 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. Meeting IRS requirements was an important driver of this effort, but the hospital also viewed it more broadly as part of a community-wide effort to identify the most significant health gaps or challenges the community faces. As a community hospital, meeting the community's needs is one of NKCH's strategic pillars. Ultimately, the hospital's intention for this report is to provide an evidence-based framework hospital leadership and their community partners can use to make informed decisions about prioritizing health needs and determining where

to most effectively invest resources to address them. These priorities are the foundation of NKCH's FY 2022-2024 Community Health Needs Assessment Implementation plans. These plans are designed to align hospital efforts with those of the NHA to address the most serious health issues impacting citizens.





NORTHLAND HEALTH ALLIANCE MEMBERS

Children's Mercy Hospital Clay County Public Health Center **Excelsior Springs Hospital** Liberty Hospital North Kansas City Hospital Northland Healthcare Access Platte County Health Department Saint Luke's Hospital System Samuel U. Rodgers Health Center Signature Psychiatric Hospital Tri-County Mental Health Services, Inc.

























MERITAS

FIGURE 1:

TOTAL PATIENT ENCOUNTERS 2021



18,324* Discharges



202,854 Outpatient visits



68,609 Emergency visits



404,287MH office visits

^excludes newborn infants

Source: North Kansas City Hospital Utilization 2021-Encounter Level Volumes

OUR SYSTEM, OUR COMMUNITY

Since opening its doors in 1958 as an 80-bed hospital with 200 employees, the system has grown to 451 beds, more than 3,000 employees and a medical staff of 550 physicians representing 49 medical specialties.

Today, the system is the largest acute-care hospital in the Northland, an area comprised of communities that lie north of the Missouri River including Clay and Platte Counties. It is also one of the busiest hospitals in Kansas City. As the largest network of physician practices in the Northland, the system's MH subsidiary serves the community with 280 physicians and advanced practitioners in 35 locations,

including one Express Care and one Urgent Care clinic. With healthcare services ranging from a Level III neonatal intensive care unit to home health and hospice care, the system provides a lifetime of care.

In 2018 NKCH earned Magnet® designation, an elite honor for its high-quality patient care, outstanding outcomes and committed employees. The recognition,

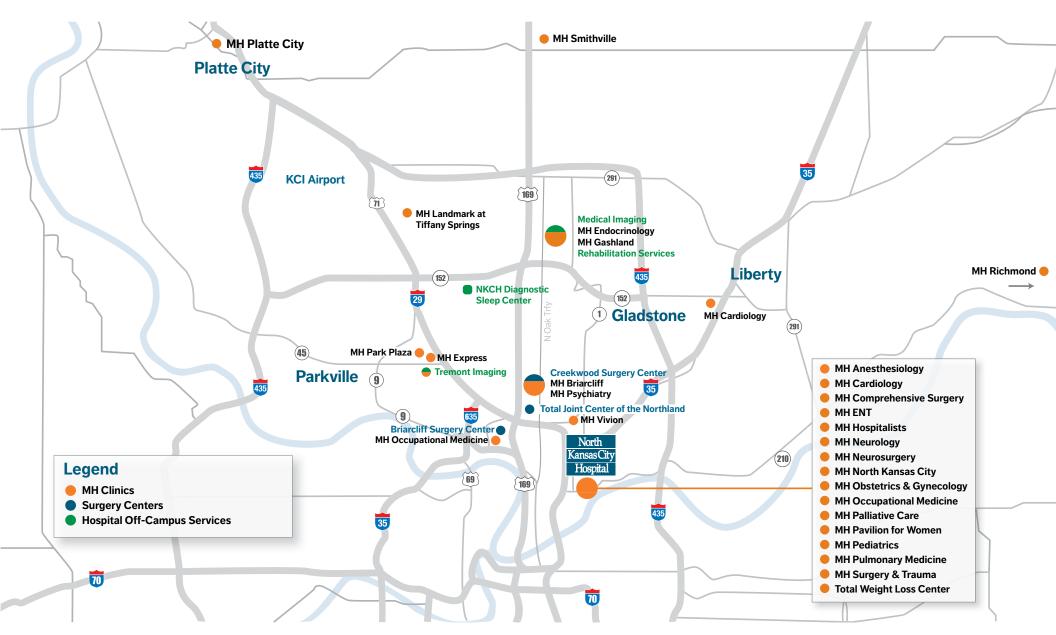
awarded by the American Nurses Credentialing Center, is the highest achievement a hospital can receive for nursing excellence.

During the last three years, the system has celebrated many achievements:

SAVING LIVES IN THE COMMUNITY

The system partnered with Liberty Hospital, Cerner, Clay County Public Health Center

OUR LOCATIONS



OUR ACHIEVEMENTS

and local municipalities to stand up "Operation Safe - Vaccinating Our Community, Together" on the Cerner campus. After doors opened on February 4, 2021, hospital employees and physicians helped staff the clinic. When the doors closed on May 6, 2021, over 97,000 vaccinations had been given.

COMMUNITY SERVICE AWARD

Earned the Kansas City Medical Society's Community Service Award for Operation Safe efforts.



TECHNOLOGY LEADER

Recognized as an outstanding digital technology leader in Acute and Ambulatory care.



HEALTHGRADES FIVE-STAR RATING

- Heart Failure
- Stroke
- Sepsis
- Upper Gl and Colorectal Surgeries



TOP DOCS

Ingram's Magazine named Michael DiBernardo, MD, Meritas Health Gashland and Ian Rosbrugh, MD, Meritas Health Pavilion For Women top Doc in Top Docs of 2021.



Michael DiBernardo, MD Primary Care Physician



lan Rosbrugh, MD, FACOG Urogynecologist

OPERATION SAFE VACCINATING OUR COMMUNITY, TOGETHER

97,000+

5,600+ Most vaccinations in a day

540+ Wost patients per hour

4,000+
Volunteers

OUR RECOGNITION

GOLD SEAL OF APPROVAL

Farned The Joint Commission Gold Seal of Approval for our stroke, cardiac and hip and knees programs.





Advanced Total Hip and Knee Replacement Certification





TOP HONORS

NKCH received top honors from American Heart Association for excellent quality care for heart attack, heart failure and stroke.





100th WATCHMAN™

NKCH performed its 100th Watchman procedure.



SURGICAL/MEDICAL WEIGHT LOSS

Served over 1,000 surgical and medical weight loss patients since June.



FORBES

Ranked one of the best employers for second year in a row.



US NEWS & WORLD REPORT

Ranked third best hospital in the region.



CMS FOUR-STAR RATING

Received an impressive four out of five stars for safe, quality patient care.





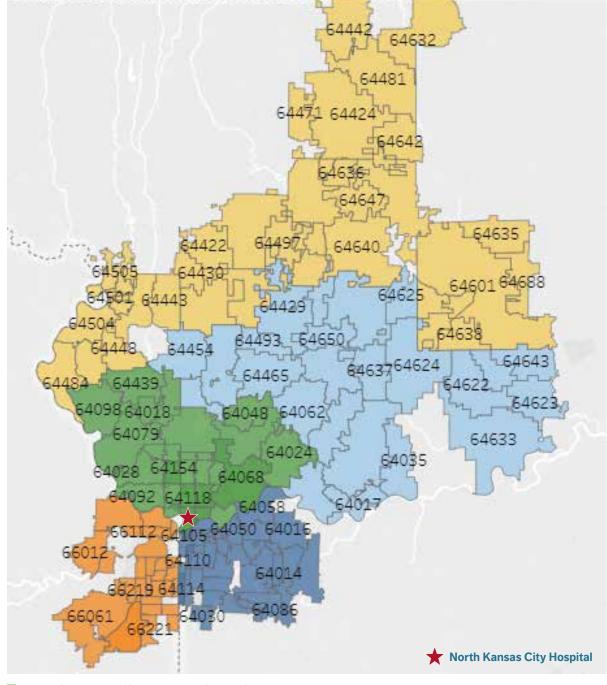
CHEST PAIN REGISTRY

NKCH earned highest-level recognition for chest pain care.

> Chest Pain - MI Registry

NHA AND NKCH SERVICE AREAS

Data examined regarding the geographic dispersion of the NKCH patient population was pulled from the Unique Patient Volumes from fiscal year 2019. Residents of Clay and Platte Counties accounted for just under 70% of all the patients cared for at NKCH. Citizens from Jackson County accounted for about 20% of all patients, and residents from Ray County and Wyandotte County, KS, were the next most frequent users of hospital services. NKCH and MH treated patients in smaller numbers from 17 other counties in Missouri during 2018. As these numbers suggest, due to its size and depth of specialties, the system draws patients from a large geographical area. However, Clay and Platte Counties serve as its Primary Service Area.



- Primary Service Area (Clay and Platte Counties)
- Secondary Service Area North (Ray, Clinton, Caldwell and Carroll Counties)
- Secondary Service Area South (selected areas of Jackson County)
- Tertiary Service Area North (selected areas of Buchanan, Dekalb, Livingston, Harrison and Davies Counties)
- Tertiary Service Area South (selected areas of Wyandotte and Johnson Counties, KS)

FIGURE 1:
PRIMARY SERVICE AREA POPULATION

		POPULATION		CHANGE	CHANGE	
	2000	2010	2020	2000-2010	2010-2020	
Wyandotte	157,882	157,505	169,245	-377	11,740	
Cass	82,092	99,499	107,824	17,407	8,325	
Clay	184,008	221,939	253,335	37,931	31,396	
Jackson	654,880	675,530	717,204	20,650	42,964	
Platte	73,774	89,314	106,718	15,540	17,404	
Ray	23,354	23,494	23,158	140	-336	

Source: MARC 2020 Census Report

FIGURE 2:

NKCH'S PRIMARY SERVICE AREA HOUSEHOLDS

		HOUSEHOLDS		CHANGE	CHANGE	
	2000	2010	2020	2000-2010	2010-2020	
Wyandotte	59,700	58,399	61,835	-1,301	2,577	
Cass	30,168	37,150	40,907	6,982	3,823	
Clay	72,560	87,217	100,254	14,657	6,230	
Jackson	266,294	274,804	297,580	8,510	18,020	
Platte	29,275	36,103	42,452	6,828	4,758	
Ray	8,743	8,957	9,081	214	-108	

Source: MARC 2020 Census Report

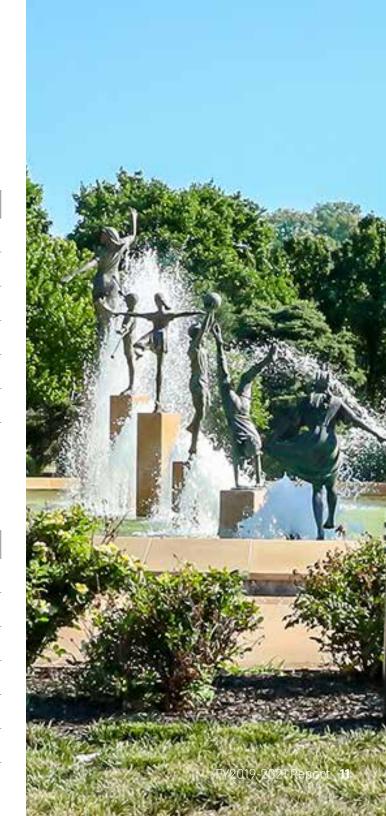
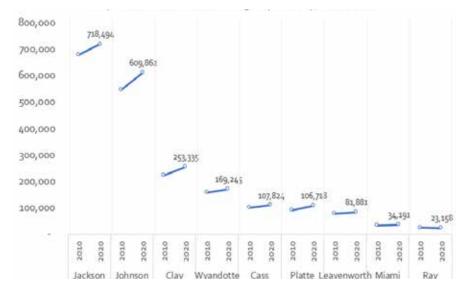


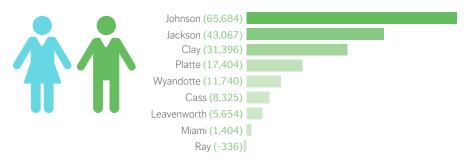
FIGURE 3: **POPULATION CHANGE BY COUNTY (2010-2020)**



Source: MARC 2020 Census Report

This chart examines both the population level and growth of each County, which break into two distinct groups. Jackson remains the region's largest County, followed by Johnson County, Clay leads the second tier in both level and growth. Wyandotte is the next largest County, followed by Cass, Platte and Leavenworth.

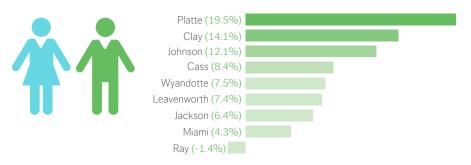
FIGURE 4: **POPULATION CHANGE BY COUNTY (2010-2020)**



Source: MARC 2020 Census Report

Looking at the amount of growth over the last decade, Clay and Platte Counties are third and fourth for population growth over the last ten years.

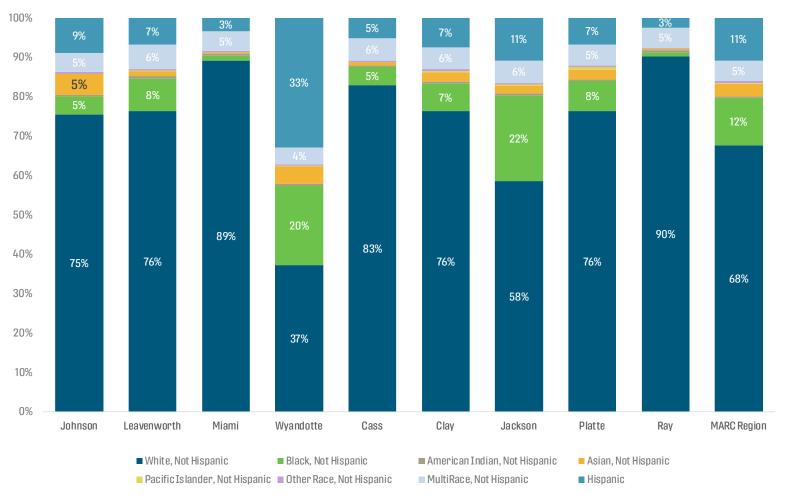
FIGURE 5: POPULATION PERCENTAGE CHANGE BY COUNTY (2010-2020)



Source: MARC 2020 Census Report

But in terms of the pace of growth, Platte and Clay Counties grew faster than all other counties during the last ten years.

FIGURE 6: **RACE/ETHNIC COMPOSITION BY COUNTY (2020)**

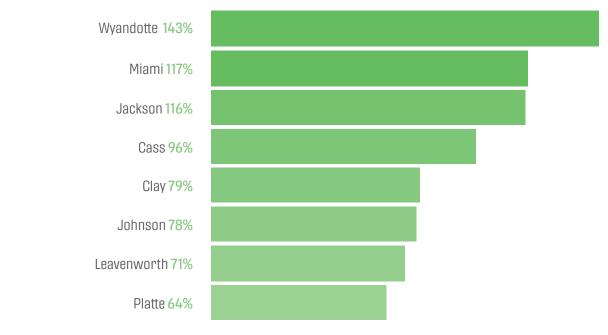


Greater diversity of the location of population was partly fueled by the region's growing demographic diversity. Nonetheless. residents of most counties remain at least 3/4 White.

Source: MARC 2020 Census Report

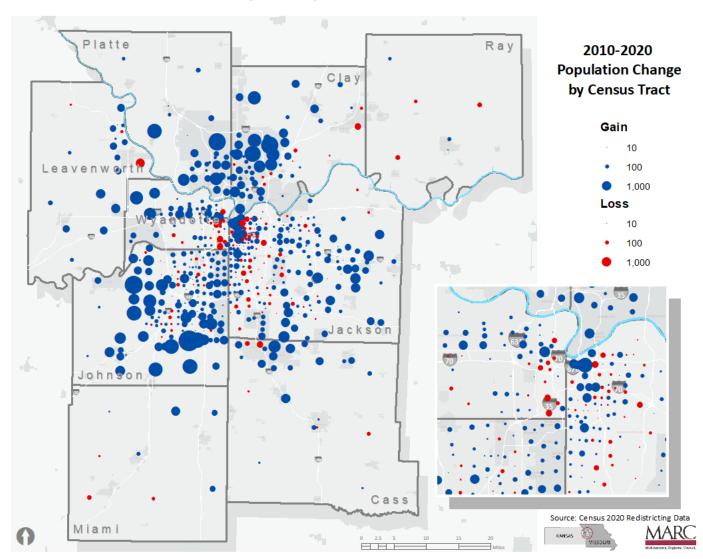
Throughout the Kansas City region, growth now depends on diversity. In all counties, People of Color accounted for the vast majority of population growth, ranging from 143% in Wyandotte County to 64% in Platte.

FIGURE 7: COUNTY PROPORTION OF POPULATION GROWTH FROM PEOPLE OF COLOR



Source: MARC 2020 Census Report

FIGURE 8: POPULATION CHANGE BY CENSUS TRACT (2010-2020)





COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY

Assessing the health of a community requires the systematic collection, aggregation and analysis of both qualitative and quantitative information across multiple indicators of health.

To that end, NKCH, MH and NHA partners undertook a three month-long collaborative process to gather data about the community. NKCH and MH was a member of the data task force charged with reviewing, analyzing and drawing initial conclusions from this data. The data gathering process took three forms:

- Community Health Survey and Community Forums
- Community Health Status Assessment
- Northland Hospital Utilization

COMMUNITY HEALTH SURVEY AND COMMUNITY FORUMS (VISIONING AND VALUES SESSIONS)

This effort involved gathering primary data through a Community Health Survey and through four virtual Community Vision and Values sessions held June 24-25, 2021. The goal of the survey and conversations was to capture feedback from people who live in, work in, or visit Clay and/or Platte County:

- · What does a healthy community mean to vou?
- What are important characteristics of a healthy community for all who live, work, and play here?
- · Who is responsible for keeping our community healthy?
- How do you envision the local public health system in the next five or ten years?

COMMUNITY HEALTH STATUS ASSESSMENT

The CHNA report contains statistical analysis of community data gathered on nationally recognized health indicators. These include: demographics, social determinants of health, behavioral risk factors, behavioral and mental health, maternal and child health, and health resource availability/access to care. This report section presents data and analysis of the current health status of the Northland community. When available, data from Kansas City, MO; the state of Missouri: and the United States is also included in the tables to provide context for understanding 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 and 2018 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.

NORTHLAND HOSPITAL UTILIZATION

NKCH. MH and fellow Alliance members Liberty Hospital and Excelsior Springs Hospital provided de-identified patient data to support the assessment effort, including information on patient demographics, and hospital and ED utilization. Data analysis was conducted by epidemiologists and epidemiology specialists at Clay County Public Health Center and Platte County Health Department.

DATA SOURCES FOR HEALTH INDICATORS:

American Community Survey

Behavioral Risk Factor Surveillance System (BRFSS)

Center for Disease Control

Excelsior Springs Hospital

Healthy People 2020

Liberty Hospital

Mid-America Regional Council

Missouri County-Level Study

Missouri Information for Community Assessment (MICA)

Missouri Department of Economic Development

Missouri Department of Elementary and **Secondary Education**

Missouri Department of Health and Senior Services

Missouri Department of Social Services

Missouri Hospital Association

North Kansas City Hospital Demographic, Diagnostic, and Utilization data

Northland Health Alliance Community Health Survey & Visioning and Values Sessions

Robert Wood Johnson Foundation

U.S. Census Bureau

U.S. Department of Health and Human Services

2022-2024 NORTH **KANSAS CITY HOSPITAL AND MERITAS HEALTH CHNA COMMITTEE MEMBERS**

Glynda Jacobson Board of Trustees Member

Kerri Jenkins Sr. Vice President & COO

Courtney Johanning Chief Development Officer

Kristen Guillaume Vice President, Chief Information

Michelle Lane Sr. Director of Community & Corporate Health

Craig Leonard Board of Trustees Member

Sheila Lillis Board of Trustees Member

Sandra Merritt Director, Community Health and

Stephen Reintjes Sr., MD President & CEO

NORTH KANSAS CITY HOSPITAL & MERITAS HEALTH CYCLE 4 INITIATIVES

The CHNA Committee used the insights gained through analysis of the community health assessment data to inform consensus-building around the Cycle 4 Initiatives the system will address between 2022-2024.

As part of the process, the committee distilled 10 key health issues from the broader community assessment. These issues were then analyzed and scored using the following criteria:

- Magnitude/Scale of the problem, rated from 1 (low) to 10 (high).
- Severity of the problem in the community, rated from 1 (low) to 5 (high).
- NKCH and MH internal assets to address the problem, rated from 1 (no/low assets) to 5 (many internal assets).
- Existing/promising approaches to addressing the problem, rated from 1 (no/few promising approaches) to 5 (many promising approaches).

- Addresses health disparities in the community, rated from 1 (no/low impact on disparities) to 5 (high impact on disparities).
- NKCH and MH could leverage other resources to address the issue, rated from 1 (no/ few other resources) to 5 (many additional resources).
- · How highly the community as a whole prioritizes the issue, rated from 1 (lowest priority) to 10 (highest priority).
- How highly the issue aligns with other system priorities, rated from 1 (lowest alignment) to 10 (highest alignment).

After extensive discussion, the CHNA Committee presented the Cycle 4 Initiatives to internal leaders for review and approval on April 13, 2022.

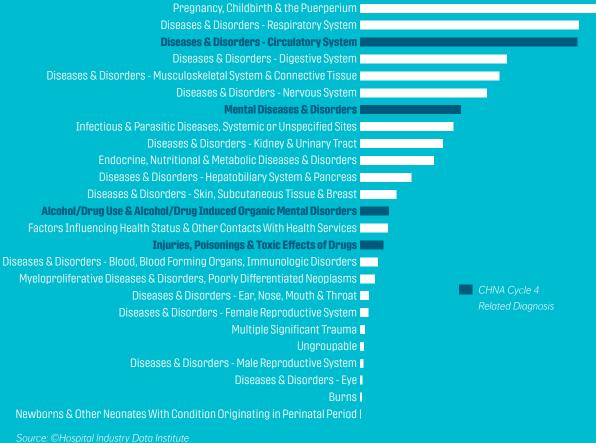
INITIATIVE 1

CARDIAC DISEASE

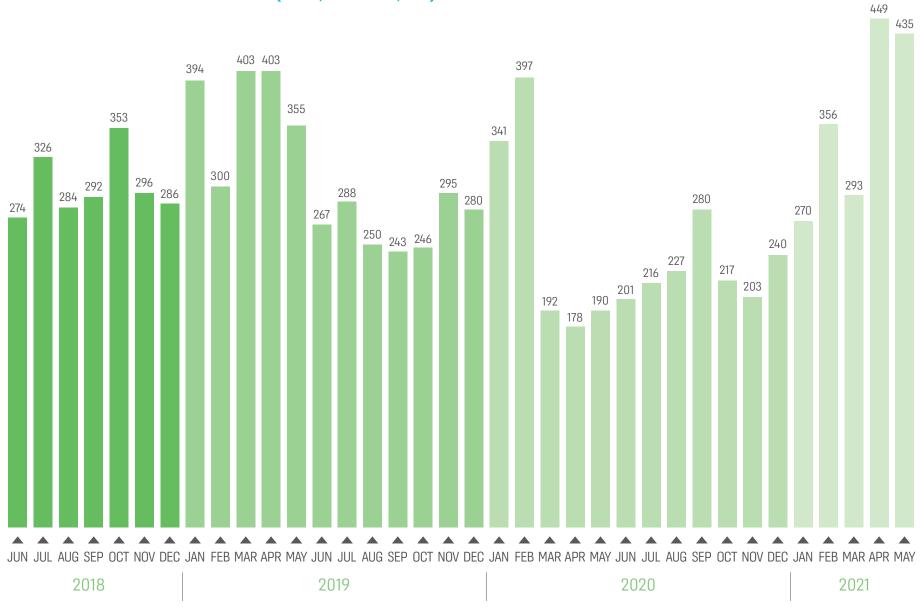
RATIONALE

- Heart disease is the second leading cause of Clay and Platte Counties.
- Death by heart disease in Platte County is on the rise from 127 in 2018 to 147 people in
- Disparities identified through secondary data compared to White, non-Hispanic populations and Black/African Americans in Clay County experienced death from heart disease and cancer at higher rates. Heart disease is the number one reason for death among Black/ African Americans
- Preparing for future community needs, the system recognizes the imminent uptick in our aging population. This age group has the largest number of discharges for cardiac
- Cardiac issues are top preventable diagnoses for rehospitalizations.

2021 INPATIENT DISCHARGES IN CLAY & PLATTE COUNTIES BY MAJOR DIAGNOSTIC CATEGORY



NKCH DISCHARGE TOTALS FOR HEART FAILURE (JUNE 1, 2018-MAY 31, 2021)

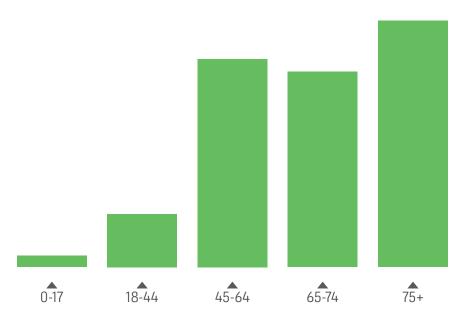


Source: Hospital Industry Data Institute (April 2022)

PREVENTABLE HOSPITALIZATIONS (PH) (FY2021)

Туре	Percent of PH Admissions	Rate/100,000
Heart Failure	23.8%	1285.84
Community-Acquired Pneumonia	21.3%	1153.1
Hypertension	19.7%	1066.93
COPD or Asthma: Older Adults	18.2%	1587.21
Diabetes: Long-Term Complications	7.9%	428.53
Uncontrolled Diabetes	3.6%	196.66
Diabetes: Short-Term Complications	2.8%	149.85
UTI	2.1%	116.12
Asthma: Younger Adults	0.5%	64.25

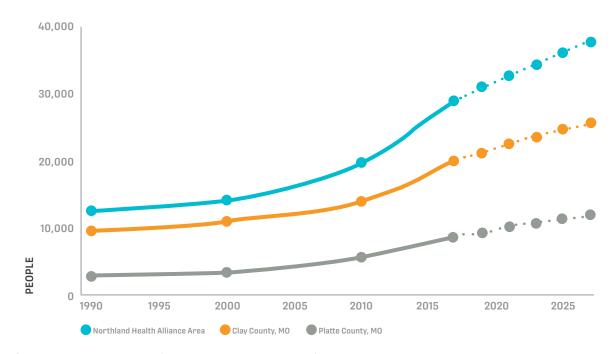
CARDIAC DISCHARGES BY AGE



Source: Hospital Industry Data Institute (April 2022)

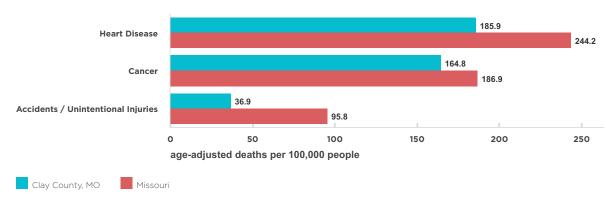
AGING POPULATION GROWTH

Seniors 65 to 74



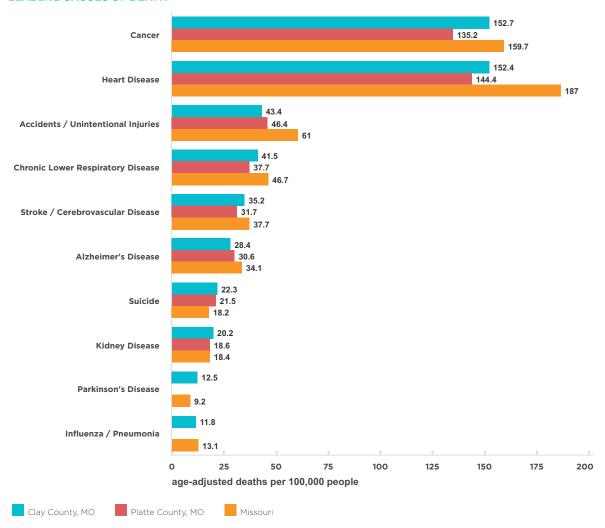
Source: Northland Health Alliance (dashboards.mysidewalk.com/nha21)

CAUSES OF DEATH AMONG BLACK/AFRICAN AMERICANS



Source: CDC WONDER Cause of Death 2018-2020 (dashboards.mysidewalk.com/nha21) Note: Platte County data is not available.

LEADING CAUSES OF DEATH



Source: CDC WONDER Cause of Death 2019 (dashboards.mysidewalk.com/nha21)

INITIATIVE 2

MENTAL AND BEHAVIORAL HEALTH

RATIONALE

- The need for mental health/behavioral health services and treatment for individuals experiencing substance use issues is
- More than 60% of people ages 25-44 rated mental emotional health problems as the top
- People ages 18-24 were more likely to identify drug abuse, alcohol abuse and suicide as top health problems.
- identified opioid abuse as a top health problem at a higher rate than other ethnic
- The suicide rate is increasing.
- There is a growing demand for mental health

- It's common for Northland residents to travel 30+ minutes to find a provider for mental health counseling or psychiatry.
- There is a growing demand placed on Northland law enforcement to respond to increasing mental health crisis calls.
- Northland law enforcement is seeing increased use of fentanyl, methamphetamine and marijuana by youth.
- There is a mental health workforce shortage across the community—making it difficult to recruit and secure clinically licensed staff.
- The NHA survey reported 18% of adults binge drink. In areas like Liberty, binge drinking is reported by 21% of those surveyed. This is higher than the state and national average.

- Medicaid expansion will increase the number of people who have coverage for mental health services. The system is already underresourced in terms of providers who accept
- The number of people served within Clay and Platte Counties has increased from 2.560 in 2019 to 2,667 with a spike in 2020 due to the pandemic.

	FY2021	FY2020	FY2019
Total Individuals Served	2,667	2,941	2,560

HOSPITAL ADMISSION DIAGNOSIS SUBINDICATORS	ADMITTED	TOTAL BEHAVIORAL HEALTH ADMISSIONS	% OF ALL MENTAL DISORDERS	POP	RATE
Mood and Depressive Disorders	2,323	8,790	26%	1,078,126	215.47
All Mental Disorders Except Drug and Alcohol Induced Mental Disorders	5,955	8,790	68%	1,078,126	552.35
Drug and Alcohol Induced Mental Disorders	2,835	8,790	32%	1,078,126	262.96
Alcohol-Related Disorders	2,104	8,790	24%	1,078,126	195.15
Opioid-Related Disorders	144	8,790	2%	1,078,126	13.36
Other Stimulant-Related (not cocaine) Disorders	383	8,790	4%	1,078,126	35.52
Bipolar Disorder	495	8,790	6%	1,078,126	45.91
Depressive Episode	495	8,790	6%	1,078,126	45.91
Major Depressive Disorder (recurrent)	912	8,790	10%	1,078,126	84.59
Anxiety Disorder	981	8,790	11%	1,078,126	90.99
Reaction to Stress, Adjustment Disorder	720	8,790	8%	1,078,126	66.78

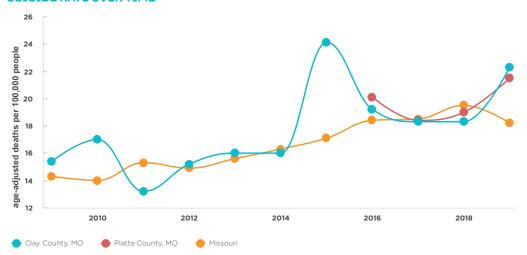
Source: Northland Health Alliance Hospital Utilization Data (July 2018-June 2021)

SURVEY QUESTION: MOST IMPORTANT HEALTH PROBLEM IN THE NORTHLAND



Source: Northland Health Alliance 2021 Community Survey results

SUICIDE RATE OVER TIME



Note: Platte County has fewer data points due to there being fewer than 20 deaths attributable to this cause in those years; the source requires at least 20 deaths in a given year to calculate a rate.

Sources: CDC WONDER Cause of Death 2018-2020 (dashboards.mysidewalk.com/nha21)

SUICIDE RATE BY AGE



Note: Some data may be suppressed to protect privacy or ensure rates are reliable.

Sources: CDC WONDER Cause of Death 2018-2020 (dashboards.mysidewalk.com/nha21)

TRI-COUNTY MENTAL **HEALTH DATA**

45% increase in crisis contacts from the previous fiscal year.

FY2021 – 4,904 crisis contacts

FY2020 - 3.383 crisis contacts

In the last year, Tri-County has experienced growth in crisis contacts and has turned away those seeking therapy and other follow-up care following the initial assessment.

Between February 2021 and January 2022, 414 people were not able to continue with ongoing therapy or other services because of full therapy caseloads, lack of schedule availability, and/or wait times too long for a therapy appointment.

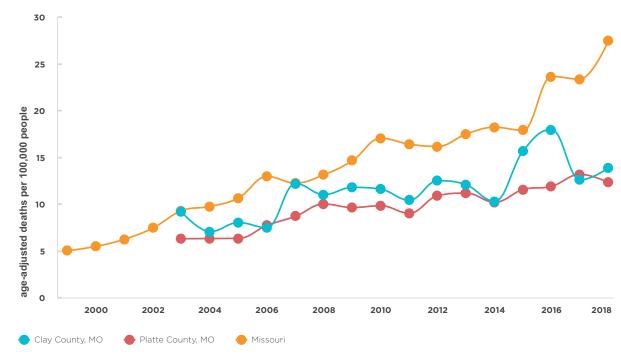
When we survey our community members they shared a concern for alcohol and drug misuse in our community.

SURVEY QUESTION: HEALTH BEHAVIORS HAVING GREATEST **IMPACT ON THE NORTHLAND**

32.5% **26.3**% **13.2**% Drug **Alcohol Opioid** Misuse Misuse Misuse

Source: Northland Health Alliance 2021 Community Survey results (dashboards.mysidewalk.com/nha21)

DRUG OVERDOSE DEATH RATE



Source: CDC (dashboards.mysidewalk.com/nha21)



INITIATIVE 3

ACCESS TO CARE: TRANSPORTATION

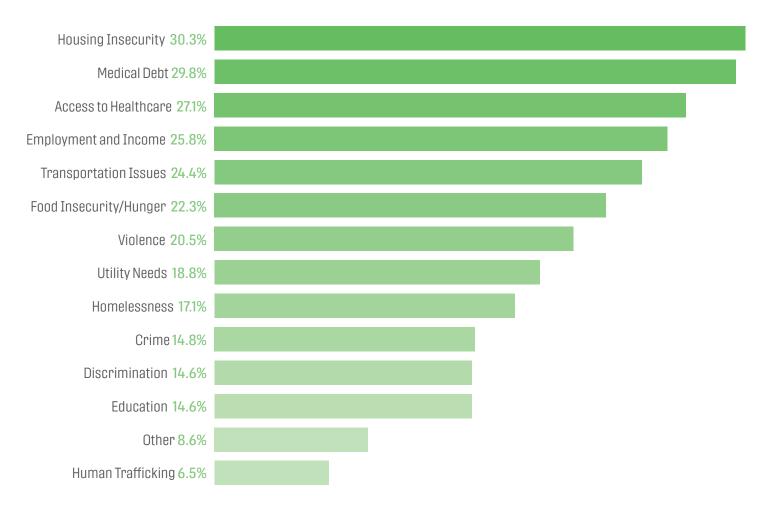
RATIONALE

- The Mid-America Regional Council's (MARC) 2015 Regional Health Status Report predicts the senior population in the Kansas City metro area will grow by more than 100% by 2030, and the senior population in Clay County will grow by nearly 120% and by more than 135% in Platte County in that same time frame.
- According to MARC, the metro is projected to grow by about 500,000 people over the next 25 years — from just under 2 million people to about 2.5 million people. We also region by 2040. Accessibility to jobs, healthy foods and healthcare are fundamental to the health of the community.

- The CHNA survey participants identified "access to healthcare" and "transportation" issues" in the top five greatest challenges to being healthy in the Northland.
- Potential for alignment with MARC's transportation in the next five years. Concentrations of people with low income (either above the 100% or 200% of the poverty level thresholds or both) are notably high along the I-35 corridor around Leavenworth County, Kansas and Clay County, Missouri.
- Concentrations of disabled individuals who tend to need supportive transportation live

- 9,324 people in the region use public transportation as a primary mode of transportation to work.
- There are 1,422 people per primary care provider in Missouri.

SURVEY QUESTION: GREATEST CHALLENGE TO BEING HEALTHY IN THE NORTHLAND



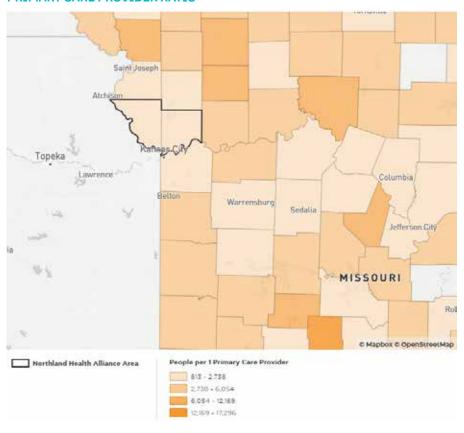
Source: Northland Health Alliance 2021 Community Survey results

ACCESS TO PRIMARY CARE PROVIDERS

1,422 People per 1 Primary Care Provider **Primary Care Physicians Ratio** Missouri

Sources: Area Health Resource File/American Medical Association 2018 (dashboards.mysidewalk.com/nha21)

PRIMARY CARE PROVIDER RATIO



Sources: Area Health Resource File/American Medical Association 2018 (dashboards.mysidewalk.com/nha21)

NKCH and MH recognize that reducing healthcare disparities is an important aspect of improving overall community healthcare outcomes. Therefore, the subcommittees have been charged with considering how social determinants of health such as race, ethnicity, geography, education and income may impact access to the resources, programs or health services they define during the planning process. Wherever possible, the plans and activities created will strive to lessen these disparities. The work to define the strategies, goals and tactics to advance the three initiatives will be guided by subcommittees comprised of system staff and leadership.

HOW SOCIAL FACTORS IMPACT HEALTH IN THE NORTHLAND HEALTH EQUITY

Every resident should have the opportunity to make healthy choices.

However our choices are often limited or expanded based on where we live, where we work, and what resources we have access to. Understanding how social and economic factors impact our residents' opportunities for health is critical for making decisions that expand opportunity for every resident

Overall, the Northland is relatively healthy.

Each year, the Robert Wood Johnson Foundation compiles data on a variety of health factors and outcomes to help communities compare their level of health to other peer counties in their state. These County health rankings use factors ranging from healthy behaviors such as regular exercise to outcomes such as rates of chronic disease. County health rankings help provide a standard for understanding how healthy we are overall.









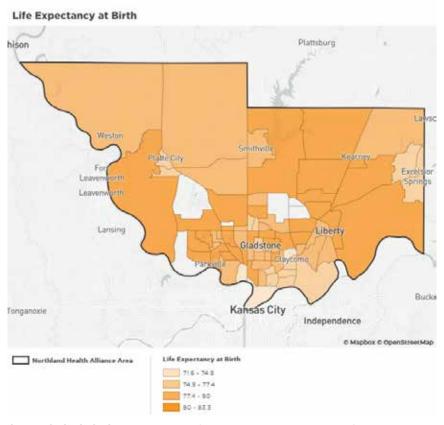
Source: RWJF County Health Rankings 2021 (dashboards.mysidewalk.com/nha21)

Yet, we see differences in life expectancy across the region. Ultimately, healthcare should improve how long our residents live, and the quality of life our residents experience throughout their lives. One key measure of the health of our community is life expectancy, which tells us how long a typical resident is expected to live when they are born. Communities that have more opportunities for health will generally have a longer life expectancy. This is not equally distributed throughout the Northland. In fact, communities just nine miles apart have an 11.7 year difference in life expectancy.

Life Expectancy at Birth

Northland Health Alliance Area

Sources: CDC NCHS USALEEP 2010-2015 (dashboards.mysidewalk.com/nha21)



Sources: CDC NCHS USALEEP 2010-2015 (dashboards.mysidewalk.com/nha21)

THE DIFFERENCE

This difference in life expectancy coincides with another significant difference: income. In the longest-life expectancy census tract, the median income is over \$166,000 per year while the lowest-life expectancy census tract has a median income of just \$42,000. The length of life isn't the only outcome that correlates with income level. Certain chronic diseases, such as coronary heart disease, stroke, diabetes and arthritis are less wide-spread among those with higher incomes.

Census Tracts with the Lowest and Highest Life Expectancy



Median Household Income

\$37,383

Tract 29047022100

\$160,515

Tract 29047021309



Percent of People Below Poverty Level

Tract 29047022100

Tract 29047021309

Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)

If poverty were a city, it would be the 4th largest in the Northland.



25,081 People

People Living in Poverty Northland Health Alliance Area



Percent of People Living in Poverty

Northland Health Alliance Area

Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)

LIFE IS EXPENSIVE

The average monthly budget for a single parent and two children to have a modest, yet adequate, standard of living in the Northland is between \$5,500 and \$6,000. However, 5% of Northland families live below the poverty line; and of these families nearly 70% are single parent families. This means these families are making less than 1/3 of the monthly income needed to meet a modest, yet adequate, standard of living.

COSTS FOR 1 ADULT AND 2 CHILDREN (CLAY AND PLATTE COUNTIES)

	Clay	Platte
Housing	\$853	\$906
Food	\$552	\$660
Child Care	\$1,107	\$1,143
Transportation	\$1,025	\$1,030
Healthcare	\$694	\$694
Other Necessities	\$567	\$632
Taxes	\$768	\$863
Monthly Total	\$5,565	\$5,927
Annual Total	\$66,777	\$71,122

Source: Economic Policy Institute Family Budget Calculator (dashboards.mysidewalk.com/nha21) "modest yet adequate standard of living": housing estimates based on 40th percentile of fair market rental costs for standard-quality units; food costs based on Official USDA Food Plans: Cost of Food at Home at Four Levels, using the low-cost plan; child care costs based on average costs calculated by Child Care Aware of America; Transportation costs in the H+T index are estimated by adding up three major components of transportation costs: auto ownership, auto use, and transit use; Healthcare costs estimated based on premiums obtained through The Henry J. Kaiser Family Foundation's 2017 Health Insurance Marketplace Calculator (Kaiser 2017), supplemented by data from the U.S. Department of Health and Human Services (HHS 2017a)

GOOD, STABLE EMPLOYMENT IS NOT ACCESSIBLE TO **EVERYONE.**

A good-paying job makes it easier for workers to live in healthier neighborhoods, provide quality education for their children, secure child care services, and buy more nutritious food—all of which affect health. Good jobs also tend to provide good benefits. As we've highlighted, higher earnings also translate to a longer lifespan.

By contrast, unemployed Americans face numerous health challenges beyond loss of income. Laid-off workers are far more likely than those continuously employed to have fair or poor health, and to develop a stress-related condition, such as stroke, heart attack, heart disease or arthritis. With respect to mental health, a 2010 Gallup Poll found that unemployed Americans were far more likely than employed Americans to be diagnosed with depression and report feelings of sadness and worry.

3.7%

Unemployment Rate for People Age 19 to 64

Northland Health Alliance Area

Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)

Thousands of Northlanders are employed but classified as "working poor."

2,062

Worked Full Time Past Year with **Income Below Poverty Level** Northland Health Alliance Area

14,213

People Employed without Health Insurance Northland Health Alliance Area

Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)

SOME LIVE TO EAT, WHILE **OTHERS STRUGGLE TO** SIMPLY EAT TO LIVE

The risk for food insecurity increases when money to buy food is limited or unavailable. In Missouri, 15% of households are considered food insecure, while 6.4% of households have "very low food security." In these households, at least one person is skipping a meal because there is not enough food to go around.

Despite the availability of food assistance programs, not all who are eligible participate.

Many parents rely on school for their children to access nutritious meals. It is estimated that low income parents were able to divert 10% of their budget to other expenses because their child was receiving meals at school.





Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)



2% Platte County, MO



Clay County, MO

\$8 USD

Platte County, MO

2015

Sources: USDA ERS Food Envir Atlas 2016, 2017 (dashboards.mysidewalk.com/nha21)

For many food insecure children, a school meal may be the only nutritious meal of the day.

2015

	2013	2010
	Students Eligible for Reduced-Price Lunch	Students Eligible for Free Lunch
Clay	6.9%	25.6%
Platte	5.4%	21.3%
Missouri	8.7%	47.3%

Sources: USDA ERS Food Envir Atlas 2015 (dashboards.mysidewalk.com/nha21)



IN A CAR-DEPENDENT CITY, WHAT HAPPENS WHEN YOU **DON'T HAVE ONE?**

Transportation costs can be especially burdensome for low-income households, who often must devote larger portions of their budget to transportation-related costs. The costs of car ownership can make it difficult to purchase a home, and cars quickly depreciate compared to property.

For those who try to navigate without a vehicle, additional planning is required to get anywhere on time. There are only 14 regular routes in the Northland; many have 30–60-minute frequency, translating into extra-long commute times.

The ten remaining routes are on a 30-60 minute frequency, translating into extra long commute times.



Length of one-way bus trip

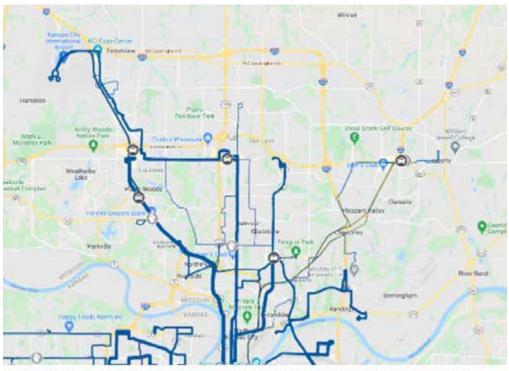
Gladstone to North Kansas City Hospital

Includes a 2+mile walk and changing buses Source: Northland Health Alliance 2021 Dashboard (dashboards.mysidewalk.com/nha21)



Length of one-way car trip

Gladstone to North Kansas City Hospital



Map of KCATA bus routes in the Northland. There are very few east-west routes available; to move in this direction, riders must often take a bus to a hub downtown and change buses.



NOT KEEPING UP TAKES A TOLL

Financial strain has effects ranging from depression to social isolation to sleep disorders. When there isn't enough money to go around, people are forced to choose. Often, medical and dental check-ups, along with filling regular prescriptions, are the first to go. In the Northland, almost 20% of residents reported delaying medical care because of cost at some point over the past three years.



11.7%

People

Poor Physical Health Among Adults Northland Health Alliance Area



14.3%

People

Poor Mental Health Among Adults Northland Health Alliance Area



74.7%

People

Doctor Checkup in Past Year Among Adults Northland Health Alliance Area



65.5%

People

Dental Visit Among Adults

Northland Health Alliance Area

Sources: CDC BRFSS PLACES 2018, 2019 (dashboards.mysidewalk.com/nha21)

ASSISTANCE IS HARD TO FIND FOR THOSE WHO SEEK HELP

In the Northland, 7% of people do not have health insurance. For those who do, access to quality care isn't guaranteed. It can be confusing to navigate networks and determine which providers are covered at the highest level. And if one gets to that point, it might take weeks to secure an appointment. For those working hourly jobs, there may be limited opportunity to visit a provider during normal business hours.



7% of People

People Without Health Insurance

Northland Health Alliance Area 24,527 People

People Without Health Insurance Northland Health Alliance Area



63.3

Primary Care Physicians per 100,000 residents Northland Health Alliance Area

Sources: HRSA HPSA 2019; HRSA PCSA 2010; US Census Bureau 2010; US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)

HPSA Mental Health Score is based on several factors, including provider-to-patient ratio. Scores closer to 25 indicate greater need.



THE ULTIMATE COST

Our health. From higher rates of unhealthy behaviors to increases in chronic diseases to higher levels of poor mental health, navigating with limited resources simply takes a toll. Addressing underlying issues such as income inequality, under employment, transportation and health insurance can make big, lasting impacts for our neighbors who are struggling.

It may even save lives.

UNHEALTHY BEHAVIORS



18.3%

People

Binge Drinking Among Adults

Northland Health Alliance Area



No Leisure-Time Physical Activity Among Adults

Northland Health Alliance Area



18.4%

People

Regular Smoking Among Adults

Northland Health Alliance Area

Less Than 7 Hours Sleep Among Adults

Northland Health Alliance Area

Sources: CDC BRFSS PLACES 2018, 2019 (dashboards.mysidewalk.com/nha21)

CHRONIC DISEASE



People

Obesity Among Adults Northland Health Alliance

Area



27.2%

People

High Blood Pressure Among Adults

Northland Health Alliance Area



People

Diagnosed Diabetes Among Adults

Northland Health Alliance Area



Chronic Kidney Disease Among Adults

Northland Health Alliance Area

MENTAL HEALTH

Poor Mental Health Among Adults

Northland Health Alliance Area



22.2%

People

Diagnosed Depression Among Adults

Northland Health Alliance Area



Age-adjusted deaths per 100,000 people

Suicide Death Rate

Northland Health Alliance Area

Source: CDC WONDER Cause of Death 2020 (dashboards.mysidewalk.com/nha21)

CAPTURING THE VOICE OF THE NORTHLAND:

COMMUNITY SURVEY & VISIONING AND VALUES FORUMS

COMMUNITY HEALTH SURVEY

Taking time to gather feedback from the people who live, work or visit a community is essential to assessing its health and well-being. To that end, survey links were sent out via each Alliance member's communications network (email, website, social media), and paper surveys were provided in English and Spanish at health department clinics and offices, healthcare clinics and via nonprofit groups. Online and paper versions of the survey were available from August 7, 2021-Sept. 14, 2021. More than 2,500 community members responded to the survey.

FIGURE 1:

SURVEY RESPONDENTS BY ZIP CODE

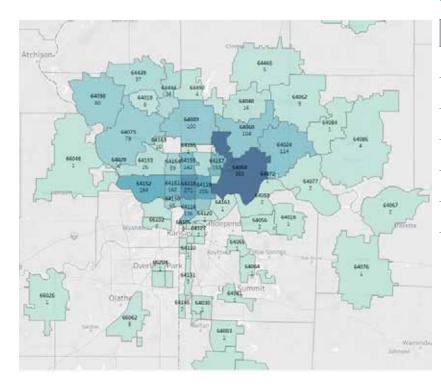


FIGURE 2:

SURVEY RESPONDENTS BY COUNTY

County	Total	Northland
Clay	1,974 (74.3%)	70.7%
Platte	519 (19.5%)	29.3%
Buchanan	73 (2.7%)	-
Jackson	29 (1.1%)	-
Caldwell	15 (0.6%)	-
Other	47 (1.8%)	-

FIGURE 3:

SURVEY RESPONDENT DEMOGRAPHICS

AGF

Total	Northland
904 (34.0%)	36.6%
677 (25.5%)	18.4%
515 (19.4%)	16.5%
509 (19.2%)	17.6%
38 (1.4%)	10.9%
13 (0.5%)	
	904 (34.0%) 677 (25.5%) 515 (19.4%) 509 (19.2%) 38 (1.4%)

RACE

Race	Total	Northland
White	2,273 (86.5%)	88.1%
Black/African American	141 (5.4%)	6.3%
Other	83 (3.2%)	2.1%
Asian	61 (12.3%)	2.2%
More than 1 race	55 (2.1%)	-
American Indian or Alaska Native	9 (0.3%)	0.3%
Native Hawaiian or other Pacific Islander	5 (0.2%)	0.4%

GENDER IDENTITY

Gender Identity	Total	Northland
Female	1,950 (73.6%)	50.8%
Male	669 (25.2%)	49.2%
Prefer to self-describe	17 (0.6%)	-
Non-binary/Non-conforming	12 (0.5%)	-
Transgender Female to Male	2 (0.1%)	-
Transgender Male to Female	1 (0.0%)	-

ETHNICITY

Ethnicity	Total	Northland
No - Not Hispanic or Latino	2,337 (94.5%)	93.9%
Yes - Hispanic or Latino	137 (5.5%)	6.1%

HOUSEHOLD SIZE

Number of Occupants	Total
2	938 (35.5%)
4	528 (20.0%)
3	461 (17.4%)
1	385 (14.6%)
5 or more	333 (12.6%)

SURVEY RESPONDENT DEMOGRAPHICS CONTINUED

MARITAL STATUS

Marital Status	Total
Married/living together	1,889 (71.9%)
Divorced	264 (10.0%)
Never married	228 (8.7%)
Widowed	178 (6.8%)
Other	39 (1.5%)
Separated	29 (1.1%)

LANGUAGE

Language	Total
English	1,962 (95.2%)
Spanish	42 (2.0%)
Multiple	16 (0.8%)
French	9 (0.4%)
Urdu	6 (0.3%)
Other	26 (1.3%)

EDUCATION LEVEL

Education Level	Total
College degree or higher	1,862 (70.3%)
High school diploma or GED	588 (22.2%)
Other	140 (5.3%)
Less than high school graduate	60 (2.3%)

EMPLOYMENT STATUS

Employment Status	Total
Employed full-time	1,405 (53.0%)
Retired	682 (25.7%)
Unemployed, NOT seeking work	113 (4.3%)
Other	112 (4.2%)
Employed part-time	285 (10.7%)
Unemployed, seeking work	55 (2.1%)

HOUSEHOLD INCOME

Age	Total	Northland
Over \$100,000	840 (33.5%)	35.7%
\$50,000-\$74,000	5 44 (21.7%)	21.6%
\$75,000-\$100,000	463 (18.5%)	19.1%
\$30,000-\$49,000	3 49 (13.9%)	12.5%
\$20,000-\$29,000	185 (7.4%)	6.8%
Less Than \$19,000	124 (5.0%)	4.3%

SURVEY RESULTS

NORTHLAND HEALTH

- Only 5.9% of respondents think the health of the Northland community is "very healthy" (average health score = 3.28/5).
- Community members agree that it is easy to get places, and the Northland community is a safe place to live.
- · One-third of survey respondents disagreed with the statement that there is enough access to medical care for low income residents in the Northland

COVID-19 IMPACT

- Households of color and those with low incomes reported that paying household expenses during COVID-19 was difficult at a higher rate than White households.
- 2.3% of households had issues feeding their children. Households of color and those with low incomes reported that at times children in their households did not get enough to eat during COVID-19.

- Just under 20% of all respondents reported receiving free groceries or a free meal during COVID-19.
- Nearly half of all respondents delayed getting care and 34% did not get care due to the pandemic; the number was closer to 60% for those with annual income of \$49,000 or less.

ISSUES, CHALLENGES, BEHAVIORS

- Top issues: mental/emotional health problems (51.9%), chronic disease (45.9%), impacts of COVID-19 (42.2%).
- · Most important behaviors: not getting vaccines/shots to prevent disease (49.5%), lack of exercise (45.6%), poor eating habits (43.5%).
- · Greatest challenges to being healthy: housing insecurity (30.3%), medical debt (29.8%), access to healthcare (27.1%).
- Black/African American respondents identified medical debt a significant challenge to being healthy at a higher rate than other racial/ethnic groups.

- Black/African American and Asian survey respondents rated discrimination as a significant challenge to being healthy at twice the rate of other racial/ethnic groups, with the exception of Hispanic respondents who rated the issue as more significant as well.
- Those with annual income of less than \$19,000 rated access to healthcare and utility needs as significant challenges at higher rates than any other income group.
- Those 18-24 were nearly twice as likely as any other age group to rate employment and income as significant challenges to health.
- 22% of respondents reported not purchasing a required medication due to cost.
- Hispanic respondents reported not purchasing a required medication due to cost at a higher rate than other racial/ethnic groups.

ACCESS

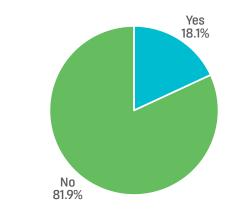
- 89.5% have their own doctor, 92.2% have access to specialists, and 84.1% primarily receive care from a primary care doctor.
- 19.0% of respondents have not seen a doctor and 22.4% have not purchased a prescription due to cost.
- Healthcare providers (89.5%) and Internet searches (62.8%) are the most popular sources of health information.
- 19% of respondents reported not receiving needed medical care due to cost over the past three years.
- Hispanic respondents reported not receiving medical care due to cost at a higher rate than other racial/ethnic groups.
- 27% of those with annual income of less. than \$19,000 identified dental problems as a top health issue vs. 7.5% overall.
- Respondents from communities of color were less likely to say they have their own doctor or the have access to medical specialists needed than White respondents.
- Black/African American and Hispanic

respondents reported paying for healthcare in cash at a higher rate than other racial/ ethnic groups.

FREE FOOD

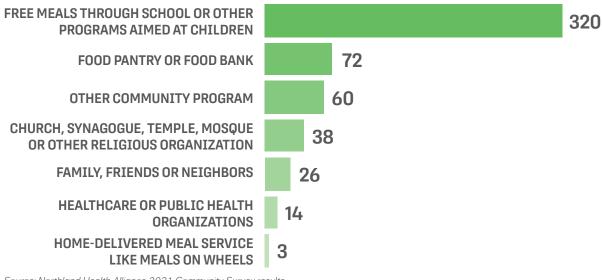
- 18% of respondents received free groceries or a free meal.
- Of the 546 who received free groceries or meal, 58.6% came through schools or other programs aimed at children.

Survey Question: Did you or anyone in your household get free groceries or a free meal?



Source: Northland Health Alliance 2021 Community Survey results

Survey Question: If yes, where did you get free groceries or free meals?



Source: Northland Health Alliance 2021 Community Survey results

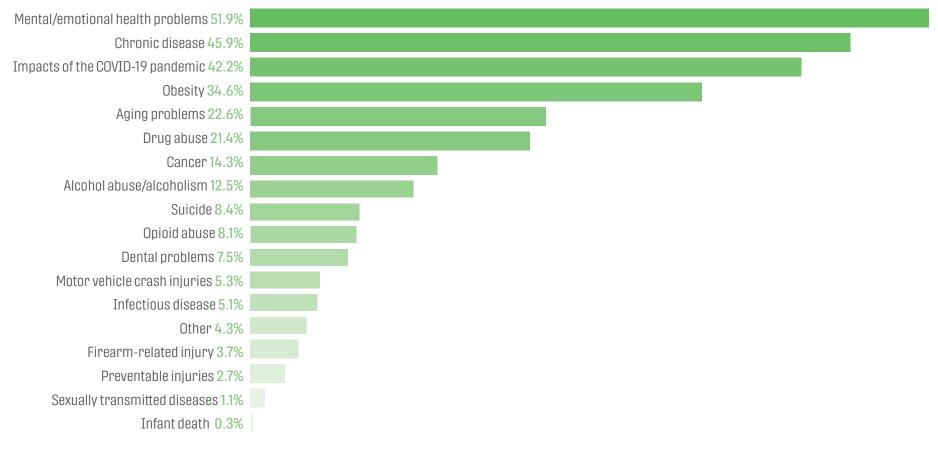
Survey Questions	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Total
It is easy for me to get to places (ex: grocery stores, doctor, work, etc.).	82 (2.8%)	132 (4.6%)	190 (46.6%)	865 (30.0%)	1,613 (56.0%)	4.32
I feel my community is a safe place to live and raise children (consider crime, schools, etc.).	65 (2.3%)	253 (8.8%)	285 (9.9%)	1,271 (44.2%)	1,003 (34.9%)	4.01
I am satisfied with the healthcare available in my community for me and my family.	142 (4.9%)	342 (11.9%)	385 (13.4%)	1,136 (39.5%)	869 (30.2%)	3.78
I have enough housing choices to fit my needs in my community (consider size, location, cost, etc.).	186 (6.5%)	308 (10.7%)	472 (16.5%)	905 (31.6%)	997 (34.8%)	3.77
I feel satisfied with public health services in my community (food safety, disease prevention, birth certificates, immunizations, etc.).	183 (6.4%)	283 (9.9%)	509 (17.7%)	1,140 (39.7%)	756 (26.3%)	3.70
My community has enough health and wellness activities to meet my needs.	133 (4.6%)	365 (12.7%)	611 (21.3%)	1,044 (36.3%)	721 (25.1%)	3.65
I am satisfied with the quality of life in my community (think about well-being, safety, physical and mental health, education and recreation).	150 (5.2%)	436 (15.2%)	430 (15.0%)	1,239 (43.1%)	621 (21.6%)	3.61
My community is a good place to grow old (consider senior housing, transportation to medical service, shopping, senior day care, etc.).	162 (5.6%)	450 (15.7%)	696 (24.2%)	1,034 (36.0%)	530 (18.5%)	3.46
There is enough access to medical care for residents with low income in my community.	332 (11.6%)	587 (20.5%)	1,157 (40.4%)	516 (18.0%)	271 (9.5%)	2.93

Source: Northland Health Alliance 2021 Community Survey results

HEALTH IN THE NORTHLAND

Survey Question: Select the three most important health problems in the Northland community.

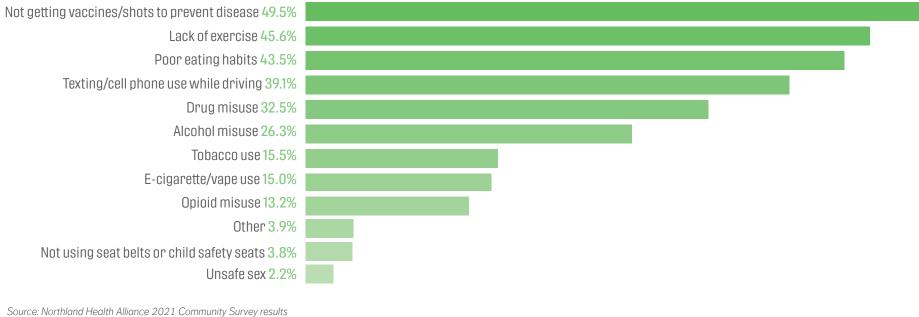
HEALTH PROBLEMS



Source: Northland Health Alliance 2021 Community Survey results

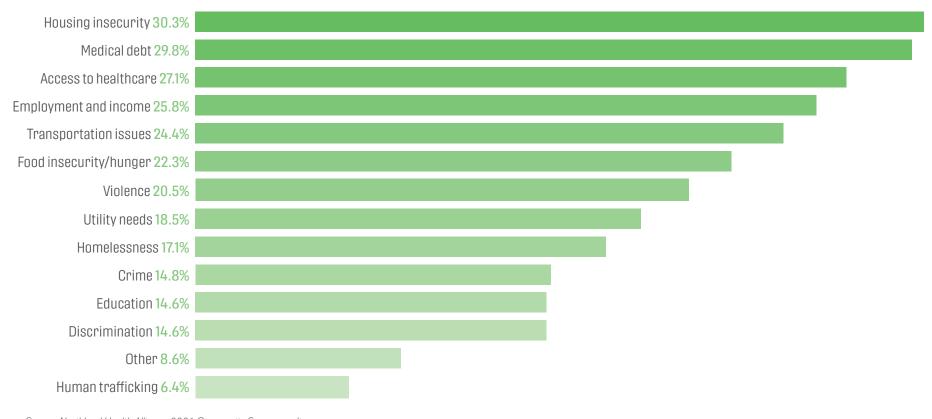
Survey Question: Select the three most important health behaviors that have the greatest impact on overall Northland community health.

HEALTH BEHAVIORS



Survey Question: Select the three factors that you see as the greatest challenges to being healthy in the Northland community.

HEALTH CHALLENGES



COMMUNITY FORUMS (VISIONING AND VALUES SESSIONS)

NKCH and MH joined its fellow members in the NHA in hosting four Vision and Values Community Sessions. All four sessions were held virtually to mitigate risk of COVID-19 transmission during the pandemic. To have meaningful discussions, each session had three or four virtual breakout rooms all facilitated by NHA staff. The number of participants in each breakout room was between five and eight.

The main sessions were recorded and transcribed. These sessions captured opinions and ideas expressed by 146 community members and stakeholders. The forum conversations were centered around eight community survey questions.

- Where do we hope to see ourselves, and the health status of the Northland, in the next five years?
- In five years, if our community successfully worked towards achieving health equity, what would we have accomplished?
- What collective resources do we need to improve community health?
- What are the biggest health problems in the Northland community?
- What does a healthy community mean to you? What are important characteristics of a healthy community for all who live, work and play here?
- Think about the groups that experience relatively good health and those that experience poor health. Why do you think there is a difference?
- What can the local health system do to help the Northland exhibit all the characteristics of a healthy community that were identified earlier in our conversation?
- · What do you think are the greatest challenges to being healthy in the Northland community?

Following the visioning and value sessions, the NHA reconvened to identify common themes, develop a vision statement and supporting values statements that serve to guide the work on the community health needs.

VISION STATEMENT

Every person has the same opportunity to make choices that allow them to live a long and healthy life

VALUES STATEMENTS:

- Equity: We value diversity and inclusion. We include all individuals and seek to address. inequities in the places where people are born, grow, live, work, learn and age.
- Listening: We value each voice. Every part of every community has an equal opportunity for their voices to be heard and considered with dignity and respect in conversations about health.
- **Effectiveness:** We value impact. We design and implement sustainable, collaborative and data-informed strategies to create a healthier community.

While the demographics of the individuals and groups engaged in the community sessions 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.

COMMON THEMES

- Concern over increasing rates of chronic disease and both adult and child obesity.
- Access to healthcare and mental health/ behavioral health services.
- A growing elderly population and related increases in chronic diseases related to aging.
- Increasing racial/ethnic diversity in the community.
- Lack of transportation which impacts an individual's ability to access to healthcare, healthy food, education, employment, etc.
- Growing number of under-insured individuals.
- Growing disparity/inequity in income, education, housing, health.
- Community does not have enough resources to meet current need.

- · Population growth will increase existing disparities in food insecurity, lack of housing, employment, etc.
- Growing income divide
- Under-employment
- Growth in housing costs in relation to income and the impact on an individual's financial sustainability.

HEALTHY BEGINNINGS

WHAT IS THE STATE OF HEALTH FOR INFANTS AND MOTHERS?

Improving health for mothers and infants targets a critical window of opportunity when health can lay the foundation for life-long well-being and success. Moreover, access to prenatal healthcare and support is vital to combating maternal deaths and complications from pregnancy.

HOW DO SOCIAL & ENVIRONMENTAL FACTORS AFFECT MOTHERS' AND INFANTS' OPPORTUNITIES FOR HEALTH?

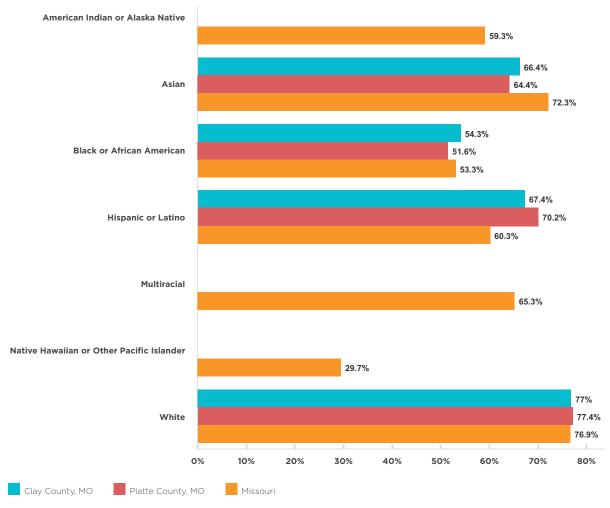
Access to prenatal care improves the health of both women and infants with preventative treatments and screenings. Economic opportunity, schools, communities, family, peers, media and technology also contribute to the complexities in which adolescent behavior and risk-taking occurs.



WHAT DO BEHAVIORAL **FACTORS REVEAL ABOUT MOTHERS' AND INFANTS' OPPORTUNITY FOR HEALTH?**

Health behaviors occur within the context of the social and environmental factors that a person is experiencing. Parenting classes and other resources offer opportunities to create healthy family dynamics. Supportive partner involvement and socioeconomic opportunity may influence whether women smoke during pregnancy.

Prenatal Care Started in the First Trimester by Race/Ethnicity



Sources: CDC Wonder Natality 2018-2020, Vital Statistics 2016-2020 (dashboards.mysidewalk.com/nha21)

WHAT DO HEALTH OUTCOMES **REVEAL ABOUT MOTHERS'** AND INFANTS' OPPORTUNITY **FOR HEALTH?**

Health outcomes are influenced by the healthcare environment, social context and behaviors. In addition to giving us key information about maternal and infant health, the infant and child mortality rates are important markers of the overall health of a community.

Infant Mortality Rate

Deaths per 1,000 Live Births

Clay County, MO

5.7

Deaths per 1,000 Live Births

Platte County, MO

6.4

Deaths per 1,000 Live Births

Missouri

Source: NCHS Mortality files 2013-2019 (dashboards.mysidewalk.com/nha21)

HOW ARE SOCIAL & ENVIRONMENTAL FACTORS AFFECTING MOTHERS' AND INFANTS' OPPORTUNITY FOR HEALTH?

ARE WOMEN ABLE TO ACCESS TO OB-GYN CARE?

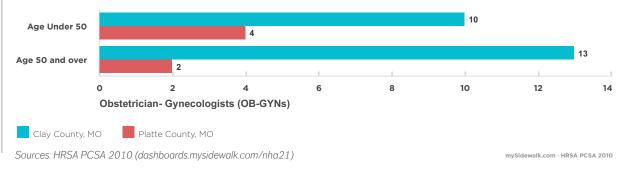
Obstetricians and gynecologists (OB-GYNs) provide healthcare for women throughout their lives, including care related to birth control, childbirth and menopause. An OB-GYN can also screen for cancer treat infections and handle pelvic organ and urinary tract problems.

OB-GYNs Compared to Served Populations

	Clay	Platte
Obstetrician-Gynecologists (OB-GYNs)	23	6
Female Population 16 and Over	99,893	41,457
Women With Birth in Past Year	3,405	971

Sources: HRSA PCSA 2010; US Census Bureau ACS 5-year 2016-2020

OB-GYNs by Age (Likeliness to Retire)



HOW ARE SINGLE-PARENT HOUSEHOLDS AFFECTED?

Single parent households are those where one parent raises a child or children. Among these households, children may have a greater chance of having an unmet health need as well as emotional and behavioral difficulties. Singleparenthood may affect the health of the parent, as well; single mothers in particular are at greater risk for cardiovascular health problems and stroke.



8,585 Single Female with Children Northland Health Alliance



Single Male with Children Northland Health Alliance Area



9.6% of Families

Area

Single Female with Northland Health Alliance Area

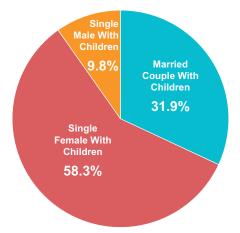


4.2% of Families

Single Male with Children Northland Health Alliance Area

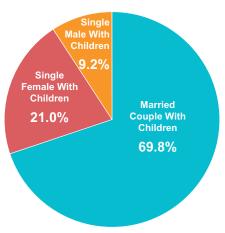
Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)

Poverty Among Families with Children



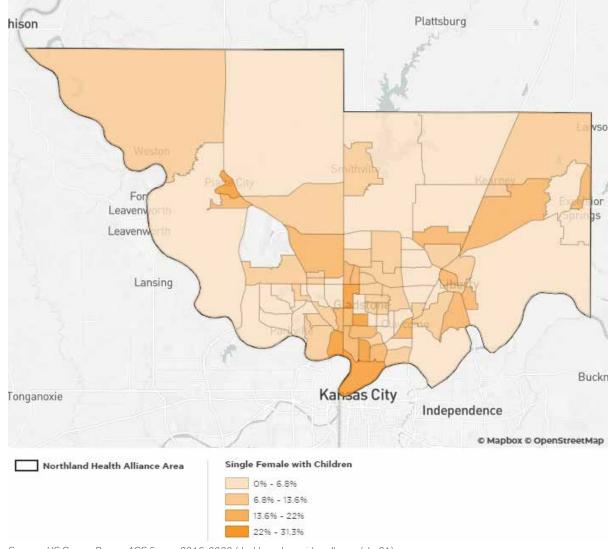
Northland Health Alliance Area Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)

Families with Children

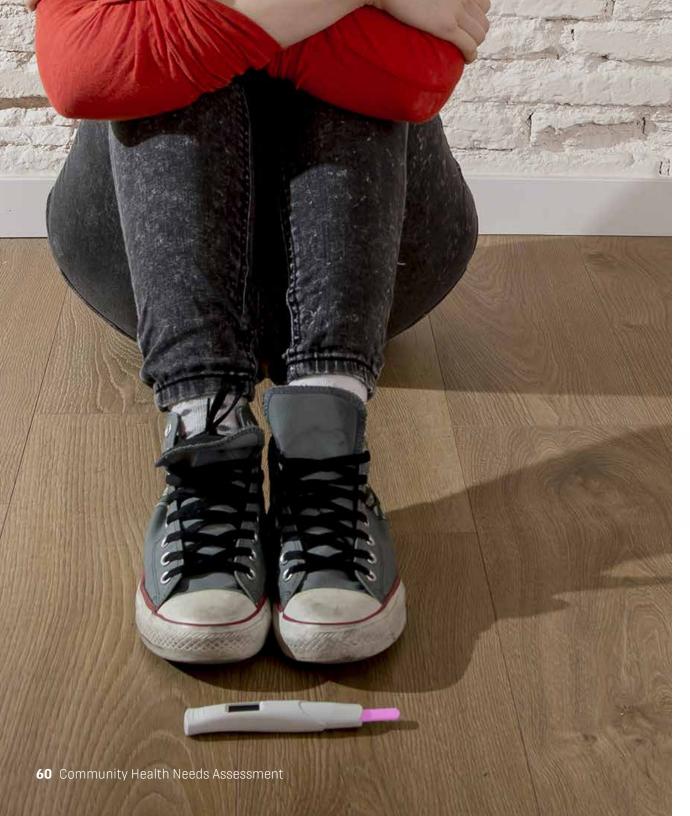


Northland Health Alliance Area Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)

Single Mom Families



Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)



HOW ARE CULTURAL AND SOCIAL CONTEXTS AFFECTING TEEN PREGNANCY RATES?

Adolescent pregnancies occur in high, middle and low-income communities, but are more likely to occur in marginalized communities experiencing poverty, lack of education and employment opportunities. Sex education, access to contraception and sexual-violence prevention can affect teen pregnancy rates.



Source: National Center for Health Statistics - Natality files 2013-2019 (dashboards.mysidewalk.com/nha21)

ARE FAMILIES ABLE TO ACCESS AFFORDABLE FOOD?

Women, Infants and Children (WIC) is a program designed to help families access quality nutrition. Participation in WIC for eligible families may improve birth outcomes, breastfeeding rates and children's cognitive development, increase nutrition density and prenatal care rates, and could even have a positive effect on immunization rates.









Sources: USDA ERS Food Envir Atlas 2016, 2018 (dashboards.mysidewalk.com/nha21)

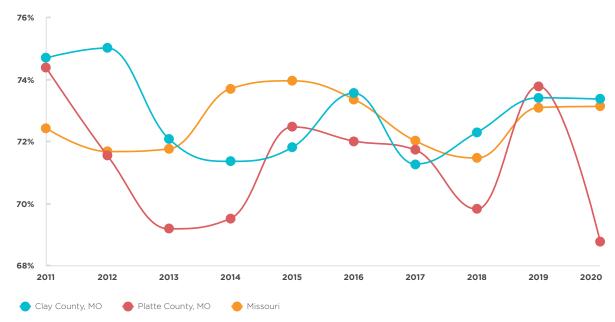


WHAT DO BEHAVIORAL FACTORS REVEAL ABOUT MOTHERS' AND INFANTS' OPPORTUNITY FOR HEALTH?

ARE MOTHERS ABLE TO ACCESS PRENATAL CARE?

Having a healthy pregnancy is one of the best ways to promote a healthy birth. Getting early and regular prenatal care improves the chances of a healthy pregnancy. Prenatal care reduces the risk of pregnancy complications, reduces the fetus's and infant's risk for complications, and helps ensure the medications women take are safe for pregnancy.

Prenatal Care Started in the First Trimester



Sources: CDC WONDER Natality, Vital Statistics (dashboards.mysidewalk.com/nha21)



WHAT PROPORTION OF **MOTHERS ARE SMOKING DURING PREGNANCY?**

Smoking during pregnancy increases the risk of health problems for developing babies, including preterm birth, low birth weight, birth defects and sudden infant death syndrome (SIDS). Reasons for smoking may include addiction and mood control (i.e. to relax, calm down). Supportive partner involvement and socioeconomic opportunity may influence whether women smoke during pregnancy.

Tobacco Use During Pregnancy



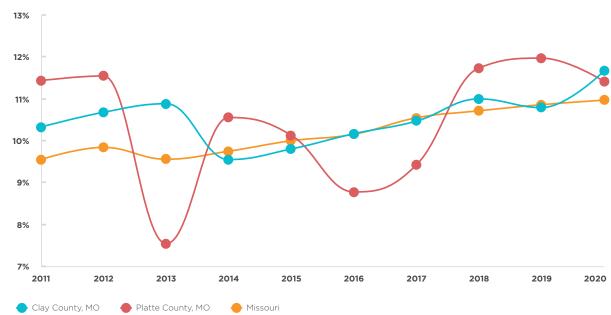
Sources: CDC WONDER Natality, Vital Statistics (dashboards.mysidewalk.com/nha21)

WHAT DO HEALTH OUTCOMES REVEAL ABOUT MOTHERS' AND INFANTS' **OPPORTUNITY FOR HEALTH?**

WHAT IS THE PRETERM BIRTH **RATE IN OUR COMMUNITY?**

Complications associated with a preterm birth include immature lungs, difficulty regulating body temperature, poor feeding and slow weight gain. Preterm babies may need longer or more intense nursery care, medications and sometimes surgery. Mothers experiencing health problems are at higher risk for preterm birth.

Preterm Births



Sources: CDC WONDER Natality, Vital Statistics (dashboards.mysidewalk.com/nha21)

Preterm Births by Race/Ethnicity American Indian or Alaska Native 8.4% 9.1% 5.9% Asian 9.2% 12.6% Black or African American 16% 15.2% 11.8% Hispanic or Latino 11.1% 10% Multiracial 12.5% **Native Hawaiian or Other Pacific Islander** 13.8% 10.4% White 9.6% 10% 0% 2% 4% 6% 8% 10% 12% 14% 16% Clay County, MO Platte County, MO

Sources: CDC WONDER Natality 2018-2020, Vital Statistics 2016-2020 (dashboards.mysidewalk.com/nha21)

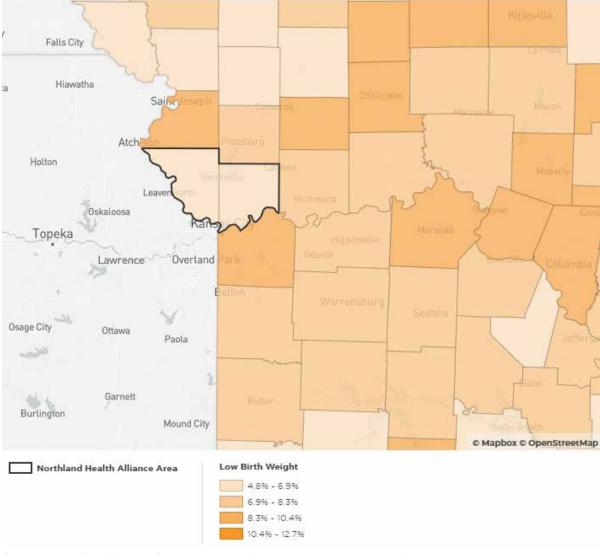
WHAT IS THE LOW BIRTH **WEIGHT RATE IN OUR COMMUNITY?**

Low birth weight is when a baby is born weighing less than 5 pounds, 8 ounces. Complications associated with low birth weight include higher risk of infection, difficulty regulating body temperature, poor feeding and slow weight gain. The most common cause of low birth weight is premature birth, and mothers experiencing health problems are at higher risk for this.



Sources: National Center for Health Statistics -Natality files 2013-2019 (dashboards.mysidewalk.com/nha21)

Low Birth Weight



Sources: National Center for Health Statistics 2013-2019 (dashboards.mysidewalk.com/nha21)

WHAT IS THE INFANT **MORTALITY RATE IN OUR COMMUNITY?**

Infant mortality is the death of a child before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. Infant mortality may be caused by birth defects, preterm birth or low birth weight, maternal pregnancy complications, sudden infant death syndrome (SIDS) or injury such as suffocation. In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a community.

Infant Mortality Rate

Deaths per 1,000 Births

Missouri

5

Deaths per 1,000 Births

Clay County, MO

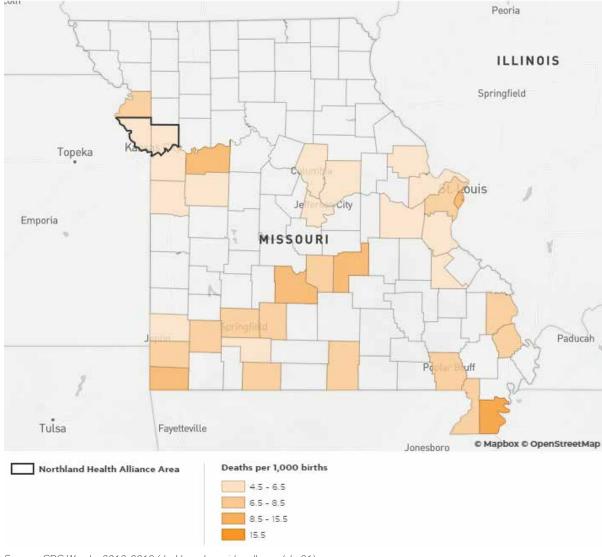
5.8

Deaths per 1,000 Births

Platte County, MO

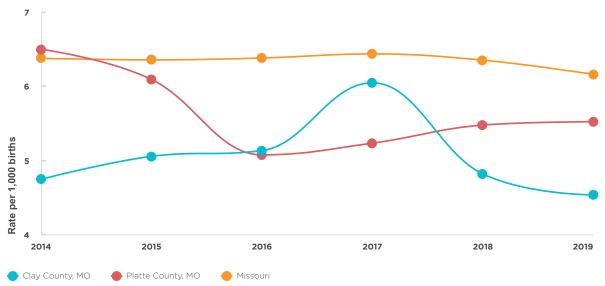
Sources: Vital Statistics 2012-2019 (dashboards.mysidewalk.com/nha21)

Infant Mortality Rate



Sources: CDC Wonder 2013-2019 (dashboards.mysidewalk.com/nha21)

Infant Mortality Moving Three Year Average Rate



Sources: Vital Statistics 2012-2019 (dashboards.mysidewalk.com/nha21)

Three year average rates are calculated using the sum of infant deaths from the last three years divided by the sum of births from the last three years times 1,000. For example, the rates associated with 2014 are from 2012-2014.

Infant Mortality Moving Three Year Average Rate

Black or African American White 7.6 Deaths per 1,000 Births Deaths per 1,000 Births Northland Health Alliance Area Northland Health Alliance Area 11.9 5.4 Deaths per 1,000 Births Deaths per 1,000 Births Missouri Missouri

Sources: Vital Statistics 2012-2019 (dashboards.mysidewalk.com/nha21)



LIFELONG HEALTH

ARE OUR RESIDENTS ABLE TO STAY HEALTHY?

When we wait to treat diseases at a later stage, it is much more expensive. By building communities that make the healthiest choice the easiest choice, everyone wins.

Prevention isn't about being in a doctor's office all the time, it's about the opportunity to eat good food, be outside and connect with neighbors and friends. Most importantly, preventing disease isn't entirely about educating people to make the right choices, it's about creating opportunities where it's possible.

HOW ARE SOCIAL AND ENVIRONMENTAL FACTORS AFFECTING RESIDENTS' OPPORTUNITY TO STAY HEALTHY?

A primary care provider screens for major health-related conditions, including obesity, high blood pressure and diabetes. Health insurance is an important deciding factor when seeking medical treatment. In addition, access to healthy food and recreational facilities encourage a lifestyle that prevents disease.

WHAT DO BEHAVIORAL **FACTORS REVEAL ABOUT RESIDENTS' OPPORTUNITY** TO STAY HEALTHY?

Health behaviors occur within the context of the social and environmental factors that a person is experiencing. Social factors, such as income, poverty, education and economic opportunity are unfortunately entangled with behaviors, such as smoking and not engaging in physical activity.



No Leisure-Time Physical **Activity Among Adults**

Northland Health Alliance Area

Sources: CDC BRFSS PLACES 2019 (dashboards.mysidewalk.com/nha21)

WHAT DO HEALTH OUTCOMES **REVEAL ABOUT RESIDENTS' OPPORTUNITY TO STAY HEALTHY?**

Health outcomes are influenced by the healthcare environment, social context, and behaviors. Behaviors include dietary patterns, physical activity, inactivity and medication use. These behaviors are influenced by the food and physical activity environment, education and skills, and food marketing and promotion.



Obesity Among Adults Northland Health Alliance Area

Sources: CDC BRFSS PLACES 2019 (dashboards.mysidewalk.com/nha21)

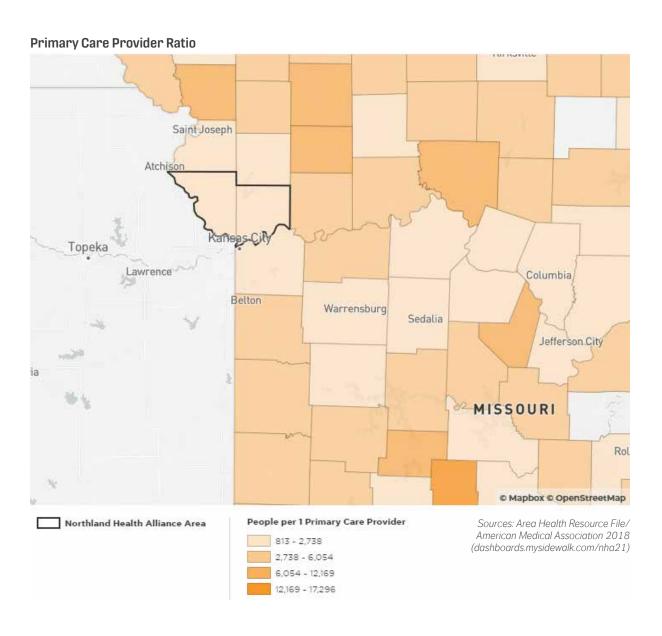
HOW ARE SOCIAL & ENVIRONMENTAL FACTORS AFFECTING RESIDENTS' OPPORTUNITY TO STAY HEALTHY?

ARE RESIDENTS ABLE TO ACCESS PRIMARY CARE PROVIDERS?

A primary care provider will screen for major health-related conditions, including obesity, high blood pressure and diabetes. If a resident already has a chronic condition, their primary care provider helps them manage it and improve their quality of life. Some geographic areas, populations and facilities have too few primary care providers, designated as Health Professional Shortage Areas by the U.S. Health Resources and Services Administration. With access to quality preventive healthcare, our residents can catch potential health problems at their earliest stages. improve lifestyle habits, and ultimately prevent chronic illnesses before they begin.



Sources: Area Health Resource File/American Medical Association 2018 (dashboards.mvsidewalk.com/nha21)



Health Professional Shortage Areas: Primary Care Providers Plattsburg hison Lawso Excelsion Springs Leavenworth Leavenworth Liberty Lansing Gladstone Buckn Kansas City Tonganoxie Independence © Mapbox © OpenStreetMap Health Professional Shortage Area (HPSA) - Primary Care Northland Health Alliance Area Shortage

Sources: HRSA HPSA 2019 (dashboards.mysidewalk.com/nha21)

ARE RESIDENTS COVERED BY HEALTH INSURANCE?

People with comprehensive health insurance coverage are more likely to seek preventative care, which prevents illnesses, diseases and other health problems. Most health plans must cover a set of preventive services, such as screenings and immunizations at no cost to the insured individual. While many employers offer health insurance to their employees, a substantial number of employers do not have financially-achievable plans or do not offer any insurance. For uninsured workers, and their families, the costs of obtaining insurance coverage on their own can guickly become prohibitive.

Uninsured Population



People Without Health Insurance

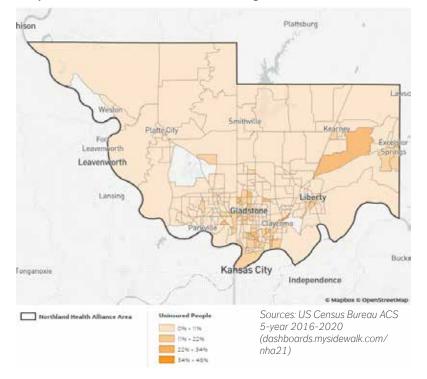
Northland Health Alliance Area

24,527

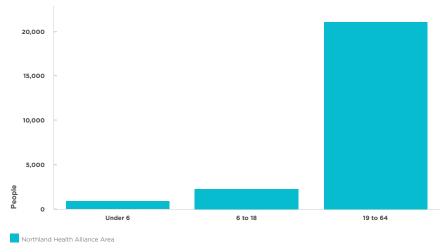
People Without Health Insurance Northland Health Alliance Area

Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)

People Without Health Insurance Coverage



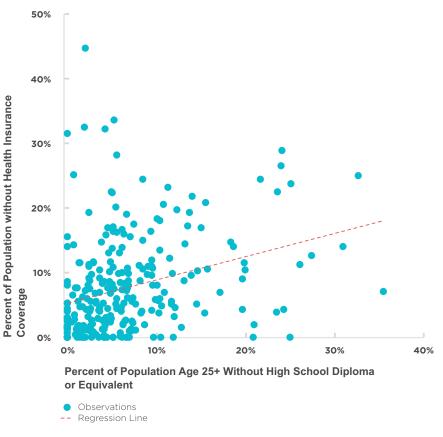
Age Age of People Without Health Insurance Coverage



Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)

Education and Health Insurance

Each dot represents a neighborhood in our community: Areas with a high proportion of adults without a high school diploma are more likely to have a high proportion of people without health insurance.



Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21) As Percent of Population Age 25+ Without High School Diploma or Equivalent increases, Percent of Population without Health Insurance Coverage tends to increase. There is a weak relationship between these two variables.

ARE RESIDENTS ABLE TO ACCESS HEALTHY FOOD?

For healthy diets, distance makes a difference. Residents who live in a Low Access Census Tract, as identified by the United States Department of Agriculture (USDA), may be more likely to rely on more processed, shelf-stable food and less likely to eat enough fresh fruits and vegetables.

Low Access to Healthy Food

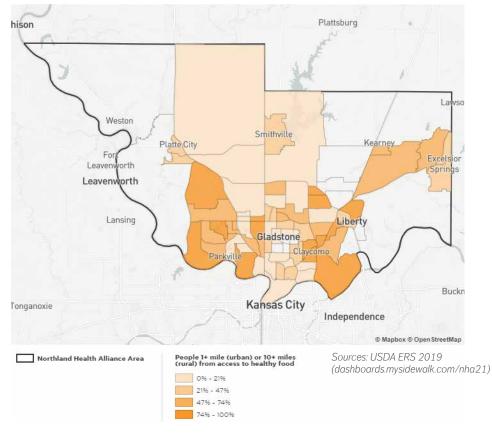
150,286

People 1 Mile from Access to Healthy Food

Northland Health Alliance Area

Sources: USDA ERS 2019 (dashboards.mysidewalk.com/nha21)

People Far from Stores Selling Fresh Produce



Focus Populations



Children Far from Stores Selling Fresh Produce

Northland Health Alliance Area

Sources: USDA ERS 2019 (dashboards.mysidewalk.com/nha21)



Seniors Far from Stores Selling Fresh Produce

Northland Health Alliance Area

Sources: USDA ERS 2019 (dashboards.mysidewalk.com/nha21)

SNAP



SNAP Households Far from Stores Selling Fresh Produce Clay County, MO

Sources: USDA ERS Food Envir Atlas 2015 (dashboards.mysidewalk.com/nha21)



Households

Platte County, MO

59,452

Households

Missouri

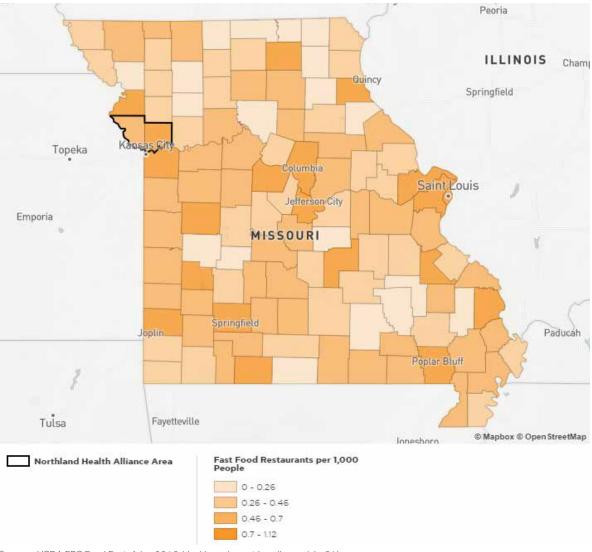
Sources: USDA ERS Food Envir Atlas 2015 (dashboards.mysidewalk.com/nha21)



HOW DOES THE PREVALENCE OF FAST FOOD RESTAURANTS INFLUENCE RESIDENTS' DIETS?

Swinging through the drive-thru offers the convenience of a cheap and easy meal, but what are the health impacts of meals that are often high in calories without other significant nutritional value? The prevalence of fast food restaurants reveals social norms around eating and quantifies the ease (or difficulty) of healthy decision-making.

Prevalence of Fast Food Restaurants



Sources: USDA ERS Food Envir Atlas 2016 (dashboards.mysidewalk.com/nha21)

WHO IS STRUGGLING WITH **FOOD INSECURITY?**

For vulnerable families, nutrition assistance can be the most effective stepping stone for stabilizing their economic situation and health. SNAP (Supplemental Nutrition Assistance Program) helps families put more food on the table by increasing their food budget, and offers education on how to prepare healthy low-cost meals and make healthy choices.

	2015	2015	
	Students Eligible for Reduced-Price Lunch	Students Eligible for Free Lunch	
Clay	6.9%	25.6%	
Platte	5.4%	21.3%	
Missouri	8.7%	47.3%	

Sources: USDA ERS Food Envir Atlas 2015

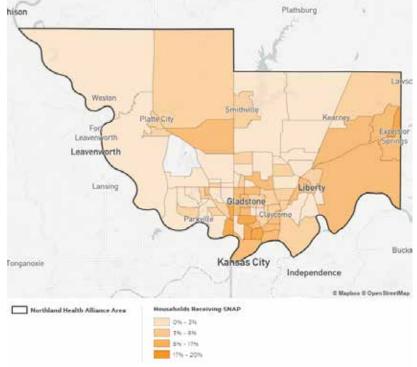
Nutrition Assistance





Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)

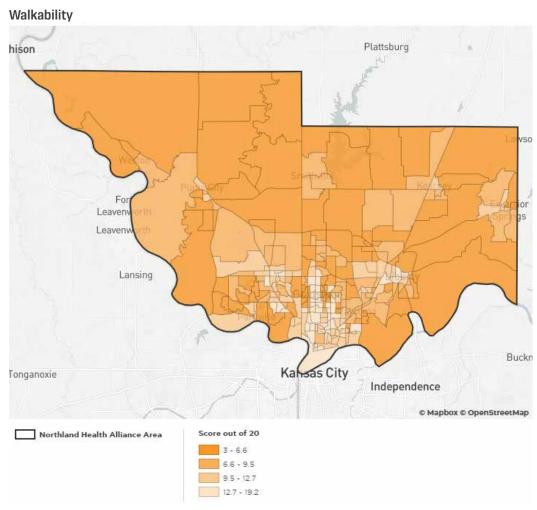
Supplemental Nutrition Assistance Program



Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)

IS OUR COMMUNITY **WALKABLE?**

Walkable areas often have a high density of residential buildings, shops and public amenities including parks and libraries. Walkability measures these characteristics block by block and their influence on the likelihood of walking being used as a mode of travel. However, in neighborhoods with high crime rates and low feelings of safety, the benefits of a well-designed environment will not be realized as people do not feel safe to walk around.



Sources: EPA 2019 (dashboards.mysidewalk.com/nha21) Note: Higher values, those closer to 20, are areas with a high level of walkability while low values, those closer to 1, are less walkable areas.

ARE RESIDENTS BREATHING **CLEAN AIR?**

Harmful particles in the air cause or aggravate a number of health problems, such as heart or lung diseases. Older adults, children and people with existing heart or lung conditions are most vulnerable to experiencing severe health impacts, such as chest pain, palpitations, shortness of breath, fatigue and difficulty breathing. People with heart or lung diseases and older adults are more likely to visit emergency rooms, be admitted to hospitals, or in some cases, even die. Particle pollution also can increase susceptibility to respiratory infections and can aggravate existing respiratory diseases, such as asthma and chronic bronchitis. This causes more use of medication and more doctor visits

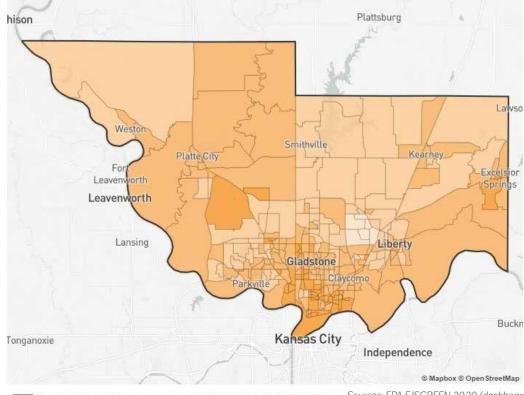




Sources: FPA FISCRFFN 2020

Note: This index illustrates which areas contribute the most toward certain populations (low-income and people of color) having a higher respiratory hazard and air toxics cancer risk score on average than the rest of the US population. The Northland air quality is good. A value of 1 or above means further monitoring is needed to determine if the pollutant levels will cause adverse health effects. The respiratory risk for a given air toxin is a ratio of exposure concentration to health-based reference concentration.

Respiratory Hazard Index



-148.5 - -18.3

Northland Health Alliance Area -568.9 - -348.8 -348.8 - -148.5

Sources: EPA EJSCREEN 2020 (dashboards.mysidewalk.com/nha21) Respiratory Hazard Environmental Justice Index

Note: This index illustrates which block groups contribute the most toward certain populations (low-income and people of color) having a higher respiratory hazard score on average than the rest of the US population.

WHAT DO BEHAVIORAL FACTORS **REVEAL ABOUT RESIDENTS' OPPORTUNITY TO STAY HEALTHY?**

HOW PREVALENT IS TOBACCO USE IN OUR COMMUNITY?

Smoking harms nearly every organ of the body, causes many diseases, and reduces the health of smokers in general. People who smoke or chew tobacco are more likely than nonsmokers to develop heart disease, stroke and lung or oral cancers. E-cigarettes, which often contain high levels of Nicotine derived from tobacco, may also contain harmful substances such as heavy metals. Media, peer acceptance, and underestimated risk may compel people to begin smoking. Addiction to nicotine causes people to continue smoking and makes it difficult to stop.

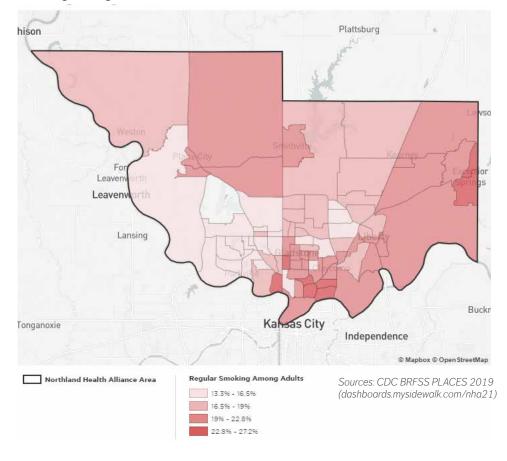


Regular Smoking Among Adults

Northland Health Alliance Area

Sources: CDC BRFSS PLACES 2019 (dashboards.mysidewalk.com/nha21)

Smoking Among Adults



ARE RESIDENTS GETTING ENOUGH PHYSICAL ACTIVITY?

Regular physical activity can produce long-term health benefits. It can help prevent chronic diseases such as heart disease, cancer, Type 2 Diabetes and stroke. Physical activity also helps residents control their weight, strengthen muscles, improve sleep, relieve stress and much more. In some communities in modern America. many people don't need to be physically active to navigate their daily life unless they choose to devote their free time to exercising.

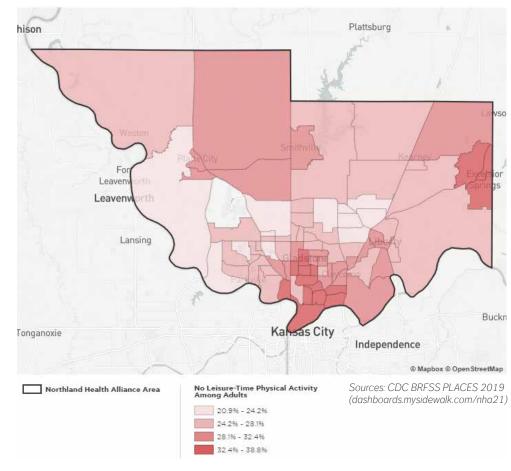


Physical Inactivity Among Adults

Northland Health Alliance Area

Sources: CDC BRFSS PLACES 2019 (dashboards.mysidewalk.com/nha21)

Physical Inactivity Among Adults



ARE RESIDENTS EATING **ENOUGH FRUITS & VEGETABLES?**

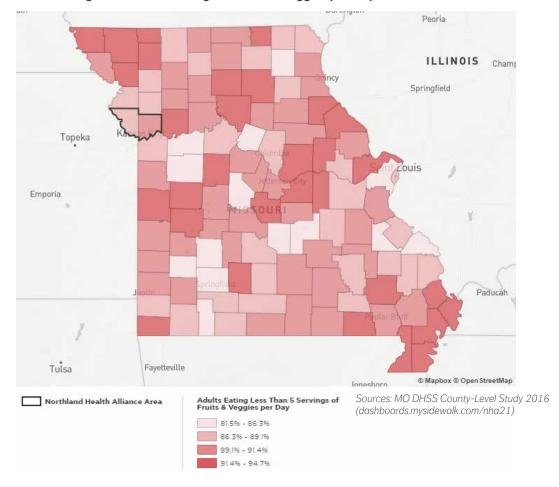
Consuming a diet with enough vegetables and fruits as part of an overall healthy diet reduces the risk of many chronic diseases, including cardiovascular disease, Type 2 Diabetes, some cancers and obesity. People may not eat enough fruits and vegetables because of the financial cost, transportation challenges to accessing healthy food, concerns about preparation time or lack of education about how to incorporate fruits and vegetables into their diet.



88.5% of Adults Missouri

Sources: MO DHSS County-Level Study 2016 (dashboards.mysidewalk.com/nha21)

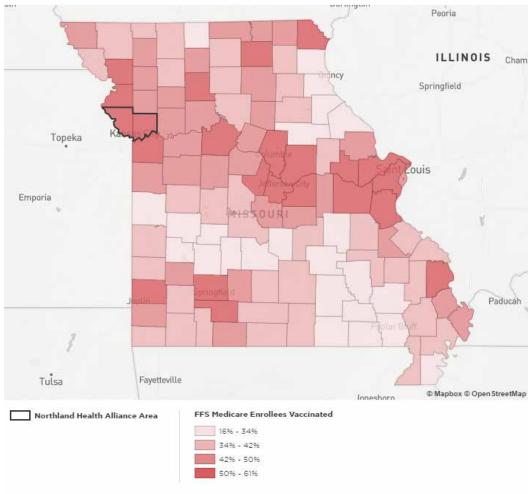
Adults Eating Less Than 5 Servings of Fruits & Veggies per Day



IS OUR COMMUNITY **VACCINATED AGAINST AVOIDABLE DISEASES?**

Vaccines are responsible for the control of many infectious diseases that were once common in the United States. The vaccinated community helps to protect those who are not vaccinated, a concept known as "herd immunity." When 90-95 percent of a community is protected, it is nearly impossible for a vaccine-preventable disease to spread.

Flu Vaccinations



Sources: Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool 2018 (dashboards.mysidewalk.com/nha21)

LIVING BETTER

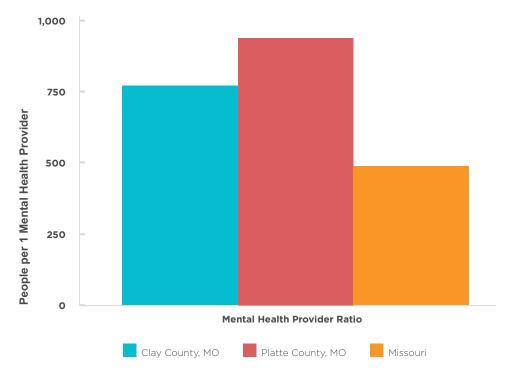
WHAT IS THE STATE OF BEHAVIORAL HEALTH & SUBSTANCE ABUSE IN OUR COMMUNITY?

Behavioral health affects physical and overall health and includes mental health, substance abuse and suicide risk. Behavioral health issues are symptoms of real, physical conditions occurring in the brain and can be addressed through mental health programs, suicide prevention and substance abuse interventions. Behavioral health plays a vital role in our well-being.

HOW ARE SOCIAL & ENVIRONMENTAL FACTORS AFFECTING BEHAVIORAL **HEALTH & SUBSTANCE ABUSE?**

With access to mental health providers, residents can address their emotional. psychological and social well-being. Improving mental health has positive effects for both the individual and the community.

Mental Health Provider Ratio



Sources: CMS, National Provider Identification file 2020 (dashboards.mysidewalk.com/nha21)

WHAT DO BEHAVIORAL FACTORS REVEAL **ABOUT RESIDENTS' OPPORTUNITY FOR BEHAVIORAL HEALTH & SUBSTANCE ABUSE** PREVENTION?

Health behaviors occur within the context of the social and environmental factors that a person is experiencing. Substance abuse has been on the rise in recent years. Larger cultural factors, such as media representations of substance use, may play a role.



Sources: CDC BRFSS PLACES 2019 (dashboards.mysidewalk.com/nha21)

WHAT DO HEALTH OUTCOMES REVEAL ABOUT RESIDENTS' OPPORTUNITY FOR LIFELONG **MENTAL HEALTH?**

Health outcomes are influenced by the healthcare environment, social context and behaviors. Deaths from overdose and vehicle crashes can be the result of multiple factors. However, increased education and safety can help reduce rates in the community.



Poor Mental Health Among Adults Northland Health Alliance Area

Sources: CDC BRFSS PLACES 2019 (dashboards.mysidewalk.com/nha21)

HOW ARE SOCIAL & ENVIRONMENTAL FACTORS AFFECTING RESIDENTS' OPPORTUNITY TO LIVE LONGER?

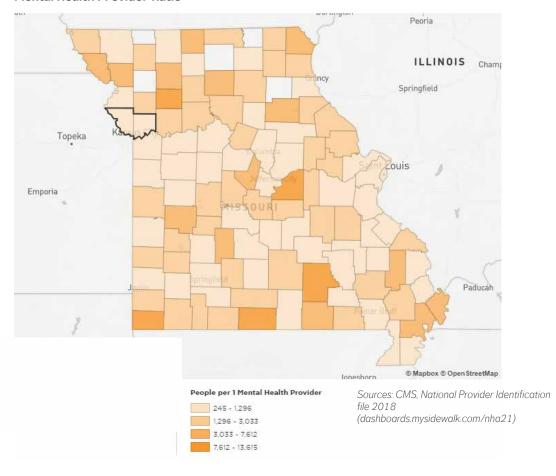
ARE OUR RESIDENTS ABLE TO ACCESS MENTAL HEALTH **SERVICES?**

Mental health providers help residents with their emotional, psychological and social well-being. Providers can help residents handle stress, build relationships and make important choices. Treating a mental illness properly can improve quality of life, performance at work or school, physical health and overall happiness. Some geographic areas, populations and facilities have too few mental health providers and services. designated as Health Professional Shortage Areas by the Health Resources and Services Administration.

People per 1 Mental Health Provider Mental Health Provider Ratio Missouri

Sources: CMS. National Provider Identification file 2020 (dashboards.mysidewalk.com/nha21)

Mental Health Provider Ratio



Plattsburg Weston For Leavenworth Leavenworth Leavenworth Lansing Kalesas City Independence

Health Professional Shortage Area (HPSA) - Mental Health

Shortage No Shortage © Mapbox © Open StreetMap

Sources: HRSA HPSA 2019 (dashboards.mysidewalk.com/nha21)

Northland Health Alliance Area

Health Professional Shortage Areas: Mental Health





HOW ARE INCOME & POVERTY AFFECTING MENTAL HEALTH?

Poverty is both a cause and a consequence of poor mental health. The cost of doctors' fees, prescriptions and transportation to reach a mental health provider can be devastating for families living in poverty. These issues and financial stressors then can take a toll on mental health. Untreated mental illness can lead to struggles at work and substance abuse. Approximately one fourth to one third of homeless people have a mental illness, which can make it more difficult to find stable housing.



2,062
People

Worked Full Time Past Year with Income Below Poverty Level Northland Health Alliance Area



7,800 Students

Below Poverty Level and Enrolled in School Northland Health Alliance Area

Sources: US Census Bureau ACS 5-year 2016-2020 (dashboards.mysidewalk.com/nha21)

HOW PREVALENT IS VIOLENT CRIME IN OUR COMMUNITY?

Violent crime not only directly leads to injury, it could be harmful to mental health as well. Living near areas of high crime may increase rates of depression more than personal stress. Violent crime also increases the risk of behavioral problems, anxiety, aggression and posttraumatic stress disorder among children. It can even put adults who grew up in high crime areas at greater risk for domestic abuse, substance use, unsafe driving and risky sexual behavior.

MISSOURI COMMUNITIES	2020 VIOLENT CRIMES COUNT	2020 VIOLENT CRIMES % OF TOTAL	2020 PROPERTY CRIMES COUNT	2020 PROPERTY CRIMES % OF TOTAL
Clay County	33	15%	76	85%
Platte County	44	13%	286	87%
Missouri	33,385	18%	2,531	82%
Excelsior Springs	20	6%	2,491	94%
Gladstone	130	16%	2,403	84%
Kansas City	7,919	28%	4,119	72%
Kearney	5	3%	1,325	97%
Lawson	0	0%	457	100%
North Kansas City	39	7%	10,726	93%
Northmoor	1	6%	4,087	94%
Parkville	13	8%	1,941	92%
Platte City	4	8%	963	92%
Pleasant Valley	6	11%	1,677	89%
Riverside	22	10%	5,764	90%
Smithville	24	17%	1,063	83%

Sources: FBI UCR 2020 (dashboards.mysidewalk.com/nha21)

Note: Crime data is reported by the jurisdiction responsible for responding to the crime. Many cities and municipalities have their own police forces; these areas are not included in County-level data.

ARE RESIDENTS GETTING THE **SUPPORT THEY NEED FROM OUR COMMUNITY?**

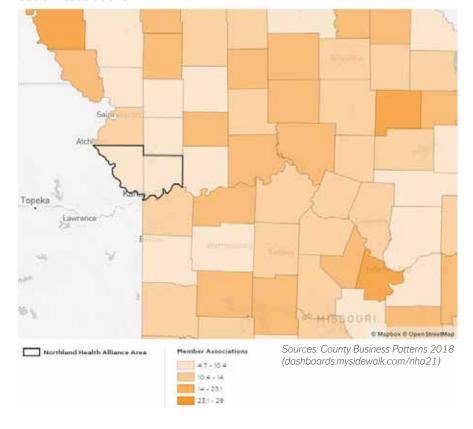
Supportive, cohesive communities protect people against risk, foster trust and ultimately promote community health. Studies show that residents who feel supported by their community experience improved family health, safety and overall well-being while decreasing stress, poverty and even racism. Conversely, those without community support experience challenges in childhood development, higher rates of chronic disease and increased rates of mental health.



Sources: County Business Patterns 2018 (dashboards.mysidewalk.com/nha21)

A family & support measure in the County Health Rankings, assessing the number of social associations community members can join is an indicator of the availability of social networks. Having a strong social network has shown to have positive impacts on health.

Social Associations



WHAT DO BEHAVIORAL FACTORS REVEAL ABOUT RESIDENTS' OPPORTUNITY FOR BEHAVIORAL HEALTH & SUBSTANCE ABUSE PREVENTION?



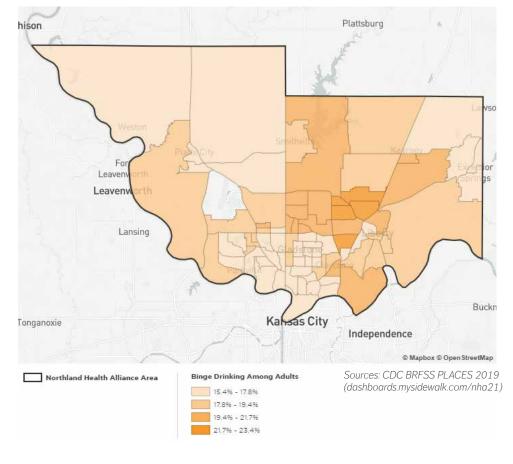
HOW PREVALENT IS BINGE DRINKING AMONG ADULTS IN OUR COMMUNITY?

Binge drinking is defined as raising your blood alcohol concentration level to .08 g/DL at least once per month. For men, this usually means about 5 drinks in one sitting, or for women 4 drinks in one sitting. People may binge drink due to peer pressure, to relax, and may be prone to binge drinking due to genetic factors. For those who binge drink often, consequences can be dire. Risks include injury, alcohol poisoning, heart disease and some cancers.



Sources: CDC BRFSS PLACES 2019 (dashboards.mysidewalk.com/nha21)

Binge Drinking Among Adults



HOW ARE LONG COMMUTES AFFECTING RESIDENTS?

Individuals with longer commutes may be less physically active and more likely to be obese. However for most, the obvious effects of a long commute are likely not physical but mental: the stress, anger, boredom and listlessness of the daily commute. People are equipped to deal with acute moments of stress, such as getting cut off in traffic, but when these moments happen day after day, those acute moments of stress turn into long-term chronic stress. When diverse housing options, in terms of size, price and type, are within reasonable commuting distance from employment opportunities, our residents are able to support themselves and their families without straining their health.

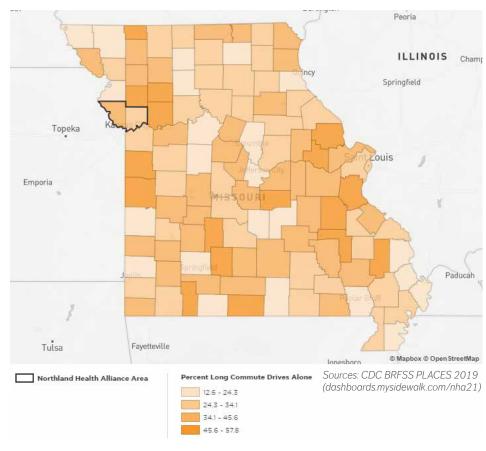


Drive a Long Commute Alone

Missouri

Sources: CDC BRFSS PLACES 2019 (dashboards.mysidewalk.com/nha21) A long commute is a one-way trip of 60 minutes or more.

Long Commute, Drive Alone



ARE RESIDENTS GETTING ENOUGH SLEEP?

Sleep is crucial to mental health, learning, healing, fighting illness, and healthy growth and development. Too little sleep for one night can result in mistakes; over time, not sleeping enough may raise the risk for cardiovascular diseases, obesity and diabetes. People may lack sleep if they work long hours, have schedules that conflict with sleeping at the right time, choose not to sleep, or have physical or mental health conditions that make sleeping difficult.

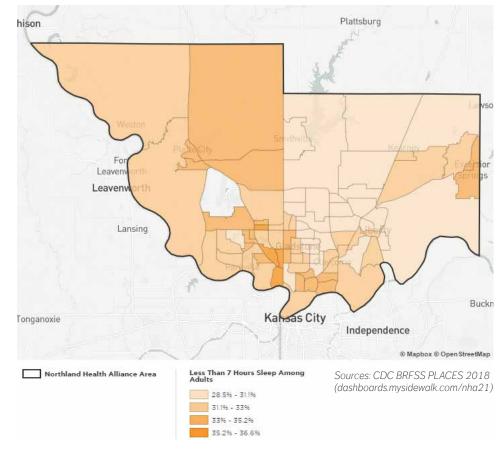


Less Than 7 Hours Sleep Among Adults

Northland Health Alliance Area

Sources: CDC BRFSS PLACES 2018 (dashboards.mysidewalk.com/nha21)

Insufficient Sleep

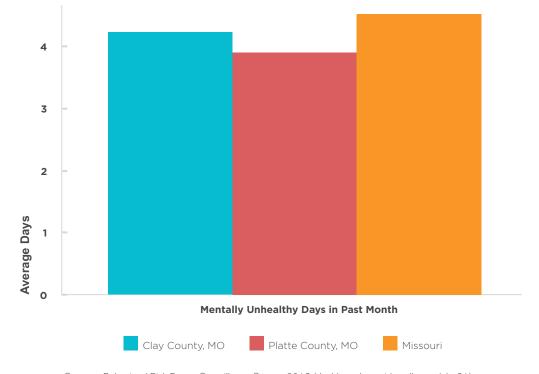


WHAT DO HEALTH OUTCOMES REVEAL ABOUT RESIDENTS' OPPORTUNITY FOR BEHAVIORAL HEALTH & SUBSTANCE ABUSE PREVENTION?

HOW PREVALENT IS POOR MENTAL HEALTH AMONG ADULTS IN OUR COMMUNITY?

Some adults in our community have chronic and/or severe mental health issues. Poor mental health influences a resident's ability to achieve and maintain physical health. Poor physical health may also negatively impact mental health and the ability to participate in treatment. Mental health problems have many causes, some of which include poverty, grief, stress, disability, substance use and loneliness.

Mentally Unhealthy Days in Past Month



Sources: Behavioral Risk Factor Surveillance System 2018 (dashboards.mysidewalk.com/nha21)



14.3%

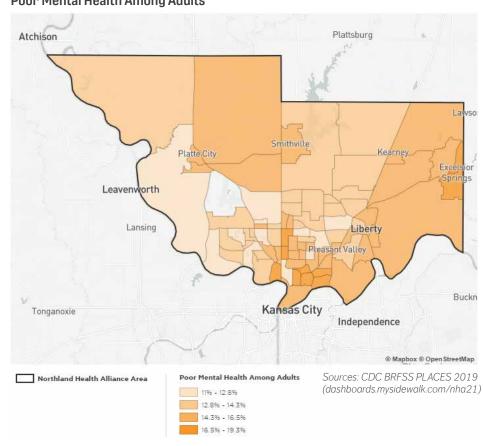
People with 14+ Days of Poor Mental Health per Month

Poor Mental Health Among Adults

Northland Health Alliance Area

Sources: CDC BRFSS PLACES 2019 (dashboards.mysidewalk.com/nha21)

Poor Mental Health Among Adults



Have Been Told They Have a Depressive Disorder **22.3**%

of Adults

Northwest Missouri

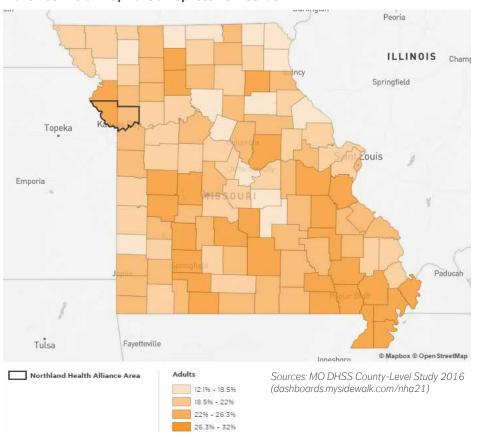
23%

of Adults

Missouri

Sources: MO DHSS County-Level Study 2016 (dashboards.mysidewalk.com/nha21)

Have Been Told They Have a Depressive Disorder



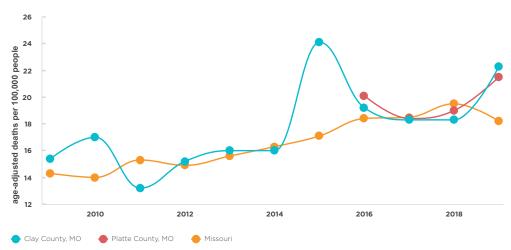




HOW ARE SUICIDE & SELF-HARM AFFECTING RESIDENTS?

Suicide is a major public health problem and a leading cause of death in the United States. The effects of suicide go beyond the person who acts to take their life. It can have a lasting effect on family, friends and communities. Self-harm is also a dangerous behavior that can cause scarring, infection, broken bones, and damaged nerves, as well as shame, stress, self-hatred, and a feeling of not being in control of their harming behaviors. People who engage in self-harm often do so more than once, and may use it as a coping mechanism. Rates of self-harm are highest among teens and college-age adults.

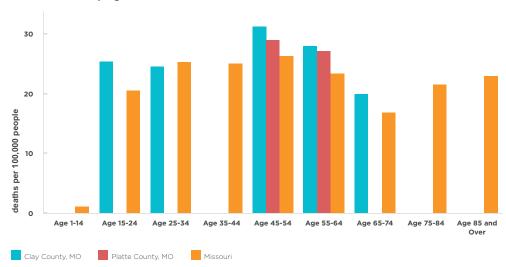
Suicide Rate Over Time



Note: Platte County has fewer data points due to there being fewer than 20 deaths attributable to this cause in those years; the source requires at least 20 deaths in a given vear to calculate a rate.

Source: CDC WONDER Cause of Death (dashboards.mysidewalk.com/nha21)

Suicide Rate by Age



Note: Some data may be suppressed to protect privacy or ensure rates are reliable. Source: CDC WONDER Cause of Death 2018-2020 (dashboards.mysidewalk.com/nha21)

HOW MANY DEATHS ARE CAUSED BY MOTOR VEHICLE CRASHES?

Motor vehicle crashes are a leading cause of death in the U.S. for younger age groups. Distracted driving, fatigued driving, and alcoholimpaired driving are all dangerous conditions that can lead to a crash. Increased safety measures, as well as media campaigns and educational programs, can help reduce the number of motor vehicle crashes each year.



Car Accident Fatalities

Clay County, MO

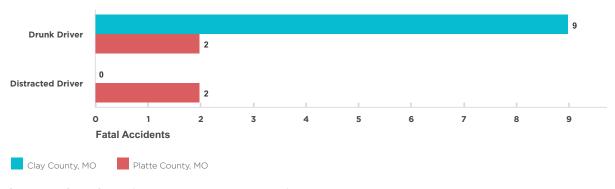
Sources: NHTSA FARS 2019 (dashboards.mysidewalk.com/nha21)



Platte County, MO

Sources: NHTSA FARS 2019 (dashboards.mysidewalk.com/nha21)

Fatal Motor Vehicle Accidents by Selected Factors

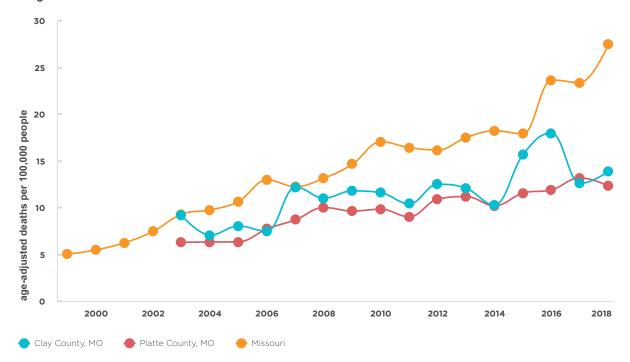


Sources: NHTSA FARS 2019 (dashboards.mysidewalk.com/nha21)

HOW MANY DEATHS ARE CAUSED BY DRUG OVERDOSE?

In recent years, nonlinear upward trends in drug overdose death rates have been observed in the U.S., driven largely by increases in deaths due to heroin and synthetic opioids, such as fentanyl, fentanyl analogs and tramadol. Our community has not been untouched by these issues. Better treatment and resources can help decrease addiction before it leads to overdose.

Drug Overdose Death Rate



Sources: CDC (dashboards.mysidewalk.com/nha21)

1,375

Opioid overdose deaths in Missouri in 2020

Sources: Missouri DHSS (dashboards.mysidewalk.com/nha21)

30

Opioid overdose deaths among Clay County residents in 2020

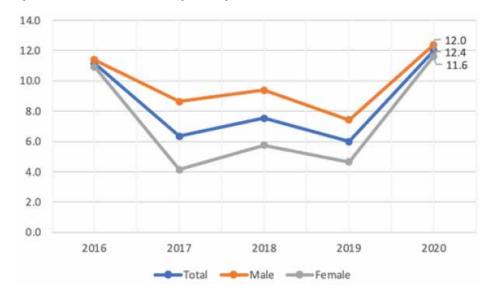
Sources: Missouri DHSS (dashboards.mysidewalk.com/nha21)

100%

Increase in opioid overdose deaths in Clay County from 2019 to 2020

Sources: Missouri DHSS (dashboards.mysidewalk.com/nha21)

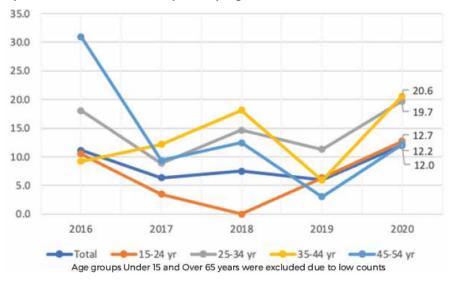
Opioid Overdose Death in Clay County: Sex



Sources: DOTS Project (dashboards.mysidewalk.com/nha21)

The opioid overdose death rate rose sharply for both males and females in 2020. The female rate more than doubled from 2019 to 2020.

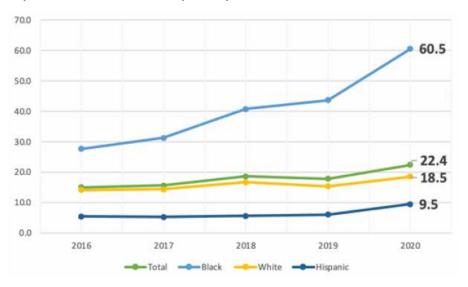
Opioid Overdose Death in Clay County: Age



Sources: DOTS Project (dashboards.mysidewalk.com/nha21)

The 35-44 years age group experienced the highest rate of overdose deaths in 2020, with the overdose death rate more than tripling for this age group from 2019 to 2020.

Opioid Overdose Death in Clay County: Race



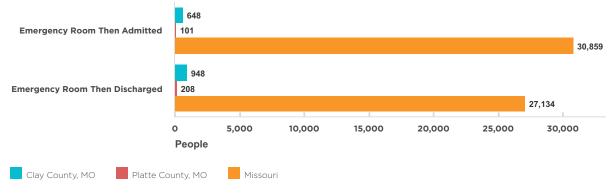
Sources: DOTS Project (dashboards.mysidewalk.com/nha21)

In 2020, the opioid overdose death rate for Black/African-American individuals was over 3 times higher than the rate for White individuals. From 2019 to 2020, the opioid overdose death rate increased by 38% for Black/African-American individuals.

HOW PREVALENT IS DRUG USE IN OUR COMMUNITY?

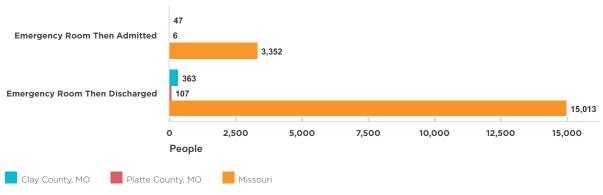
Substance use is a complex issue. Certain social and economic factors, mental health burdens. and access to drugs lead to the individual behavior of using them. Addiction is an illness, not a choice, which creates a problem of selfcontrol and makes it difficult for people to guit. Providing the resources to treat addiction properly could decrease the rates of abuse and overdose in the future.

Drug-Related Medical Care by Level of Care Provided



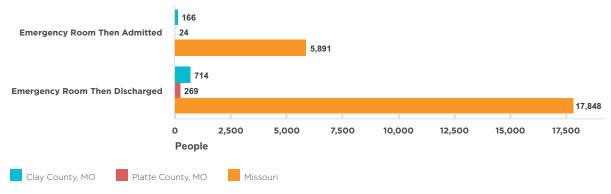
Sources: MO Dept of Mental Health, Division of Behavioral Health 2018 (dashboards.mysidewalk.com/nha21)

Medical Care for Drug Disorder by Level of Care Provided



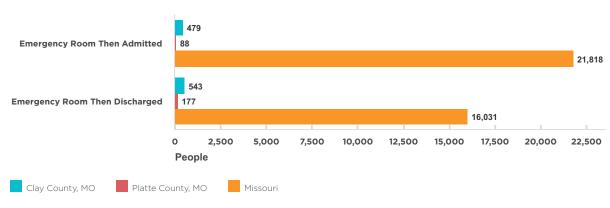
Sources: MO Dept of Mental Health, Division of Behavioral Health 2018 (dashboards.mysidewalk.com/nha21)

Alcohol-Related Medical Care by Level of Care Provided



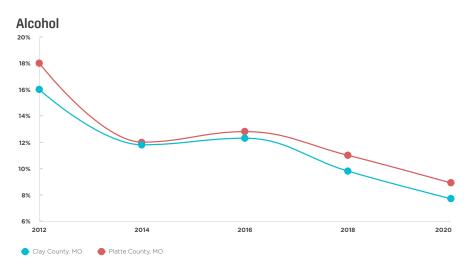
Sources: MO Dept of Mental Health, Division of Behavioral Health 2018 (dashboards.mysidewalk.com/nha21)

Medical Care for Alcohol Disorder by Level of Care Provided



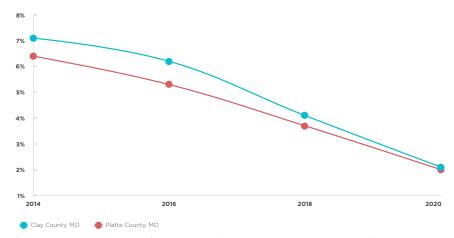
Sources: MO Dept of Mental Health, Division of Behavioral Health 2018 (dashboards.mysidewalk.com/nha21)

YOUTH SUBSTANCE USE IN THE PAST 30 DAYS



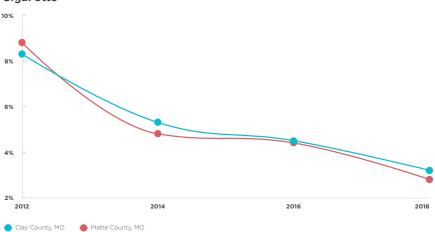
Sources: Missouri Department of Mental Health (dashboards.mysidewalk.com/nha21)

Tobacco (cigarette or chew)



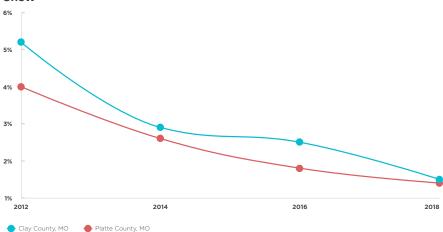
Sources: Missouri Department of Mental Health (dashboards.mysidewalk.com/nha21)

Cigarette



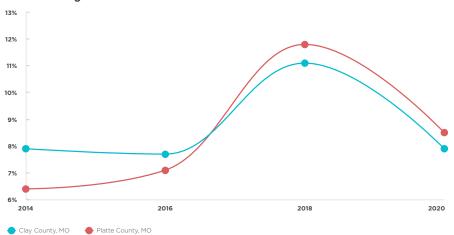
Sources: Missouri Department of Mental Health (dashboards.mysidewalk.com/nha21)

Chew



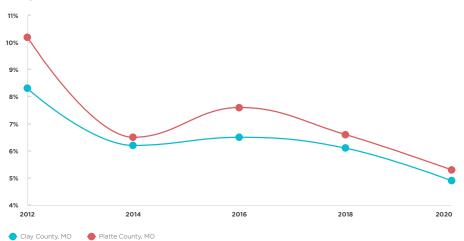
Sources: Missouri Department of Mental Health (dashboards.mysidewalk.com/nha21)

Electronic Cigarette



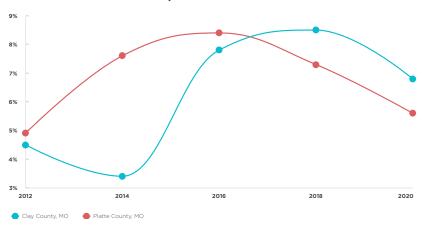
Sources: Missouri Department of Mental Health (dashboards.mysidewalk.com/nha21)

Marijuana



Sources: Missouri Department of Mental Health (dashboards.mysidewalk.com/nha21)

Rx Not Prescribed for You by a Doctor



Sources: Missouri Department of Mental Health (dashboards.mysidewalk.com/nha21)



WHAT ARE THE TOP CAUSES OF DEATH & DISEASE IN OUR COMMUNITY?

CAUSES OF MORBIDITY AND MORTALITY

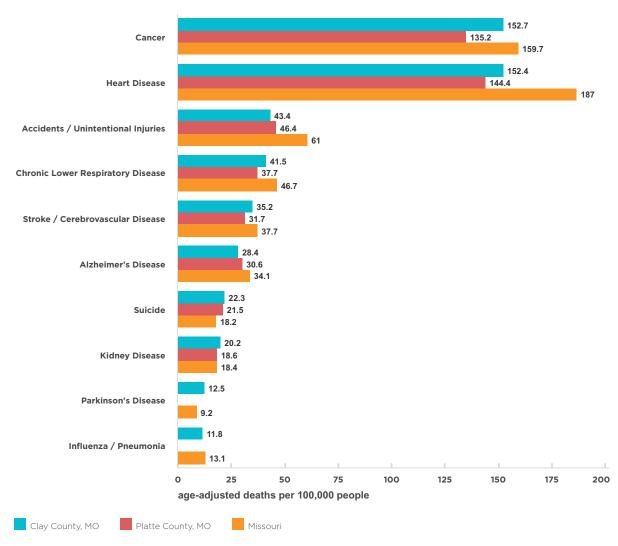
The most pressing challenges to longer, healthier lives are related to preventable chronic diseases and premature deaths.

Preventing these incidents isn't entirely about educating people to make the right choices. It's about creating communities where it's possible.

WHAT ARE THE LEADING CAUSES OF DEATH IN OUR COMMUNITY?

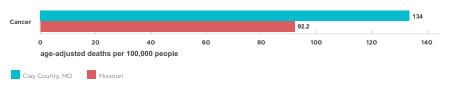
Understanding the leading causes of death in our state and community is key to identifying and addressing barriers to health. The data in this section indicates a greater need to support healthy lifestyles, safe environments and access to preventative healthcare.

Leading Causes of Death



MORTALITY BY RACE/ETHNICITY

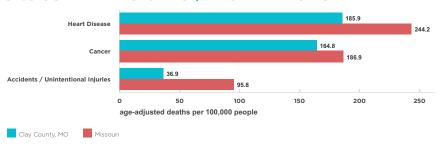
CAUSES OF DEATH AMONG ASIAN OR PACIFIC ISLANDERS



Note: Platte County data is not available.

Sources: CDC WONDER Cause of Death 2018-2020 (dashboards.mysidewalk.com/nha21)

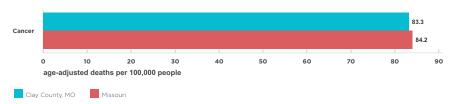
CAUSES OF DEATH AMONG BLACK/AFRICAN-AMERICANS



Note: Platte County data is not available.

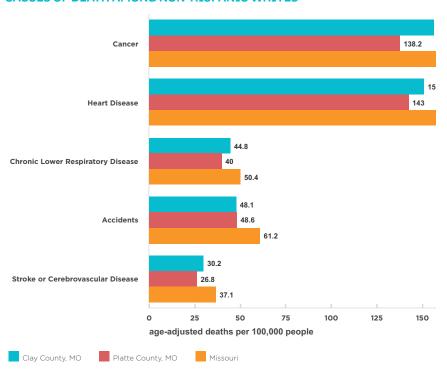
Sources: CDC WONDER Cause of Death 2018-2020 (dashboards.mysidewalk.com/nha21)

CAUSES OF DEATH AMONG HISPANICS



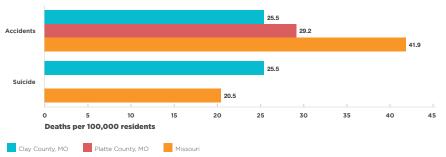
Sources: CDC WONDER Cause of Death 2018-2020 (dashboards.mysidewalk.com/nha21)

CAUSES OF DEATH AMONG NON-HISPANIC WHITES



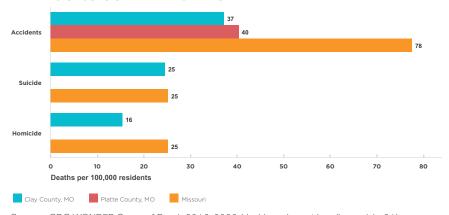
MORTALITY BY AGE

LEADING CAUSES OF DEATH AGE 15-24



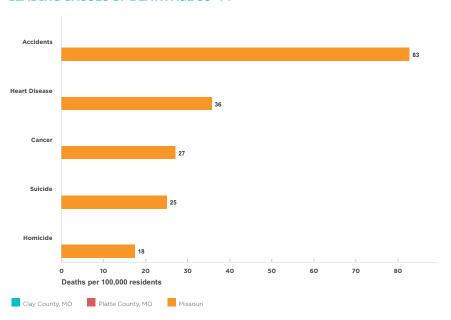
Sources: CDC WONDER Cause of Death 2018-2020 (dashboards.mysidewalk.com/nha21)

LEADING CAUSES OF DEATH AGE 24-34



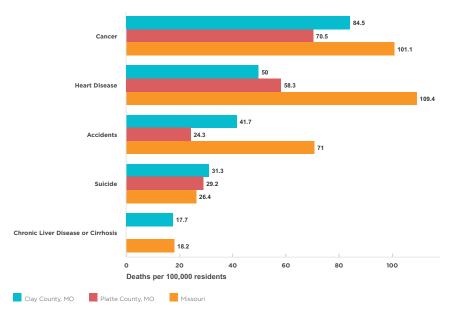
Sources: CDC WONDER Cause of Death 2018-2020 (dashboards.mysidewalk.com/nha21)

LEADING CAUSES OF DEATH AGE 35-44



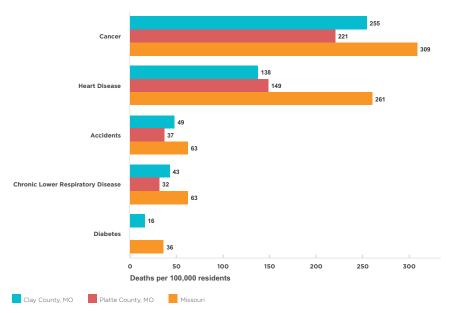
Sources: CDC WONDER Cause of Death 2018-2020 (dashboards.mysidewalk.com/nha21) Note: Clay and Platte County data not available

LEADING CAUSES OF DEATH AGE 45-54

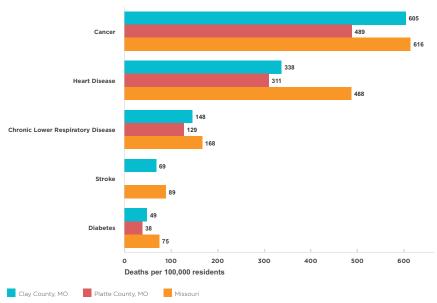


Sources: CDC WONDER Cause of Death 2018-2020 (dashboards.mysidewalk.com/nha21)

LEADING CAUSES OF DEATH AGE 55-64

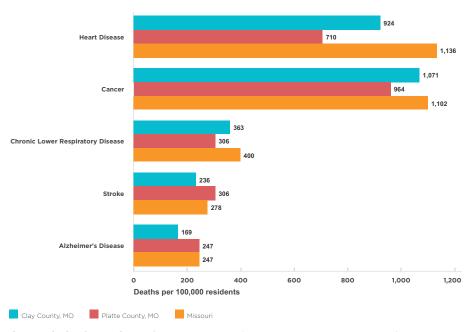


LEADING CAUSES OF DEATH AGE 65-74

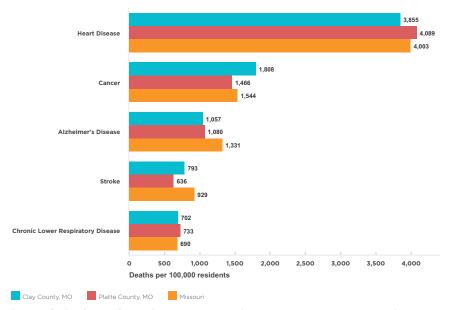


Sources: CDC WONDER Cause of Death 2018-2020 (dashboards.mysidewalk.com/nha21)

LEADING CAUSES OF DEATH AGE 75-84

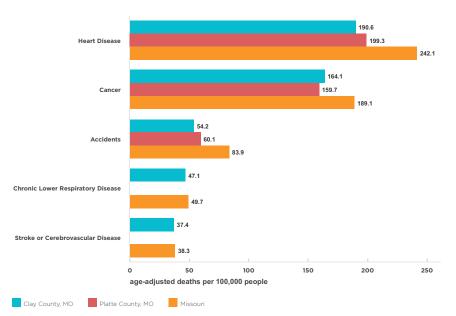


LEADING CAUSES OF DEATH AGE 85+



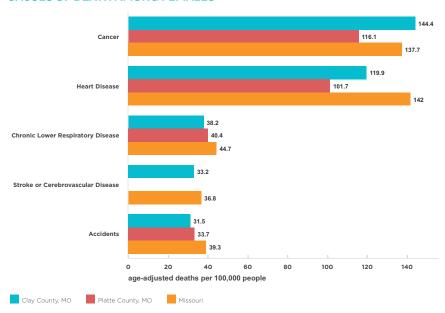
MORTALITY BY GENDER

CAUSES OF DEATH AMONG MALES



Sources: CDC WONDER Cause of Death 2019 (dashboards.mysidewalk.com/nha21)

CAUSES OF DEATH AMONG FEMALES



NORTHLAND HOSPITAL UTILIZATION DATA

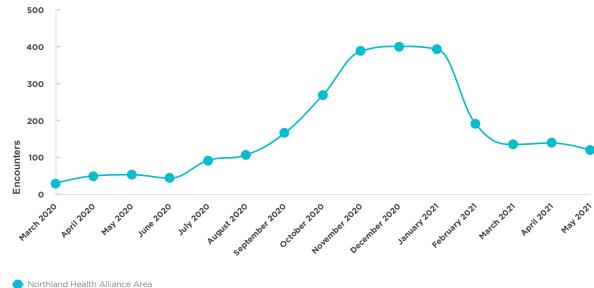
Excelsior Springs Hospital, Liberty Hospital, North Kansas City Hospital and Saint Luke's North Hospital provided data gathered between June 1, 2018 and May 31, 2021. The following graphs display diagnosis trends over that time period.

The Samuel U. Rodgers Health Center (SURHC) and its affiliated clinics see Medicaid, underinsured and uninsured patients from across the Kansas City area including Clay and Platte Counties. Like the hospitals, SURHC provided diagnostic data on patient visits to its clinics between April 1, 2021 and March 31, 2022.

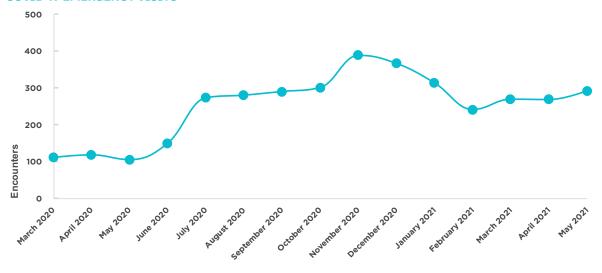
COVID-19

In March 2020, life changed forever. The SARS-VoV-2 virus, later referred to as COVID-19, made its way to the U.S. The world entered the first pandemic in 100 years. The pandemic had a huge impact on every single person in our community. The Northland suffered its highest wave of COVID-19 related hospitalizations from October 2020 to January 2021 with over four hundred people hospitalized, nearly four hundred being treated in the ED. Slightly more females than males and the 45-64 age group were the highest utilizers of care.

COVID-19 HOSPITALIZATIONS



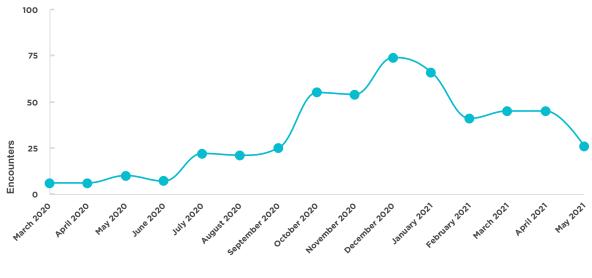
COVID-19 EMERGENCY VISITS



Northland Health Alliance Area

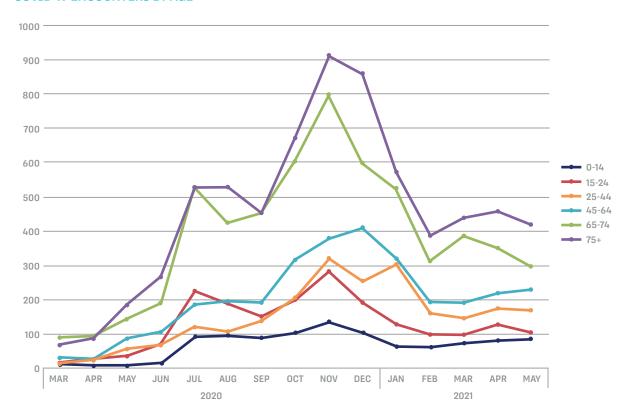
Sources: Excelsior Springs Hospital, Liberty Hospital, North Kansas City Hospital, Saint Luke's North Hospital (dashboards.mysidewalk.com/nha21)

COVID-19 OUTPATIENT VISITS

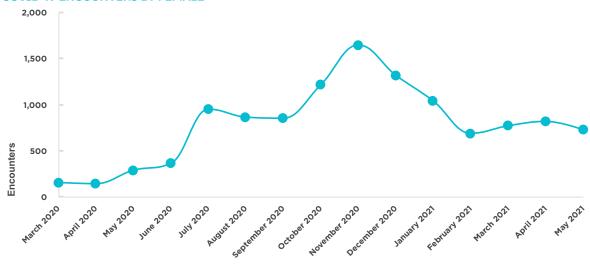


Northland Health Alliance Area

COVID-19 ENCOUNTERS BY AGE

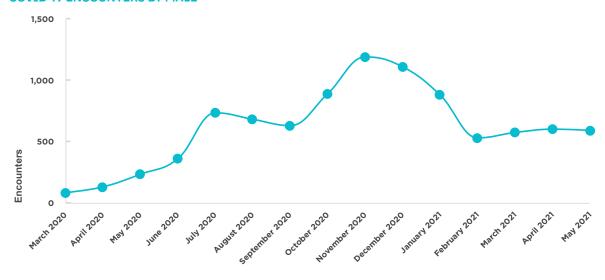


COVID-19 ENCOUNTERS BY FEMALE



Northland Health Alliance Area

COVID-19 ENCOUNTERS BY MALE

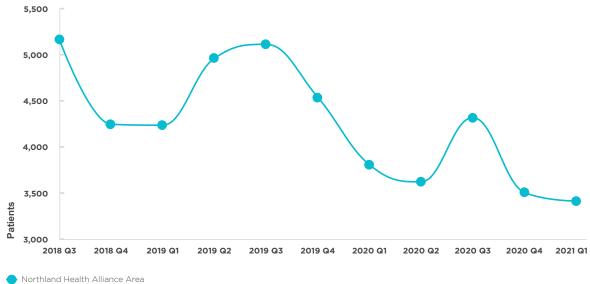


Northland Health Alliance Area

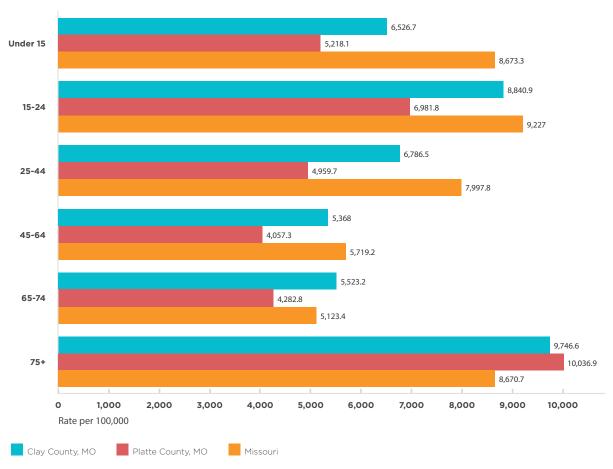
INJURY-RELATED CARE

Patients over the age of 75 continue to be the most frequently treated for injuries in the ED and inpatient treatment areas. There was a marked decrease of injuries during the height of the pandemic due to lockdown and essential workers being the only citizens allowed to work outside of the home.

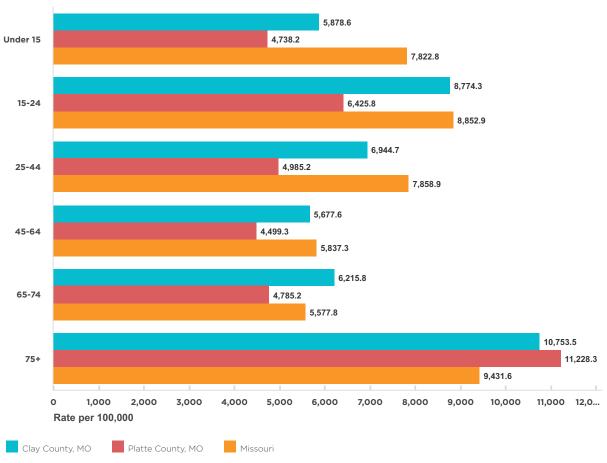
INJURY EMERGENCY VISITS



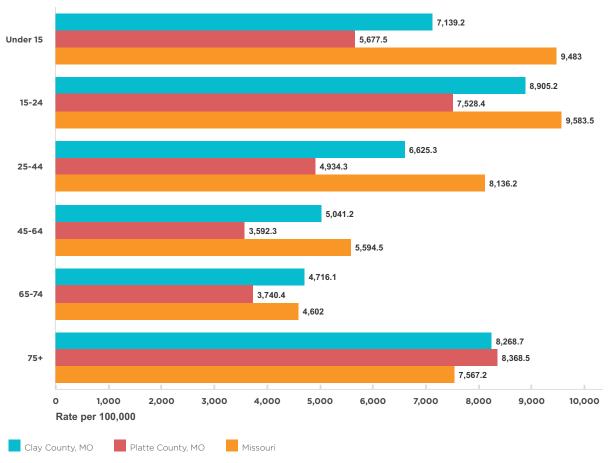
INJURY EMERGENCY VISITS BY AGE



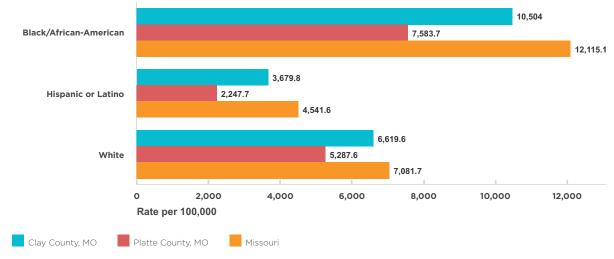
EMERGENCY INJURY RATE BY AGE - FEMALE



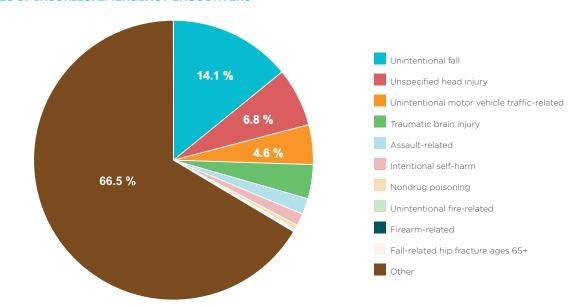
EMERGENCY INJURY RATE BY AGE - MALE



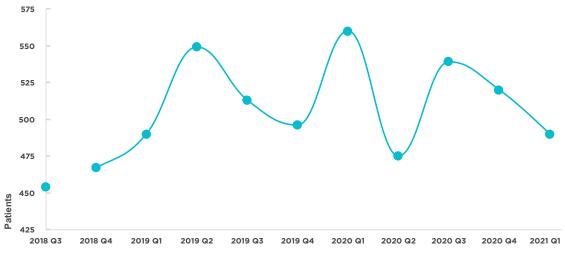
EMERGENCY INJURY RATE BY RACE/ETHNICITY



TYPES OF INJURIES: EMERGENCY ENCOUNTERS



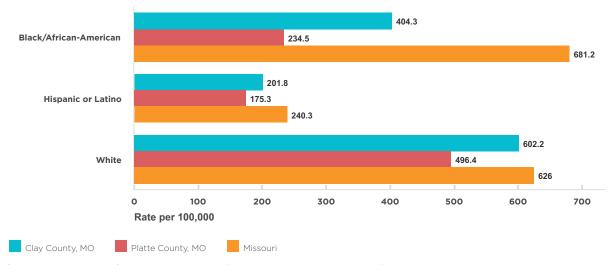
INJURY HOSPITALIZATIONS



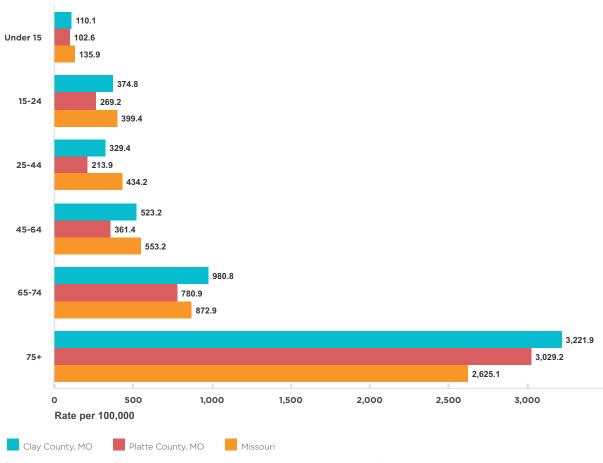
Northland Health Alliance Area

Sources: Excelsior Springs Hospital, Liberty Hospital, North Kansas City Hospital, Saint Luke's North Hospital (dashboards.mysidewalk.com/nha21)

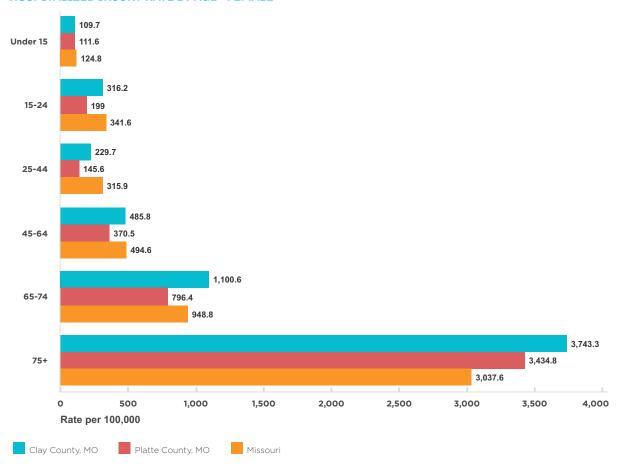
HOSPITALIZED INJURY RATE BY RACE/ETHNICITY



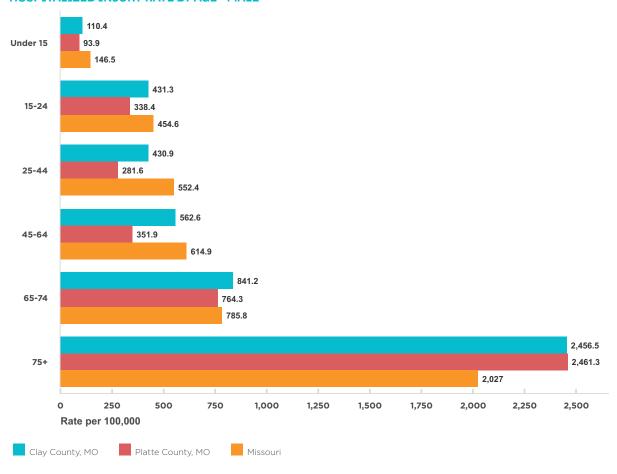
HOSPITALIZED INJURY RATE BY AGE



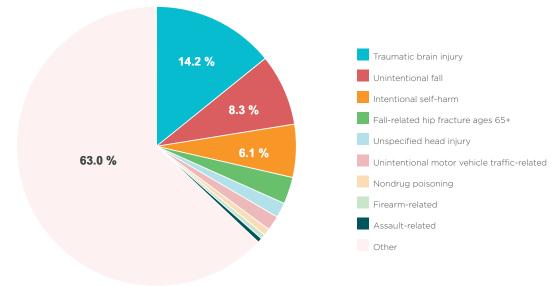
HOSPITALIZED INJURY RATE BY AGE - FEMALE



HOSPITALIZED INJURY RATE BY AGE - MALE



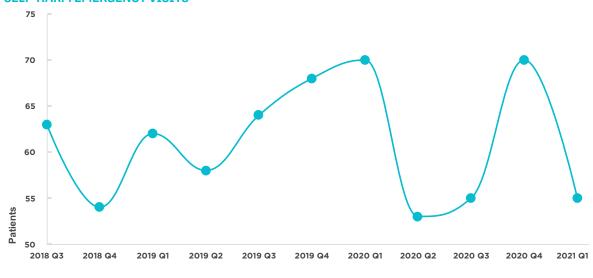
TYPES OF INJURIES: HOSPITALIZATION ENCOUNTERS



SELF-HARM

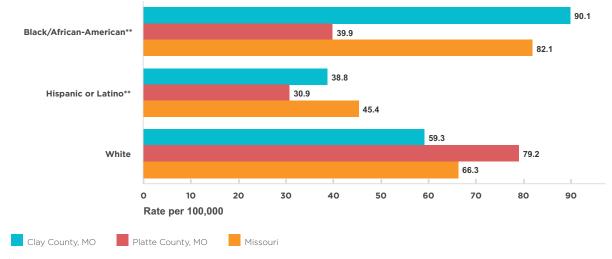
Platte County had a significant decrease in patients presenting for care in the ED for selfharm from 2017-2019 while Clay County had a significant increase. More Black/African-American from Clay County presented for care in the ED due to self-harm than any other race/ ethnicity. Platte County residents between the age of 15-24 were the highest age group and County to present in the ED for self-harm, nearly 30% higher than the Missouri rate. In Platte County females are more likely to present for care due to self-harm than Clay County and the Missouri rate.

SELF-HARM EMERGENCY VISITS



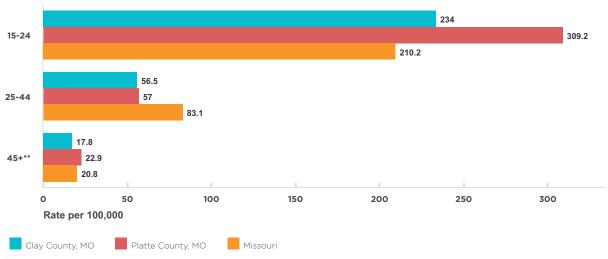
Northland Health Alliance Area

EMERGENCY SELF-HARM RATE BY RACE/ETHNICITY



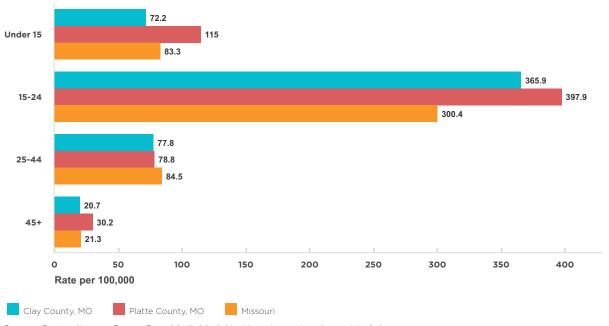
** Unstable rates, interpret with caution Sources: Patient Abstract System Data 2017-2019 (dashboards.mysidewalk.com/nha21)

EMERGENCY SELF-HARM RATE BY AGE

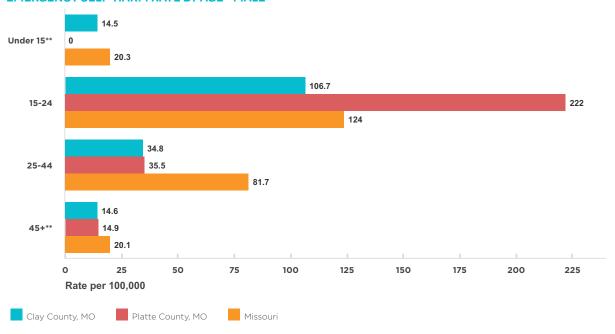


** Unstable rates, interpret with caution Sources: Patient Abstract System Data 2017-2019 (dashboards.mysidewalk.com/nha21)

EMERGENCY SELF-HARM RATE BY AGE - FEMALE

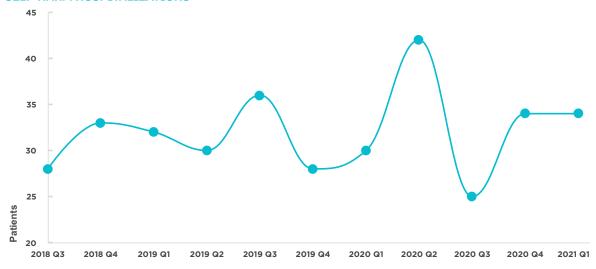


EMERGENCY SELF-HARM RATE BY AGE - MALE



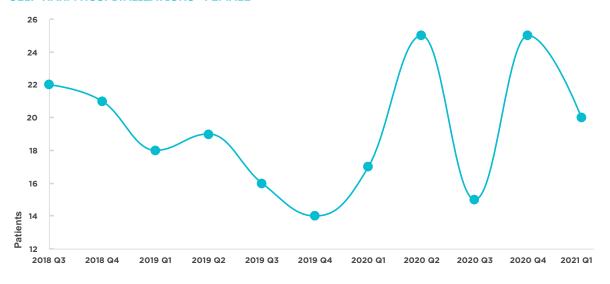
** Unstable rates, interpret with caution Sources: Patient Abstract System Data 2017-2019 (dashboards.mysidewalk.com/nha21)

SELF-HARM HOSPITALIZATIONS



Northland Health Alliance Area

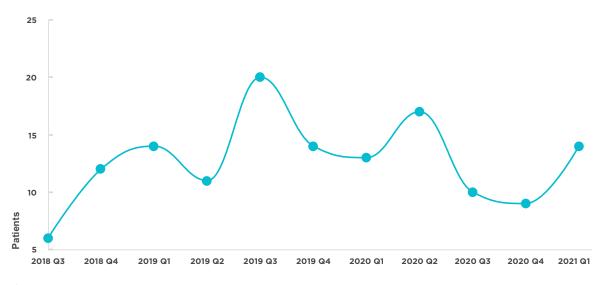
SELF-HARM HOSPITALIZATIONS - FEMALE



Northland Health Alliance Area

Sources: Excelsior Springs Hospital, Liberty Hospital, North Kansas City Hospital, Saint Luke's North Hospital (dashboards.mysidewalk.com/nha21)

SELF-HARM HOSPITALIZATIONS - MALE

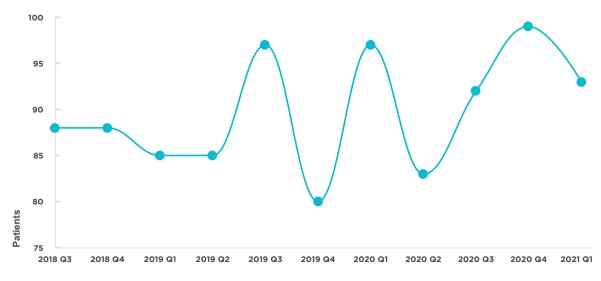


Northland Health Alliance Area

OVERDOSE

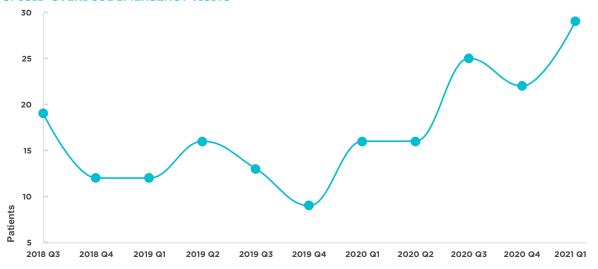
The overall number of patients who have presented to the ED for a drug overdose has risen significantly since fall of 2019. Almost half the number of Black/African-Americans in Clay and Platte Counties have been treated for a nonfatal drug overdose compared to the state rate. Additionally, the rates of individuals hospitalized for a nonfatal overdose is less in Platte and Clay Counties than the state of Missouri. The most common age group to be treated or hospitalized for a nonfatal overdose is 15-24.

DRUG OVERDOSE EMERGENCY VISITS



Northland Health Alliance Area

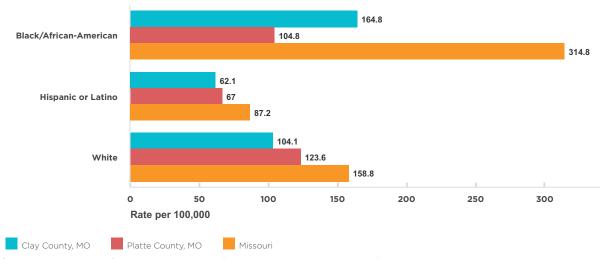
OPIOID OVERDOSE EMERGENCY VISITS



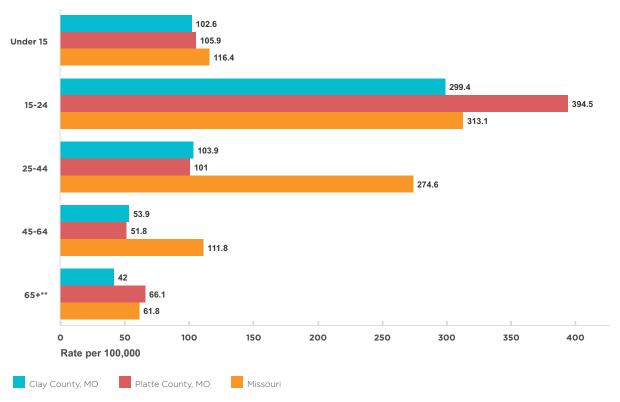
Northland Health Alliance Area

Sources: Excelsior Springs Hospital, Liberty Hospital, North Kansas City Hospital, Saint Luke's North Hospital (dashboards.mysidewalk.com/nha21)

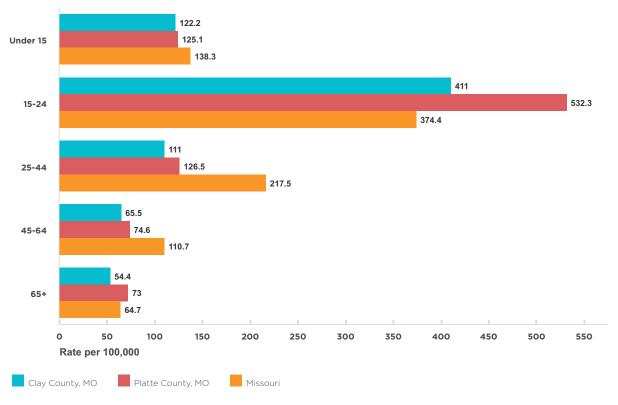
EMERGENCY NONFATAL DRUG OVERDOSE RATE BY RACE/ETHNICITY



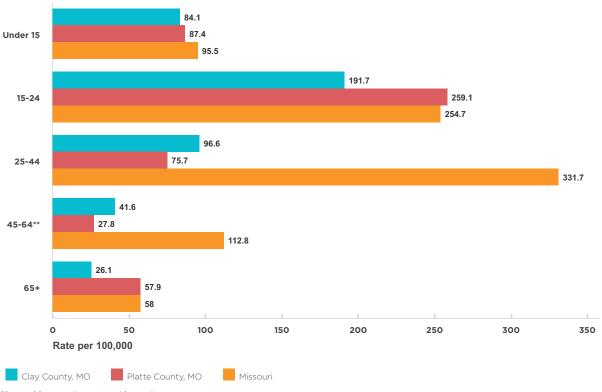
EMERGENCY NONFATAL DRUG OVERDOSE RATE BY AGE



EMERGENCY NONFATAL DRUG OVERDOSE RATE BY AGE - FEMALE

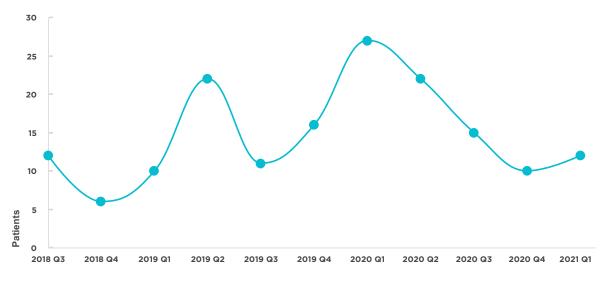


EMERGENCY NONFATAL DRUG OVERDOSE RATE BY AGE - MALE



** unstable rates, interpret with caution

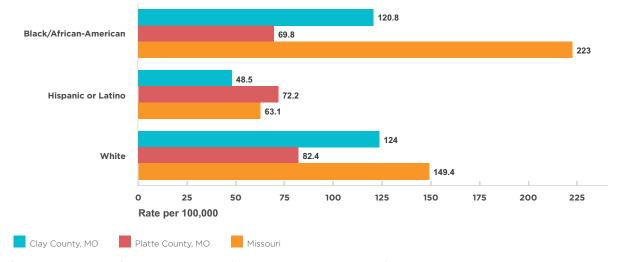
NONFATAL DRUG OVERDOSE HOSPITALIZATIONS



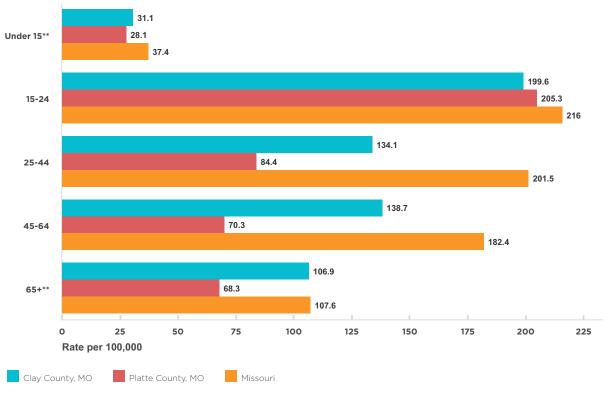
Northland Health Alliance Area

Sources: Excelsior Springs Hospital, Liberty Hospital, North Kansas City Hospital, Saint Luke's North Hospital (dashboards.mysidewalk.com/nha21)

HOSPITALIZED NONFATAL DRUG OVERDOSE RATE BY RACE/ETHNICITY

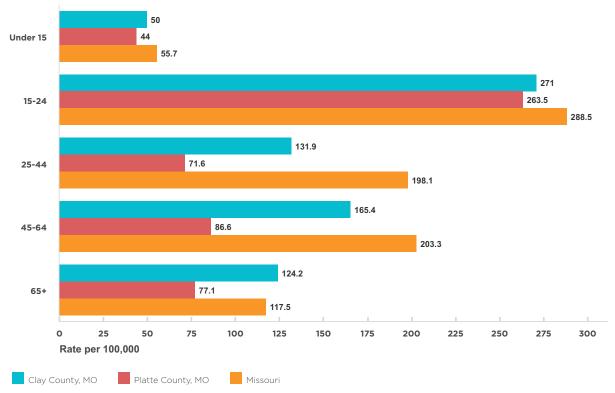


HOSPITALIZED NONFATAL DRUG OVERDOSE RATE BY AGE

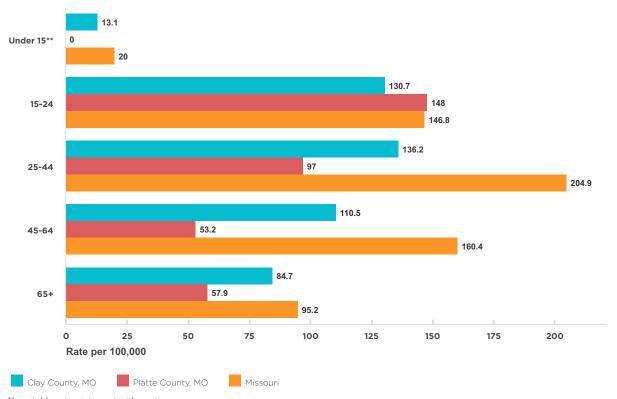


** unstable rates, interpret with caution Sources: Patient Abstract System Data 2017-2019 (dashboards.mysidewalk.com/nha21)

HOSPITALIZED NONFATAL DRUG OVERDOSE RATE BY AGE - FEMALE



HOSPITALIZED NONFATAL DRUG OVERDOSE RATE BY AGE - MALE

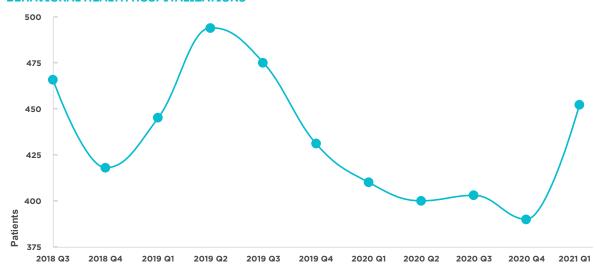


** unstable rates, interpret with caution Sources: Patient Abstract System Data 2017-2019 (dashboards.mysidewalk.com/nha21)

BEHAVIORAL HEALTH HOSPITALIZATIONS

The behavioral health hospitalization rate peaked in 2019 and was at it lowest during 2020. The top two reasons were for mood and depressive disorders and drug and alcohol disorders. The behavioral health hospitalization rate was the highest in the 15-24 age group in Clay County when compared to Platte County or the state of Missouri. Black/African American's have the highest rate of behavioral health hospitalization of all ethnicity groups. During 2020, males were hospitalized more than females.

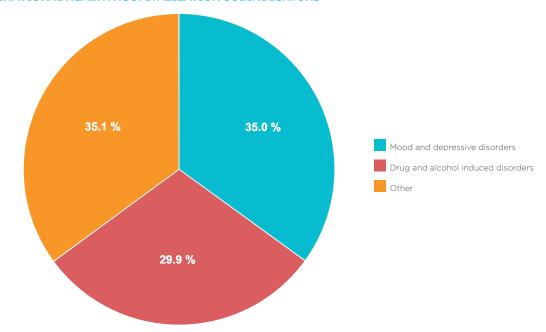
BEHAVIORAL HEALTH HOSPITALIZATIONS



Northland Health Alliance Area

Sources: Excelsior Springs Hospital, Liberty Hospital, North Kansas City Hospital, Saint Luke's North Hospital (dashboards.mysidewalk.com/nha21)

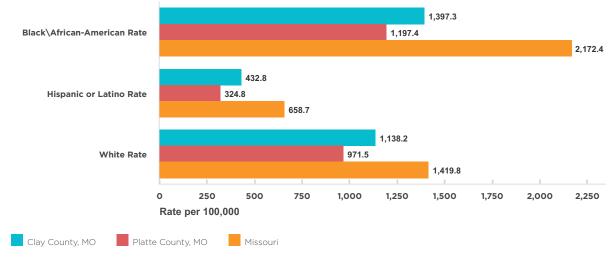
BEHAVIORAL HEALTH HOSPITALIZATION SUBINDICATORS



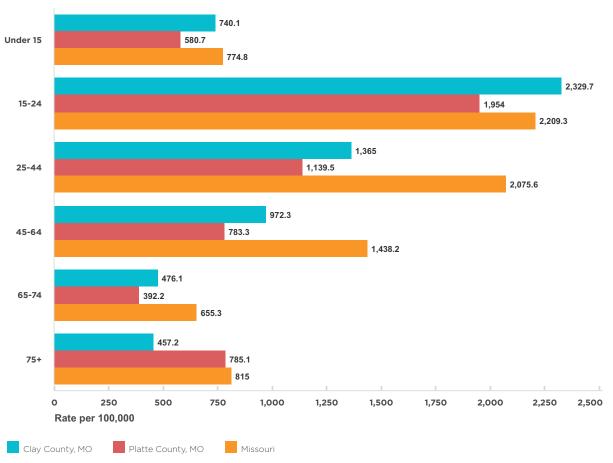
Northland Health Alliance Area

Sources: Excelsior Springs Hospital, Liberty Hospital, North Kansas City Hospital, Saint Luke's North Hospital (dashboards.mysidewalk.com/nha21)

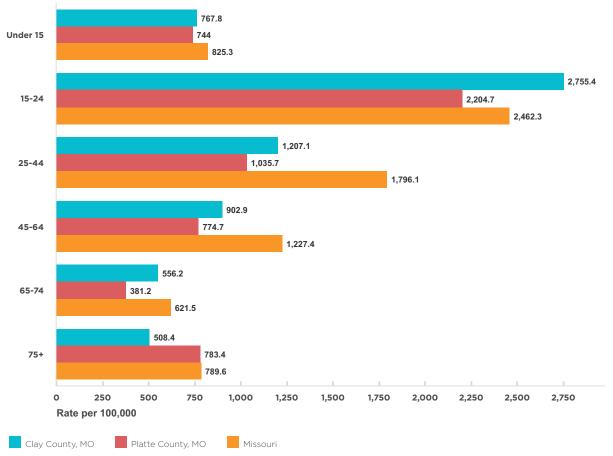
BEHAVIORAL HEALTH HOSPITALIZATION RATE BY RACE/ETHNICITY



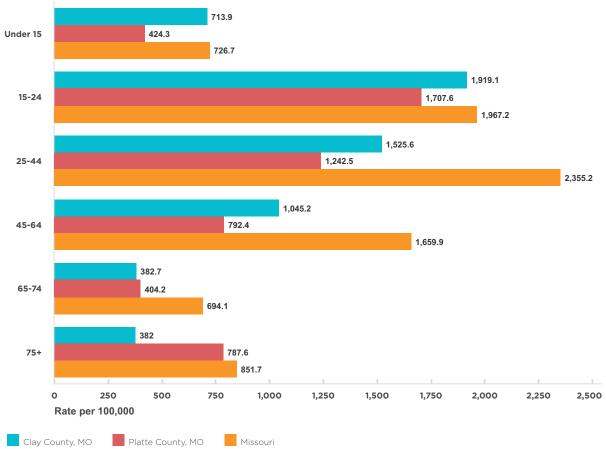
BEHAVIORAL HEALTH HOSPITALIZATION RATE BY AGE



BEHAVIORAL HEALTH HOSPITALIZATION RATE BY AGE - FEMALE



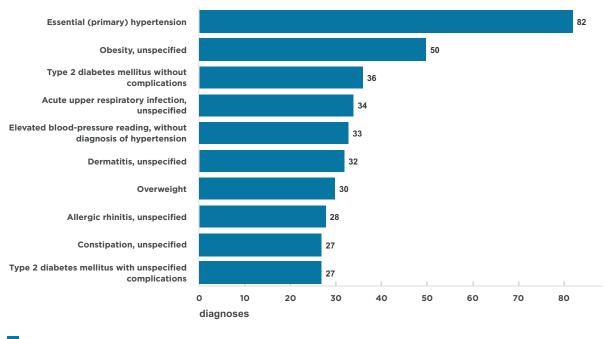
BEHAVIORAL HEALTH HOSPITALIZATION RATE BY AGE - MALE



SAMUEL U. RODGERS HEALTH CENTER

The Samuel U. Rodgers Health Center (SURHC) and its affiliated clinics treat Medicaid. underinsured and uninsured patients from across the Kansas City metro area, including people from Clay and Platte Counties. Like the hospitals that provided data for this report, SURHC supplied diagnostic data on patient visits to its clinics between April 1, 2021 and March 31, 2022.

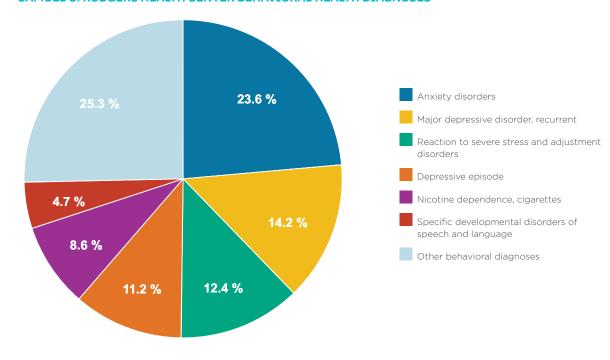
SAMUEL U. RODGERS HEALTH CENTER TOP 10 MEDICAL DIAGNOSES



Samuel U. Rodgers Health Center Service Area

Sources: SURHC 2021-2022 (dashboards.mysidewalk.com/nha21)

SAMUEL U. RODGERS HEALTH CENTER BEHAVIORAL HEALTH DIAGNOSES



Samuel U. Rodgers Health Center Service Area

Sources: SURHC 2021-2022 (dashboards.mysidewalk.com/nha21)

CONCLUSION

Data gathered for the 2019-2021 Northland Health Alliance Community Health Needs Assessment, which provides the foundation for this North Kansas City Hospital and Meritas Health report, revealed important insights about chronic disease and behavioral risk factors at the 7IP code level.

The data identified pockets of the community served by the hospital that face significant health challenges and have some of the state's poorest health outcomes. By examining mental and behavioral health issues through numerous lenses, including demographics, inpatient and emergency department utilization, and selfreported levels of suicidal ideation, the data reveals disturbing trends for both youth and middle-aged citizens. This analysis deepened our system's understanding of the changing face of the Northland, raising questions about the income, education and health disparities experienced by communities of various race, ethnicity and national origin and the health challenges faced by an aging population. Finally, data revealed the economics of healthcare are an issue not only for low- and moderate-income citizens, but for residents earning \$100,000 or more annually.

Using data from the NHA report and incorporating data about patients that walk through our doors every day, NKCH and MH created a Community Health Needs Assessment that advances knowledge about the current state of health in the Northland - and more specifically about the health needs and gaps being experienced by the people living within its service area. More importantly, these insights help the system define its role in the Northland health ecosystem and further support informed discussion and decision-making about where it can best invest its human, financial and social resources to improve the health of the people and community it serves.

The 2019-2021 Community Health Assessment led the NHA to reaffirm four notable health priorities for the community to address during the next three years:

- Cardiac disease
- Health equity
- Mental and behavioral health
- Transportation

The health assessment report also emphasized that even as these broad priorities remain pertinent, the information and insights gained through this effort must be used to develop new approaches for addressing the community's most significant health issues.

NKCH selected three Cycle 4 Initiatives for improvement:

- 1. Health equity with regard to transportation to healthcare in the Northland
- 2. Mental and behavioral health services in Clay and Platte Counties
- 3. Cardiac health outcomes in the Northland population

These initiatives align with and extend the reach of priorities identified by NHA. NKCH will continue to work with its fellow NHA partners, as well as with government agencies, schools, faithbased organizations, the business community, nonprofit entities and citizen "champions" of health, to create a healthier Northland. Improving the health of the community requires thoughtful, collaborative work to craft and

implement strategies that can make inroads on the interconnected and highly complex health issues facing the community. NKCH is committed to being part of the solution.





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