Cycle 3 Implementation Impact Report (FY2019-FY2021)

North Kansas City Hospital

MERITAS HEALTH

NORTH KANSAS CITY HOSPITAL & MERITAS HEALTH

CYCLE 3 IMPLEMENTATION IMPACT REPORT

(FY2019-FY2021)

In 2019, the North Kansas City Hospital (NKCH) and Meritas Health (MH) system joined its partners in the Northland Health Alliance (NHA) to conduct a second collaborative Community Health Needs Assessment (CHNA).

The assessment examined demographic, health, social and economic indicators and behavioral risk factors for populations in Clay and Platte Counties, the two main areas of the hospital's service area. Clay and Platte County residents account for about 70% of all patient visits at NKCH. Information gathered for this needs assessment also includes a community health survey and focus groups to gather more nuanced insights directly from Northland residents. Together, this information creates a broad picture of the health status of the people and communities NKCH serves. (Details of quantitative and qualitative information gathered can be found in a separate 2019 NKCH Community Health Needs Assessment Report.)

2019 CHNA DATA SOURCES

Children's Mercy Kansas City

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.

The NHA used the assessment to define three priorities for the Community Health Improvement Plan.

NORTHLAND HEALTH ALLIANCE COMMUNITY HEALTH PRIORITIES

1. **IMPROVE ACCESS TO HEALTHCARE**
2. **IMPROVE ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**
3. **MANAGE AND PREVENT CHRONIC DISEASE**

The NKCH CHNA Committee used the insights gained through analysis of the community health assessment data, and the priorities selected by the NHA, to inform consensus-building around the selection of the Cycle 3 Initiatives.

As part of this selection process, the committee distilled 10 key health issues in 2019 from the broader community assessment. These issues were then analyzed and scored using the eight following criteria:

1. Magnitude/Scale of the problem, rated from 1 (low) to 10 (high).
2. Severity of the problem in the community, rated from 1 (low) to 5 (high).
3. NKCH internal assets to address the problem, rated from 1 (no/low assets) to 5 (many internal assets).
4. Existing/promising approaches to addressing the problem, rated from 1 (no/few promising approaches) to 5 (many promising approaches).
5. Health disparities in the community, rated from 1 (no/low impact on disparities) to 5 (high impact on disparities).
6. Opportunity to leverage other NKCH resources to address the issue, rated from 1 (no/few other resources) to 5 (many additional resources).
7. Community prioritization of the issue, rated from 1 (lowest priority) to 10 (highest priority).
8. Alignment with other NKCH and MH priorities, rated from 1 (lowest alignment) to 10 (highest alignment).

The CHNA Committee presented three proposed priorities, and the data demonstrating their significance to the patients and communities the hospital serves, to NKCH leadership for review and discussion. On January 31, 2019, the NKCH Board of Trustees formally adopted these three priorities and an initial outline of the 2019-2022 Cycle 3 Implementation Plan.

The system assigned internal staff to convene and chair three task forces to develop and implement strategies to advance these priorities.

CYCLE 3 IMPLEMENTATION STRATEGIES

STRATEGY 1:

REDUCE OBESITY

GOAL: INCREASE READY ACCESS TO HEALTHY EATING RESOURCES TO HELP REDUCE OBESITY IN THE NORTHLAND.

(Aligns with NHA Priority: Manage and Prevent Chronic Disease)

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Michelle Lane
Task Force Co-Chair
Sr. Director, Corporate & Community Health
North Kansas City Hospital

STRATEGY 2:

REDUCE OPIOID-RELATED DEATHS

GOAL: INCREASE HARM REDUCTION STRATEGIES TO MINIMIZE THE MORBIDITY AND MORTALITY ASSOCIATED WITH OPIOID ABUSE AND DEPENDENCE IN CLAY AND PLATTE COUNTIES BY DECEMBER 2022.

(Aligns with NHA Priority: Improve Access to Mental Health and Substance Abuse Services)

Michelle Lane
Task Force Chair
Sr. Director, Corporate & Community Health
North Kansas City Hospital

STRATEGY 3:

MEET HEALTH NEEDS OF THE AGING NORTHLAND POPULATION

GOAL: IMPROVE AND INCREASE SERVICES TO BETTER MEET THE HEALTH NEEDS OF THE AGING NORTHLAND POPULATION.

(Aligns with NHA Priorities: Improve Access to Mental Health and Substance Abuse Services and Improve Access to Care)

Darla Easley
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Michelle Lane
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Sr. Director, Corporate & Community Health
North Kansas City Hospital

IMPACT OF COVID-19 PANDEMIC ON CYCLE 3 IMPLEMENTATION PLAN

Following approval of the NKCH's Cycle 3 Implementation Plan, much of 2019 was dedicated to recruiting community partners and establishing three task forces to develop the strategies and action plans to address the three health priorities. Plan implementation was slated to begin in late 2019/early 2020. The COVID-19 pandemic, of course, changed everything. All plans were shelved as the hospital's health providers, staff members and leaders turned to the health crisis.

Although surges in viral infection rates and hospitalizations repeatedly demanded the full attention of NKCH healthcare providers and staff, the Cycle 3 Implementation Plan was initiated in 2021. The scope of the strategies and action plans developed in 2019 had to be reviewed and revised in response to COVID-19. Initial plans for community outreach had to be re-considered. The three task force groups were required to alter their original approaches to meet the needs of the community during the pandemic.

Growing concern about the accelerating number of opioid overdoses and deaths in the Northland during COVID-19 led the Reduce Opioid-Related Deaths Priority Task Force to shift its focus to harm reduction, creating and implementing a program to make Naloxone overdose kits available to individuals seen in the NKCH Emergency Department for opioid-related complications and to first responders who are often the first line of treatment for someone experiencing an overdose.

The isolation the pandemic created, especially for seniors, steered the task force towards meeting needs of the aging to focus on supporting the mental health needs of seniors by creating a program to help them build connections in the community. Limitations on the ability to conduct broad community outreach programs encouraged the Reducing Obesity Task Force to concentrate its efforts on piloting a *Farm to Institution to Table* effort to see if easy, affordable access to healthy food would result in improved eating habits.

These shifts in approach to the Cycle 3 Implementation Plan were presented to the hospital CHNA Committee, and ultimately reviewed and approved by the hospital CEO and Board of Trustees on January 31, 2019. While different from the ideas originally outlined in the 2019-2022 Implementation Plan, the strategies and actions ultimately pursued were aligned with more serious and pressing needs in the community. All provided valuable insights that can be used to shape future interventions.

Like NKCH, and the entire healthcare system, the task forces responded with agility, adapting their ideas to the new reality. The hospital values the commitment demonstrated by these task force members in the face of multiple and ongoing challenges and is inspired by the impact their efforts had on the health of the Northland community.

The following pages outline the strategies and action plans undertaken to advance NKCH's Cycle 3 health priorities and reviews the results achieved through these efforts.

STRATEGY 1:

REDUCE OBESITY

GOAL: INCREASE READY ACCESS TO HEALTHY EATING RESOURCES TO HELP REDUCE OBESITY IN THE NORTHLAND.

The NHA's 2019 CHNA revealed a need to focus on upstream health behaviors and improve access to healthy resources in the community as the most effective way to reduce chronic disease. While chronic disease arises from a complicated mix of genetic, biological, environmental, socioeconomic and behavioral factors, there is no question that a diet rich in fruits and vegetables can reduce the risk of chronic diseases like Type 2 Diabetes, obesity, heart disease and stroke. Shifting food and beverage choices to healthier options is beneficial to everyone, regardless of their weight.

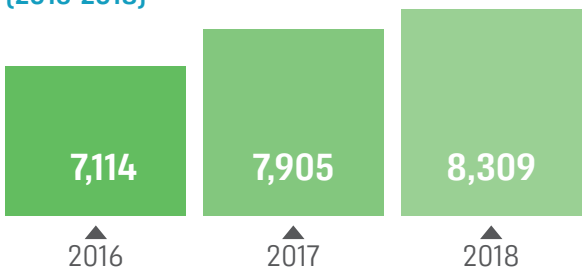
To advance the broader community health goal, NKCH leadership selected "Reduce Obesity in the Northland" as a priority in the Cycle 3 Implementation Plan. The system's implementation plan was built to highlight and provide access to healthy eating resources in the Northland.

The CHNA data that informed this decision included:

- Obesity is a risk factor for developing diabetes. Three ZIP Codes neighboring NKCH (64116-KC-NKC; 64118-Gladstone; 64150-Riverside) showed high prevalence of diagnosis for Type 2 Diabetes. People living in Clay County showed higher rates of diabetes than the state average.
- Poor eating habits were ranked among the top three health behaviors with greatest impact on overall community health in the Northland Community Health Survey.
- Obesity-related encounters climbed among NKCH patients, from just over 7,000 in 2016 to approximately 8,300 in 2018. (Figure 1) Those ages 65 and up accounted for 39% of these obesity-related encounters, the highest among all age groups.

FIGURE 1:

NKCH OBESITY-RELATED ENCOUNTERS (2016-2018)



Source: NKCH Patient Demographics – Clay and Platte Counties

Reduce Obesity: **Action 1**

***Farm to Institution to Table:* Create easily accessible healthy eating resources in the Northland to improve the consumption of healthy food through a produce box initiative.**

To advance the Reduce Obesity strategy, NKCH developed a *Farm to Institution to Table* action plan to improve access to healthy foods. The project was conducted April-November 2021.

- The cities of North Kansas City and Gladstone offered monthly opportunities for city employees to order Fresh Picks Produce Boxes.
- NKCH partnered with C&C Produce (CCP) to put together seasonal produce boxes containing enough fruit and vegetables to feed a family of four for two weeks.
- CCP's cost per box was $15. NKCH subsidized $5 of the cost so participating city employees paid $10 per box.
- Boxes were available initially two times per month, but frequency reduced to one time per month per the request of participants feeling each box was too much. Employees interested in purchasing a produce box used an online form to reserve and pay for it.
- CCP delivered the boxes. Employees were directed to pick their boxes up at designated locations.
- Boxes included access to the Seasonal & Simple app, a healthy-eating app supported by the University of Missouri Extension. The app offered information about the storage and preparation of the produce included in the box.
- When reserving a box online, employees were required to answer questions related to their eating habits to provide data needed to analyze the impact of the produce box initiative.

FEEDBACK FROM PROGRAM PARTICIPANTS

The produce box program was available to a combined total of about 300 employees in both cities. Over the course of the project, participation averaged 10% of eligible employees with the heaviest participation occurring during the spring months. (Figure 2)

REDUCE OBESITY COMMUNITY TASK FORCE

Linda Black, NKCH/Meritas Board of Trustees

Linda Borders, City of Gladstone

G.K. Callahan, MU Extension Clay and Platte County

Sue Condon, NKCH & MH

Melissa Cotton, MU Extension Clay and Platte County

Chris Evans, Feed Northland Kids

Michelle Lane, NKCH & MH

Sandra Merritt, NKCH & MH

Lindsey Moore, NKCH & MH

Sue Patterson, City Market

Amber Paxton, North Kansas City School District

Jill Sartain, NKCH & MH

Ryan Shafer, Clay County Public Health Center

Denise Sullivan, MU Extension Clay and Platte County

Ashley Taylor, City of Gladstone

Tina Weaver, North Kansas City YMCA

Food box purchasers were asked about their typical consumption of fruit and vegetables. Half of the program participants reported eating fruits and vegetables 3-4 days a week, less than a third reported consuming fruit and vegetables 5-7 days a week, and just under 20% reported consuming these items two or fewer days a week. (Figure 3)

There were small differences in how the produce boxes contents were used. Half of the program participants reported they washed and cut up the fruit and vegetables they received in their monthly box and stored it in the refrigerator. 43% reported they didn't need refrigerated storage because they consumed the contents before the items could spoil.

Lack of time to prepare fresh fruit and vegetables was the primary reason produce box purchasers cited for not eating more of this kind of food.

- Over half (56%) of produce box purchasers reported the main reason for not eating more fruit and vegetables was lack of time to prepare them.
- 22% reported cost of fruit and vegetables was a barrier. (Note: Given the $10 price of the produce box, it is believed this cost comment was related to the cost of fruit/vegetables purchased through other sources.)
- A small number (7%) said they did not know how to prepare these food items.

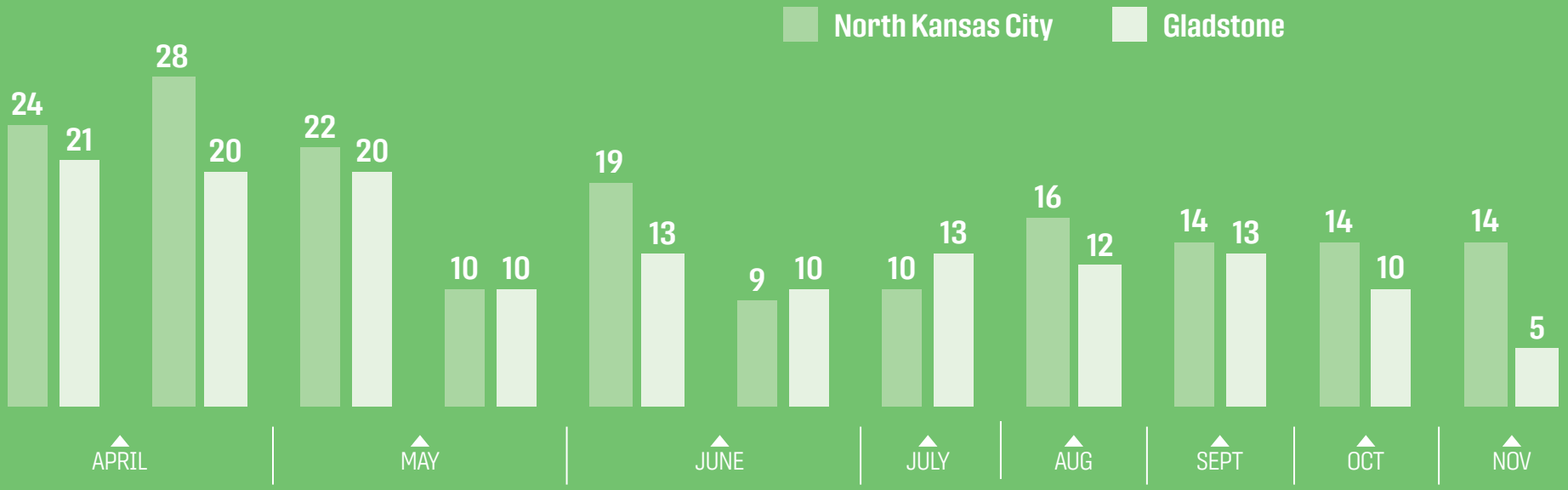
WAYS TO ENCOURAGE MORE FRUIT/VEGETABLE CONSUMPTION

Produce box purchasers were asked "What would help you eat more fruit and vegetables?"

- The most frequent responses related to preparation time. 58% of purchasers said having prepared (cleaned, chopped, ready to cook) fresh fruits/vegetables available would increase the amount they consumed.
- Even though the produce boxes included a QR code to access the Seasonal & Simple healthy-eating app, 42% of respondents said having recipes for using the fruit/vegetables contained in the box would increase their consumption.
- Another suggestion included hosting online and in-person classes on how to prepare fruits and vegetables.

FIGURE 2:

PRODUCE BOX PARTICIPATION (APRIL-NOVEMBER 2021)



Source: NKCH's CHNA Obesity Initiative Data

FIGURE 3:

FRUIT/VEGETABLE CONSUMPTION PER WEEK—ALL PRODUCE BOX PURCHASERS

Number of Days/Week Fruits/Vegetables Consumed	Percentage of Respondents
5-7 Days/Week	31%
3-4 Days/Week	51%
2 Days or Less/Week	19%

Source: NKCH's CHNA Obesity Initiative Data

PROJECT TAKEAWAYS

The Reduce Obesity Task Force reviewed results of the Fresh Picks Produce Box program and distilled two fundamental insights for consideration for future healthy eating projects.

INSPIRING CHANGE IN EATING HABITS

- Produce box buyers were predominantly people already eating fruits and vegetables on a consistent basis. The price of the produce box and the convenience of picking the boxes up in the workplace were benefits many participants undoubtedly were happy to take advantage of, but they did not change established eating habits.
- The project was striving to attract those who do not consume fruits and vegetables at recommended levels, however this goal was not actively achieved. The assumption that cost and access were main barriers to improve consumption was not a proven result.
- The conclusion that both the task force and the project's city partners reached is that general incentives to get people to eat more fruits and vegetables are not enough to inspire change. To be successful, incentives should be individualized for each participant aligned with what matters to them. City partners believe if they had established clear internal goals (e.g. weight loss goal/contest) or monetary incentives, participation in the program would have increased. The bottom line is people need to see the direct benefits to be inspired to change their diets and foster new habits.
- The task force explored a few different ways to incentivize participation (e.g. drawing for an air fryer), however, the timeframe for the project (April-November) limited their opportunities for testing options to deepen understanding of what resonated most effectively with participants.

MAKE IT EASY

- More than half of produce box purchasers said lack of time to prepare fruits and vegetables was the primary barrier to consuming more of them. Two-thirds of program participants spent 30 or more minutes preparing the produce received in their boxes. For busy, overscheduled, sometimes overwhelmed families and individuals, a task that requires 30 minutes takes time they don't have. Making fresh fruit and vegetables easier to consume—washed, sliced, prepared, ready to grab and eat or cook, holds significant potential for increasing consumption.

Extension
University of Missouri

C&C PRODUCE

STRATEGY 2:

REDUCE OPIOID-RELATED DEATHS

GOAL: INCREASE HARM REDUCTION STRATEGIES TO MINIMIZE THE MORBIDITY AND MORTALITY ASSOCIATED WITH OPIOID ABUSE AND DEPENDENCE IN CLAY AND PLATTE COUNTIES BY DECEMBER 2022.

The focus of this effort was on harm reduction to minimize the morbidity and mortality associated with opioid abuse and dependence in Clay and Platte Counties. The strategy was selected in response to the rising rate of opioid overdose and deaths in Missouri and in Clay and Platte Counties.

According to data from the Missouri Department of Health and Senior Services, in 2018 alone, Missouri experienced more than 4,000 non-fatal ER visits due to opioid overdose. More than 1,100 people died due to opioid overdose, but another 5,600 Missouri lives were saved through the use of Naloxone, a drug that rapidly reverses the effects of an opioid overdose.

Between 2013 and 2017, more than 1,300 Clay County residents were hospitalized due to opioid overdose. During this period, nearly 100 people living in Clay County lost their lives due to opioid overdose. The majority of them were 45-54 years old.

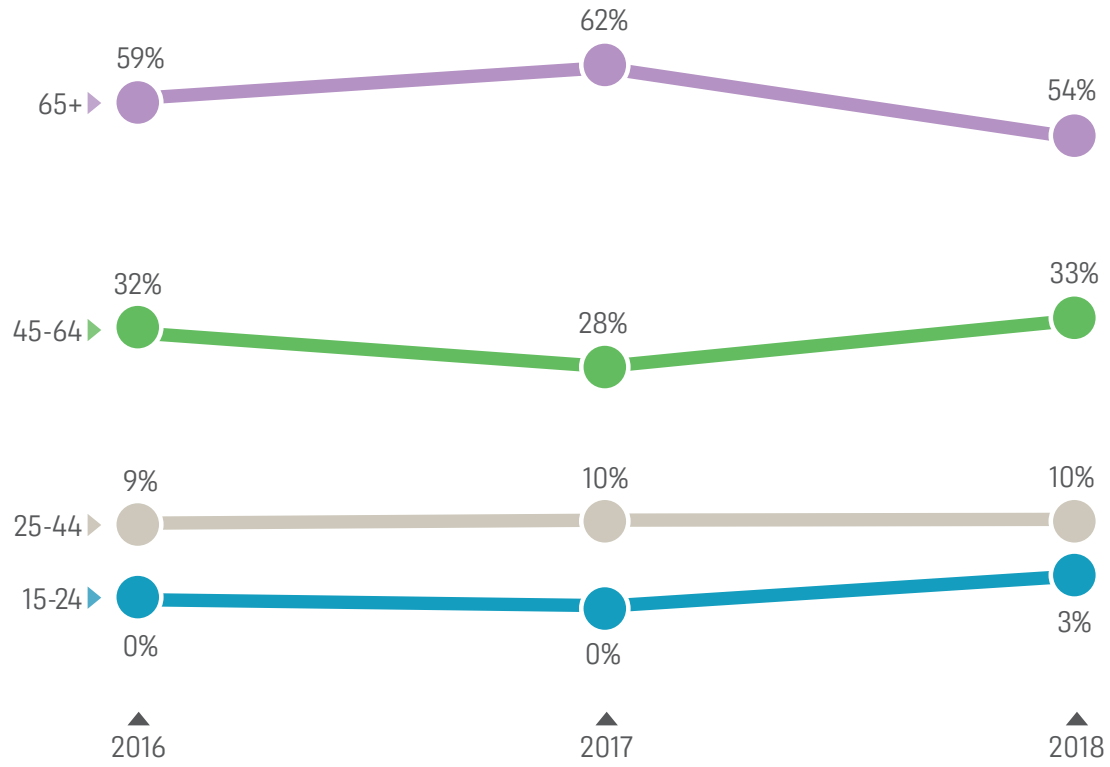
Between 2011-2015 Platte County experienced 32 deaths due to opioid overdose, with the highest death rate occurring between those 25-54 years old.

Drug abuse and opioid abuse ranked among the top 10 health problems identified in the Northland Community Health Survey.

Between 2016 and 2018, people age 65 and older accounted for the largest percentage of patients seen in NKCH for opioid-related encounters. In 2016, these patients accounted for more than 40% of all opioid-related encounters. That figure increased to 55% in 2017 and remained above 50% of all 2018 encounters. The hospital saw a drop in opioid-related encounters with those in the 45-64 age group, dropping from nearly 40% in 2016 to about 28% in 2018. While young people age 15-24 accounted for fewer than 10% of all opioid-related encounters at the hospital, that percentage steadily increased between 2016 and 2018. (Figure 4).

FIGURE 4:

OPIOID-RELATED ENCOUNTERS BY AGE



Source: North Kansas City Hospital Utilization Data 2018

REDUCE OPIOID DEATHS COMMUNITY TASK FORCE

Shawn Billings, Missouri Hospital Association, Director of Substance Use Programming

Johnathan Boese, CommCare, EPICC Program Manager

Jennifer Craig, Kansas City Assessment and Triage Center, President/CEO

Tracey Cheney, Gladstone Fire Department, Community Educator

Douglas Ham, DO, NKCH & MH

Stacy Kearns, NKCH & MH

Brett Kisker, Northland CAPS, Executive Director

Michelle Lane, NKCH & MH

Sheila Lillis, NKCH/Meritas Board of Trustees

Megan Musselman, NKCH & MH

Amy Schemenauer, NKCH & MH

Shunta Scott, Rediscover

Camron Simcox, Kansas City Fire Department, Chief Medical Officer

Lisa St. Aubyn, Signature Psychiatric, CEO

James L. Stewart, MD, NKCH & MH

Janice Storey, Tri-County Mental Health Services, Clinical Director

Roger Wagoner, North Kansas City Fire Department, Chief of Emergency Fire and Rescue

Kar Woo, Artists Helping the Homeless, CEO/ Director

Reduce Opioid-Related Deaths: **Action 1**

Develop and implement process for distributing overdose education and Naloxone Take-Home Kits through NKCH's Emergency Department (ED) to those using substances, their family members, friends, loved ones or concerned community members.

CRITERIA AND PROCESS FOR PARTICIPATION

- People who voluntarily request Naloxone and are identified as being at risk of experiencing an opiate-related overdose, including but not limited to:
  - Current illicit or non-medical opioid users or those with a history of such use.
  - People with a history of opioid intoxication or overdose and/or recipients of emergency medical care for acute opioid poisoning.
  - Those with a high-dose opioid prescription (>50 morphine mg equivalents per day).
  - People with an opioid prescription and known or suspected concurrent alcohol use.
  - Those from opioid detoxification and mandatory abstinence programs.
  - People entering methadone maintenance treatment programs (for addiction or pain).
  - People with opioid prescription and smoking/COPD or other respiratory illness or obstruction.
  - People with an opioid prescription who also suffer from renal dysfunction, hepatic disease, cardiac disease, or HIV/AIDS.
  - Those who may have difficulty accessing emergency medical services.
  - People enrolled in prescription lock-in programs.
- People who voluntarily request Naloxone and are in the position to assist a person at risk of experiencing an opiate-related overdose.
- Those who voluntarily request Naloxone and are the family member or friend of a person at risk of experiencing an opiate-related overdose.

DISTRIBUTION

- Naloxone kit distribution began July 1, 2021. Kits included one unit of Naloxone, rescue breathing mask, Narcan Take-Home Kit instructions, and community resource information.
- Those receiving kits also receive education on risk factors, signs of overdose and Naloxone administration from an NKCH case manager, social worker, ED nurse, pharmacist or ED physician.
- As of January 2022, 37 kits have been provided:
  - 55% provided to patients, 25% to family member of the patient, 18% to significant others and 2% to others.
  - 75% provided to males and 25% to females.
  - 55% provided to people age 30-39, 25% to people age 20-29, 10% to those age 40-49 and 10% to other.
  - 65% provided to residents of Clay County, 20% to residents of Jackson County, 10% to residents of Platte County and 5% to residents of Wyandotte County.

OUTCOMES

- Zero mortality of kit recipients
- Two subsequent opioid-related hospital visits by kit recipients
- 21% of kit recipients reported utilizing the Naloxone provided

WHAT'S NEXT

NKCH secured funding from the MO-HOPE Project, a state level coordinated approach to opioid overdose prevention, and the Missouri Department of Health and Senior Services to pay for the medication distributed through this effort. The hospital's investment was in training and support for ED staff. Grant funding continues through September of 2023 and the hospital will seek future grant support to ensure long term sustainability of this life-saving program.

Reduce Opioid-Related Deaths: **Action 2**

Increase the number of first responders in Clay and Platte Counties that carry Naloxone in their vehicles by becoming a Community Distribution Center for the Missouri Department of Health and Senior Services in partnership with the Missouri Institute of Mental Health.

First responders—police officers, EMTs, fire fighters—are often the first people on the scene of an opioid overdose. It was clear to NKCH that equipping these first responders with Naloxone had the potential to save lives. NKCH therefore agreed to become a Community Distribution Center for Naloxone kits made available through a partnership of the Missouri Department of Health and Senior Services and the Missouri Institute of Mental Health.

NKCH Community Distribution Center opened November 3, 2021.

Naloxone kits were provided at no expense to the hospital by the state partners, Missouri Department of Health and Senior Services and Missouri Institute of Mental Health. The hospital's investment was in staff and storage space.

OUTCOMES

- Number of Northland agencies carrying Naloxone in their vehicles and on their person increased by 30%.
- NKCH provided 140 Narcan kits to community organizations.

WHAT'S NEXT

The agreement to serve as a Missouri Department of Health and Senior Services Community Distribution Center in partnership with the Missouri Institute of Mental Health continues through December 2023. The hospital plans to renew its Memorandum of Understanding with these partners.

Reduce Opioid-Related Deaths: **Action 3**

Increase knowledge of Naloxone availability in local high schools through a marketing campaign created and implemented by Northland Center for Advanced Professional Studies (CAPS) students.

Naloxone saves lives. Making Northland school administrators and high school students aware of the efficacy of that intervention, and the availability of Naloxone kits, was the third focus of NKCH's Action Plan on opioid harm reduction.

The COVID-19 pandemic and especially the challenges faced by Northland teachers, administrators and students in 2020 to shift to virtual education, had significant implications on the implementation of this strategy. The strategy launched with a survey for middle and high school students in 16 Northland High Schools. The survey explored their understanding of opioid use and abuse, and the impact and availability of Naloxone to treat opioid overdoses. NKCH partnered with Northland CAPS to develop, conduct and analyze the survey. Northland CAPS is a one-year immersive program that provides high school juniors and seniors the opportunity to participate in projects and experiences that support college and career readiness.

- The survey was conducted in November 2021 and 800 responses were received.

OUTCOMES

- 94% said they knew where/who they could go to for opioids.
- 14% said they knew what Narcan/Naloxone is; only 5% of this number reported knowing how to use Naloxone.
- 96% said they personally knew someone who could benefit from having access to Narcan/Naloxone kit.
- A large majority of respondents (97.6%) had no idea if their school has Naloxone kits available in the nurse's office.

WHAT'S NEXT

Using survey insights, CAPS students created a marketing campaign to increase awareness and understanding of opioid overdose, Naloxone, and the availability of this overdose intervention in their communities and schools. The campaign will run for 45 days in the fall of 2022 and a follow up survey to test an increase in knowledge will be conducted before the end of the school year.

STRATEGY 3:

MEET HEALTH NEEDS OF THE AGING NORTHLAND POPULATION

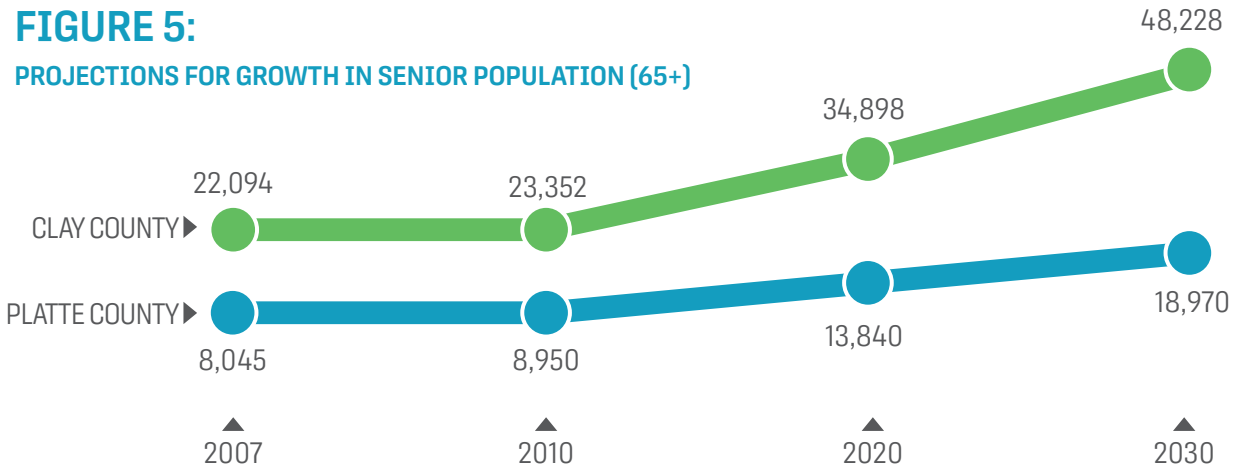
GOAL: IMPROVE AND INCREASE SERVICES TO BETTER MEET THE HEALTH NEEDS OF OUR AGING NORTHLAND POPULATION.

Like the United States as a whole, the population in the Northland is aging. The 2016 America Community Survey 1-Year Estimate placed the total percentage of older adults (65 and older) living in Platte County at 13.8% and at 13.6% in Clay County. In 2010, that figure was 11% in both counties.

- The 2015 Regional Health Status Report issued by the Mid-America Regional Council (MARC) included a model predicting growth in senior population for the region. That model, using population figures beginning in 2007, predicted the senior population in the Kansas City metro area will grow by more than 100% by 2030. The senior population in the two counties that comprise most of the NKCH's service area, however, were predicted to grow at an even faster rate. (Figure 5) The MARC study predicted the senior population in Clay County will grow by nearly 120% and by more than 135% in Platte County by 2030. (Figure 6)
- The CHNA raised general concerns about the health status of Northland seniors. People 65 and up accounted for the majority of obesity-related hospital encounters, climbing to 40% of those encounters in 2018, by far the largest percentage of any patient age group.
- People 65 and up accounted for over half of all opioid-related encounters in both 2017 and 2018, again accounting for the largest percentage of patients seen for this issue across all age groups. (Figure 4)

FIGURE 5:

PROJECTIONS FOR GROWTH IN SENIOR POPULATION (65+)



Source: MARC, 2015

SERVING OUR AGING POPULATION TASK FORCE

Kenna Belshe, DO, NKCH & MH

Donald Bowlin, Kansas City Area Transportation Authority

Kelley Creek, Northland Shepherd's Center

Darla Easley, NKCH & MH

Cheryl Foster, NKCH & MH

Greg Frohna, NKCH & MH

Debbie Gwin, Platte County Senior Fund

Michelle Lane, NKCH & MH

Carmen Liimatta, Northland Shepherd Center

Maggie Little, Kansas City YMCA

Sandra Merritt, NKCH & MH

Kim Nakahodo, City of North Kansas City

Page Robbins, City of Gladstone

Anne Rogers, Platte Senior Services, Inc.

Jodi Ruskievica, Kansas City YMCA

James Stewart, MD, NKCH & MH

Tina Uridge, Clay County Seniors

Roger Wagoner, North Kansas City Fire Department

Shanna Watt, NKCH & MH

- Census data examined as part of the CHNA showed that in 2016 just under 12% of the population living in Clay and Platte Counties were living with a disability. It also showed that adults 65 and over were the people most likely to be living with a disability. A quarter of the senior population in Platte County and nearly 40% of seniors living in Clay County reported having some form of disability. (Figure 6)
- It is clear the Northland community is aware of and concerned about health issues facing seniors. Respondents to the 2018 Northland Community Health Survey rated aging problems as the fourth most important health problem facing the community.
- The growing size of the senior population, the high percentage of Northland seniors living with a disability, and hospital data make it clear the demand for physical and mental healthcare services for seniors will only grow in the coming years. There will be a need for more community support for transportation, access to healthy food, and safe and affordable housing. These insights were primary motivators for improving and increasing services to better meet the health needs of our aging Northland population as one of NKCH's Cycle 3 Initiatives.

FIGURE 6:

2016 POPULATION WITH DISABILITY BY AGE GROUP

	Under Age 18	Age 18-64	Age 65+
PLATTE	4.2%	11.3%	27.0%
CLAY	3.4%	10.1%	37.1%

U.S. Census Bureau, 2016

- NKCH convened a community task force to develop and support implementation of an Action Plan to advance this initiative. The plan was developed in two phases:
- Phase 1: Create models of care that combine safe discharge with at-home monitoring and access to ongoing treatment through community-based facilities. This will help prevent hospitalizations, manage chronic conditions and avoid complications.
- Phase 2: Implement programming to address the needs for patient and expanded caregiver support services.

PHASE 1 OVERVIEW

- The task force was inspired by work published in *National Geographic* exploring the secrets of longevity. The research project focused on five Blue Zones, places in the world where people consistently live over 100 years. A team of anthropologists, demographers, epidemiologists, and researchers studied the lifestyle characteristics of each of these areas and found that those living in the Blue Zones shared nine specific lifestyle characteristics, called the Power 9.
- The research led to the creation of the Blue Zone Project which promotes a model built around policy and environmental changes designed to increase life expectancy, reduce obesity, and make the healthy choice the easy choice for communities.

Meeting the Health Needs of the Aging Northland Population:

Action 1

Develop Northland Healthy Aging Model to address the needs of both seniors and those who support/care for them.

The Task Force met quarterly in 2019 to study the Blue Zones model and to map the resources/services available to seniors and their families in the Northland. This information was overlaid with the research findings from the CHNA and used to inform selection of four lifestyle areas as the focus of the work NKCH and the Aging Task Force members could undertake to improve the life expectancy and quality of life of Northland seniors.

Action 2

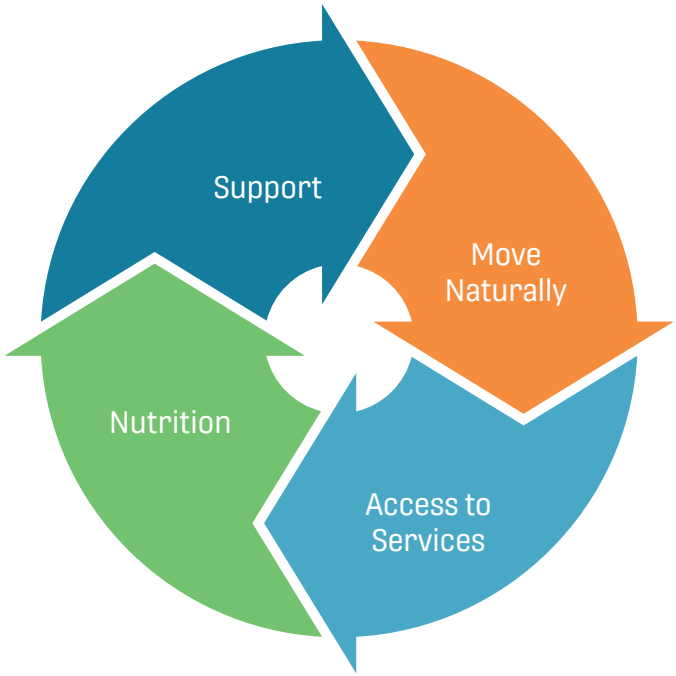
Asset Mapping: Identify existing services/programming specific to those 65 and up in the Northland.

Calling upon their individual knowledge and the knowledge inside their organizations, task force members worked collaboratively to create a list of community resources/services available to seniors. Resource directories/lists created by Northland Human Services, Missouri Show Me Hope, Northland Healthcare Access and others were essential sources of information for this exercise.

Action 3

Develop central resource list for services/programming targeted to seniors.

The task force explored working with a vendor, Community Care Link, but opted not to pursue this option due to cost. The availability of resource lists/directors offered by other community organizations was another factor in the decision not to pursue this action.



PHASE 2 OVERVIEW

Action 1

Evaluate existing programming in relation to adopted Northland Healthy Aging Model and identified gaps.

The task force laid out three central approaches for the Northland Healthy Aging Model.

APPROACH 1

Increase visibility of/engagement with community groups and support resources for seniors.

- Clay County Seniors Services
- Community Centers
- Northland Shepherd's Center
- Platte County Senior Fund
- Senior Blue Book

APPROACH 2

Increase visibility of/engagement in healthy lifestyle classes.

NKCH Classes

- Age in Place Safely (Program was offered in person in July 2021, but recorded and posted to YouTube to extend access/availability to the broader community.)
- Alzheimer's 10 Signs
- Club W events
- Everything Diabetes
- Food is Therapy
- Healthy Brain Aging
- Healthy Eating
- Healthy Living Series
- Living Well
- Medicare in Plain English
- Rock Steady Boxing
- Stress Management for Caregivers
- Tai Chi
- Warm Water for Arthritis
- Warm Water Yoga
- Water Exercise
- Wellness Corners
- Yoga for Chronic Pain

Northland Living Well Collaborative

- Live Well Living With a Chronic Condition
  - (NKCH hosts this program quarterly and offers both in-person and virtual attendance options)
  - Special Post-COVID-19 session offered May 2021.
- Aging Masterfully
- Walk with Ease

APPROACH 3

Explore new partnerships/opportunities to advance healthy aging.

- Book clubs based on health topics
- Formalize "support" structure within existing classes
- NKCH Case Management and Home Health subcommittees
- Reduce Obesity Task Force

Action 2

Develop needed programming to support Northland Healthy Aging Model.

Implementation of the Healthy Aging model began in early 2020 just as the COVID-19 pandemic was beginning to grip the Northland, the nation and the world. It became clear early in the pandemic, seniors were at the greatest risk of death from COVID-19. Quarantine from family, friends and the community was the most reliable way to protect the health of this vulnerable population. As elders living independently, in senior living communities, in assisted living facilities and nursing homes spent months on

lockdown, people and organizations serving the aging began raising alarms about the impact isolation was having on their mental, physical and emotional health.

In response to this new reality, the Healthy Aging Task Force made an intentional decision to shift all efforts toward building the Support component of the Northland Healthy Aging model. The focus began with developing and launching a Circle of Friends program. Circle of Friends is an evidence-based group intervention model that addresses social isolation and loneliness among older adults. This concept was developed by scholars and practitioners at the Central Union for the Welfare of the Aged at Helsinki University in the early 2000s and is now employed worldwide.

In Circle of Friends, a small cohort of elders (10 people maximum) meet weekly over a 3-month period to talk, share feelings, participate in and experience meaningful things with others, and support and encourage one another.

- NKCH Health and Wellness Coordinators attended training and became certified in the Circle of Friends model in November 2020.
- The first Circle of Friend program launched in April 2021. Participants met virtually once a week for 12 weeks. The second cohort met beginning August 2021.
- The program transitioned from virtual to in-person in March 2022.
- Circle of Friends participants are recruited through NKCH "Your Health" magazine, social media, website and word of mouth.

OUTCOMES

Data from pre- and post-surveys conducted with Circle of Friends participants in the April and August 2021 cohorts suggest the program is achieving its goals of helping elders feel less lonely and more connected to their family, friends, and community. The surveys asked questions about topics ranging from the number of friends/relatives an individual had spoken to in the last week to their feeling of sadness and loneliness. By the end of the program, participants in both groups reported they:

- Felt less lonely.
- Felt less sad, empty or numb.
- Saw and spoke to an increased number of friends and relatives.
- Had more people (family/friends) they felt comfortable talking to when upset or in need of help.
- Felt like less of a burden to family and friends.
- Felt less cautious about speaking to or being around strangers.
- Felt less likely to feel bored or have nothing to do.
- Felt more motivated to engage in activities they enjoyed.

The NKCH Circle of Friends program coordinator reported she is aware of at least one group of participants who have continued to meet. Several women from the April 2021 group continued to meet regularly for Taco Tuesdays once the program ended. Opening doors to this kind of ongoing social interaction is the essence of Circle of Friends and the strongest indication of its impact.

WHAT'S NEXT

NKCH continues to open new Circle of Friends cohorts twice a year. Spaces fill quickly and demand for the program remains high.

In addition to the Circle of Friends program, NKCH and its partners in the Healthy Aging Task Force added educational programming to support seniors and the people who care for them. Those programs included:

- Community class on aging in place hosted by NKCH Home Health and made available to the public via YouTube.
- NKCH Home Health is partnering with Community Aging in Place-Advancing Better Living for Elders (CAPABLE). The program goal is to support the seniors we serve to age comfortably in their own homes.