

# Jackson County Health Department



EASTERN JACKSON COUNTY

# COMMUNITY HEALTH NEEDS ASSESSMENT 2017

# WELCOME!



Everyone has their own ideas about what it means to be healthy and what we feel the most pressing issues are for ourselves and the community that we call home. What remains consistent; however, is that a community is better equipped to make choices and set priorities when its residents are well-informed about the health status of the community. When community members are willing to come together with organizations to discuss those realities, substantial changes can be made together.

The Community Health Needs Assessment (CHNA) provides some of the information necessary to make informed choices and set priorities necessary for action. Community input was obtained through the distribution of the 2017 Community Health Survey to almost 11,000 residents of Eastern Jackson County (EJC). In addition, focus groups were held throughout EJC to learn more about the barriers and resources contributing to the health status of citizens throughout the county.

The completion of this CHNA is a component of the Mobilizing for Action through Planning and Partnerships (MAPP) Process. The MAPP Process is a community-driven strategic planning process for improving community health. The organizations and community members participating in this process intend to share the contents of this report widely so that EJC residents and organizations can use it in ways that make sense for them. We have begun an effort to facilitate a Community Health Improvement Plan (CHIP) to identify high-priority issues and build awareness to craft viable solutions. We look forward to your partnership as we all work towards Building a Healthier Jackson County together.

*Bridgette Casey*

Bridgette Casey, MPH CHES  
Health Director



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## Mobilizing for Action through Planning and Partnerships (MAPP) Advisory Committee

- |  |   |
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| Alicia Nelson - Independence Health Department     | Kristin Schlenk - Jackson County Health Department    |
| Amanda Arnold - Live Well Community Clinic         | Liz McClure - Truman Heartland Foundation             |
| Angela Barnette - Jackson County Health Department | Dr. Louis Potts - UMKC                                |
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| Kim Nakahodo - City of Blue Springs                | Zach Koch - Jackson County Health Department          |
| Kristina Peters - Raytown REAP                     |   |

The methods section explains the collection, analysis, and limitations of primary and secondary data for the CHNA. The CHNA utilized a social determinants of health framework focused on the interconnected factors of a person’s environment relating to their health. The health assessment addresses many health issues including lifestyle behaviors (e.g., healthy eating and active living), medical services (e.g., access to care), social and economic factors (e.g., household income), and the physical environment (e.g., access to sidewalks and walking trails).

## Primary Data Collection

In May 2017, the Jackson County Health Department (JACOHD) conducted a Community Health Survey. This survey was mailed to 10,973 households randomly chosen based on statistically significant sample size calculations for each city within EJC. The mailing consisted of a letter that defined the purpose of the survey, a paper copy of the survey, and an envelope with postage paid for return. Residents had the option to complete the survey online using SurveyMonkey or complete the paper copy and return via the mail. Health Department staff entered surveys returned via mail into SurveyMonkey. For those residents whose primary language was Spanish, the online survey contained the Spanish translation and a hard copy of the survey was available on request.

Out of the 10,973 households that received a survey, 988 households completed the survey giving the 2017 Community Health Survey a 9.0% response rate. The response rate was a 1.1% improvement over the 2015 Community Health Survey. Of the surveys received, 339 were completed online while 649 were mailed to the Jackson County Health Department.

In addition to the Community Survey, the Jackson County Health Department also conducted a survey with stakeholders throughout EJC. Over 150 stakeholders serving every community in EJC were surveyed as to their opinions on policy questions and perceptions on community health. Sixty-three stakeholders responded for a response rate of 45%. These stakeholders represent many different sectors including business, education, faith-based, government, healthcare, non-governmental organizations, and public service.

**Table 1: 2017 Community Health Survey Response Rate by City, 2017**

City	Response Rate	City	Response Rate
Blue Springs	10.64%	Levasy	9.68%
Buckner	8.59%	Lone Jack	6.94%
Grain Valley	8.15%	Oak Grove	6.26%
Grandview	8.85%	Pleasant Hill	8.47%
Greenwood	9.72%	Raytown	8.15%
Independence	8.74%	River Bend	14.29%
Kansas City	2.74%	Sibley	7.22%
Lake Lotawana	4.97%	Sugar Creek	8.19%
Lake Tapawingo	12.16%	Unity Village	0.00%
Lee’s Summit	11.11%		

## Primary Qualitative Data Collection

In order to obtain supplemental qualitative information, the JACOHD partnered with a variety of organizations participating in the MAPP Process to host 4 focus groups throughout EJC in August and September 2017. The primary objective of the focus groups was to supplement quantitative data through the analysis of populations who were not adequately represented through the Community Health Survey's response.

Based on an analysis of the Community Health Survey, the following populations were identified for focus groups: Mental Health, Youth Health (daycare-aged), Youth Health (teens), and Rural Health. For each specific group, an organization was identified to assist with the recruitment of 8 to 12 individuals to participate. Each conversation was recorded for data analysis purposes. For more information on each focus group, please refer to the Focus Group section of the CHNA.

## Secondary Data Collection

Secondary quantitative data was obtained from national, state, and local resources. Data sources included but were not limited to U.S. Census Bureau, Centers for Disease Control and Prevention (CDC), Missouri Information for Community Assessment (MICA), and County Health Rankings. These data sources were used to supplement the primary quantitative data from the 2017 Community Health Survey to provide a broader picture of the health status of EJC. Types of data included self-reporting of health behaviors from large, population-based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Survey (YRBS), as well as, public health disease surveillance data and vital statistics based on birth and death records.

## Analysis

Analysis of the primary quantitative data was done using a combination of Statistical Packages for Social Sciences (SPSS) and Microsoft Excel software. The questions on the 2017 Community Health Survey were analyzed to determine likelihood, satisfaction, and health priorities of EJC residents. Geographical Information System (ArcGIS) was also used to create visual representations of some of the data collected by city or ZIP Code in EJC. Qualitative analysis consisted of transcribing, coding, and developing themes for each focus group conversation.

## Limitations

Multiple limitations exist with a survey of this nature. Self-reported surveys rely on respondent recall of previous information. By relying on the ability of respondents to recall information, there remains a distinct possibility of recall bias occurring. In addition, there is a possibility of response bias where participants may deny unhealthy or undesirable traits and answer questions in a way that will be viewed more favorably. This can result in an over reporting of good behaviors and under reporting of bad behaviors. Surveys were also randomized by households based off the number of households within each city in EJC and not randomized by individual population size. Lastly, the responses received through the survey and focus groups may not be representative for all populations in EJC.

There are also many limitations in using secondary data. Most secondary data sources combine all areas of Jackson County in collection. Due to the geographic differences between EJC, Kansas City, and Independence, this makes comparison and separation of only EJC data difficult. Due to the jurisdictional boundaries in Jackson County, it is not always possible to yield secondary data specific to EJC. Finally, not all secondary data sources are timely in reporting their findings resulting in some outdated secondary data in relation to primary data.

## Abbreviations

In figures and graphs throughout this report, Kansas City will be regularly abbreviated as "KC", Independence will be abbreviated as "IND", and Eastern Jackson County will be abbreviated as "EJC".





# EMERGING TRENDS

## WHAT IS IT?

Emerging trends are specific areas from the CHNA that require additional discussion and follow-up within EJC. The following emerging trends highlighted in this document are those where EJC was worse than Missouri. Indicators showing rapid change or development in general direction are also noted in this section.

## WHY IS IT IMPORTANT?

Emerging trends can be utilized in community health improvement planning as they provide evidence for sound decision-making and strategic direction.

## KEY FINDINGS

- Community Stakeholders identified Overweight/Obesity, Alcohol/Drug Use, and Mental Health as top health concerns.
- Community Members identified Distracted Driving, Overweight/Obesity, and Alcohol/Drug Use as top health concerns.
- A higher percent of EJC residents are overweight/obese (69.5%) than in the state of Missouri (66.3%)
- The infant mortality rate for Blacks or African Americans (10.62 per 1,000 births) is approximately double that of Whites (5.44 per 1,000) in EJC.
- Death by suicide remains in the top 10 leading causes of death in EJC.
- EJC residents reported a higher number of poor mental health days than poor physical health days.
- The mortality rate for chronic lower respiratory disease has steadily increased over the last three years, eclipsing the rates of Kansas City and Missouri.





## COMMUNITY IDENTIFIED HEALTH CONCERNS

Top health concerns and factors for a healthy community were identified by EJC residents as part of the 2017 Community Health Survey.

TOP 3 HEALTH CONCERNS*	TOP 3 FACTORS FOR A "HEALTHY CITY"*
<ol style="list-style-type: none"> <li>1. Distracted Driving (41%)</li> <li>2. Overweight/Obesity (40%)</li> <li>3. Alcohol/Drug Use (35%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Safe Neighborhoods/Low Crime (48%)</li> <li>2. Good Schools (42%)</li> <li>3. Good Jobs and a Healthy Economy (32%)</li> </ol>

## STAKEHOLDER IDENTIFIED HEALTH CONCERNS

Top health concerns and factors for a healthy community were identified by EJC stakeholders representing a variety of sectors throughout EJC.

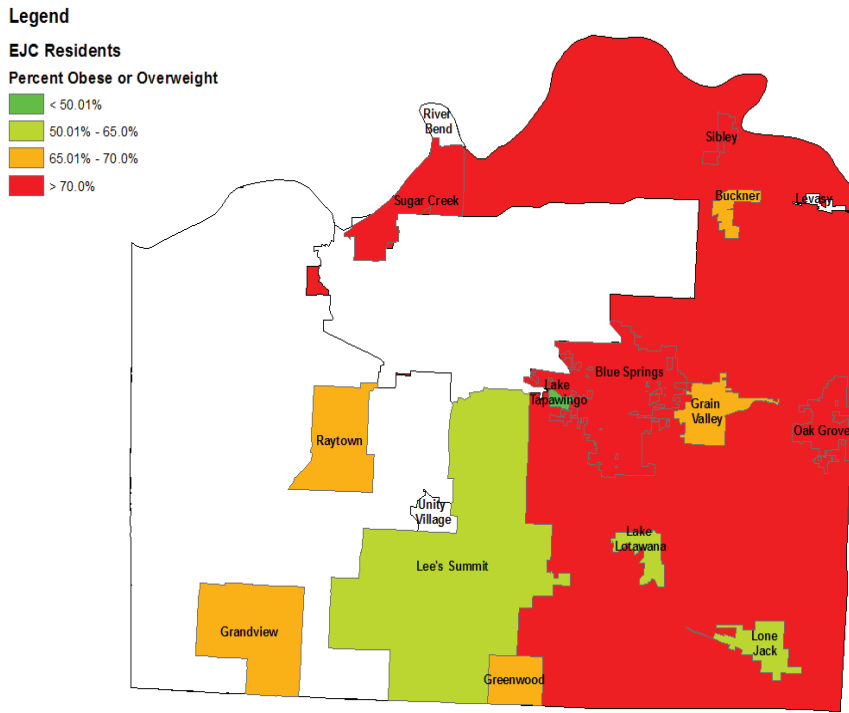
TOP 3 HEALTH CONCERNS**	TOP 3 FACTORS FOR A "HEALTHY CITY"***
<ol style="list-style-type: none"> <li>1. Overweight/Obesity (65%)</li> <li>2. Alcohol/Drug Use (54%)</li> <li>3. Mental Health (52%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Access to Healthcare (65%)</li> <li>2. Good Jobs and a Healthy Economy (64%)</li> <li>3. Healthy Behaviors and Lifestyles (57%)</li> </ol>

\*Indicates percentage of respondents who identified factor within their "top 3"

\*\*Indicates percentage of respondents who identified factor within their "top 5"

## OVERWEIGHT/OBESITY

Figure 1: Percent Obese or Overweight by City in EJC, 2017



**69%** of EJC residents are obese or overweight.

## MATERNAL AND CHILD HEALTH

**18.4%** of EJC mothers received inadequate prenatal care.



The infant mortality rate for Black or African Americans is **DOUBLE** that of White infants.

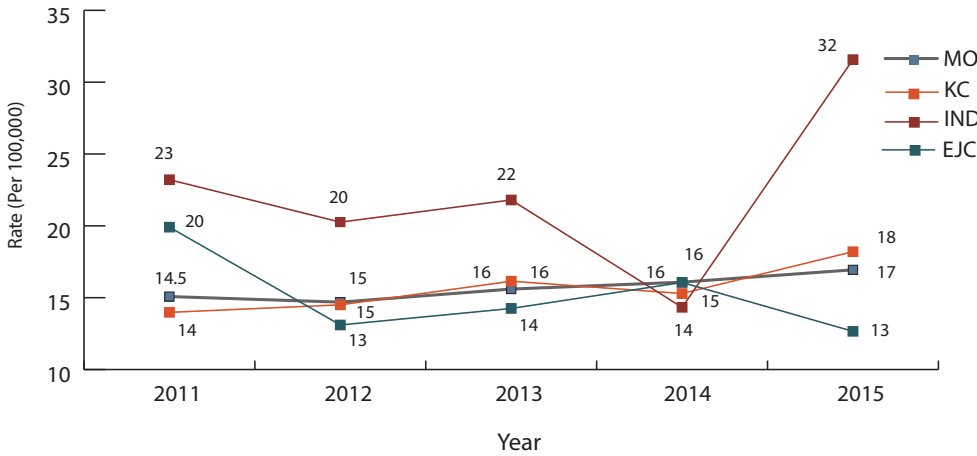
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Black or African Americans: 10.62 Per 1,000 Births  
Whites: 5.44 Per 1,000 Births

Source: MICA, 2017

MENTAL HEALTH

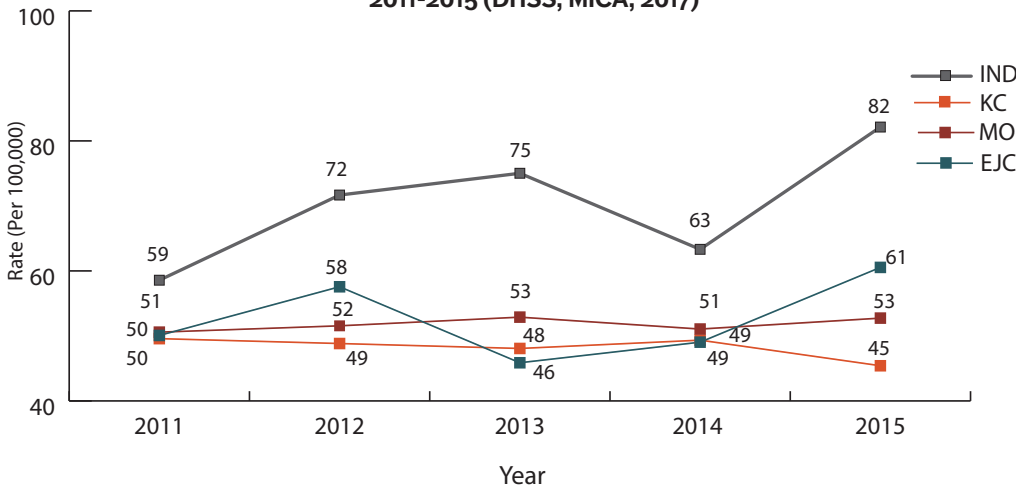
Figure 2: Suicide Age-Adjusted Rates per 100,000, 2011-2015 (DHSS, MICA, 2017)



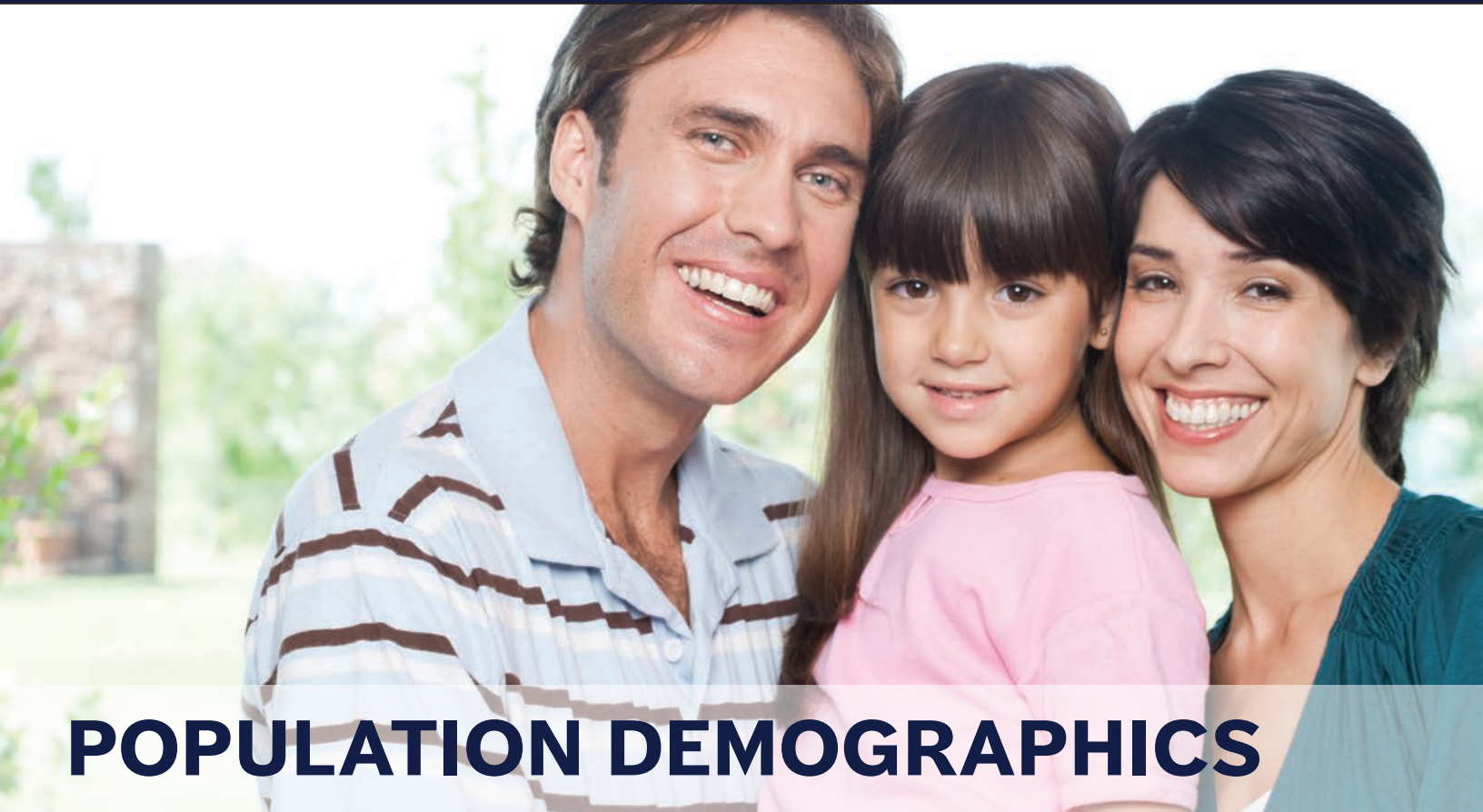
EJC residents had higher numbers of “poor mental health days” than “poor physical health days.”

CHRONIC LOWER RESPIRATORY DISEASE

Figure 3: Chronic Lower Respiratory Disease Age-Adjusted Mortality Rates per 100,000, 2011-2015 (DHSS, MICA, 2017)



In EJC, the mortality rate for females (53.45 per 100,000) exceeds the mortality rate for males (51.74 per 100,000).



# POPULATION DEMOGRAPHICS

## WHAT IS IT?

Population demographics are specific characteristics of a population in terms of age, gender, and race.

## WHY IS IT IMPORTANT?

The composition of a community gives insight into the health concerns and needs of the population and can assist with health planning. Knowing the distribution of the population helps further define the appropriate social needs for communities.

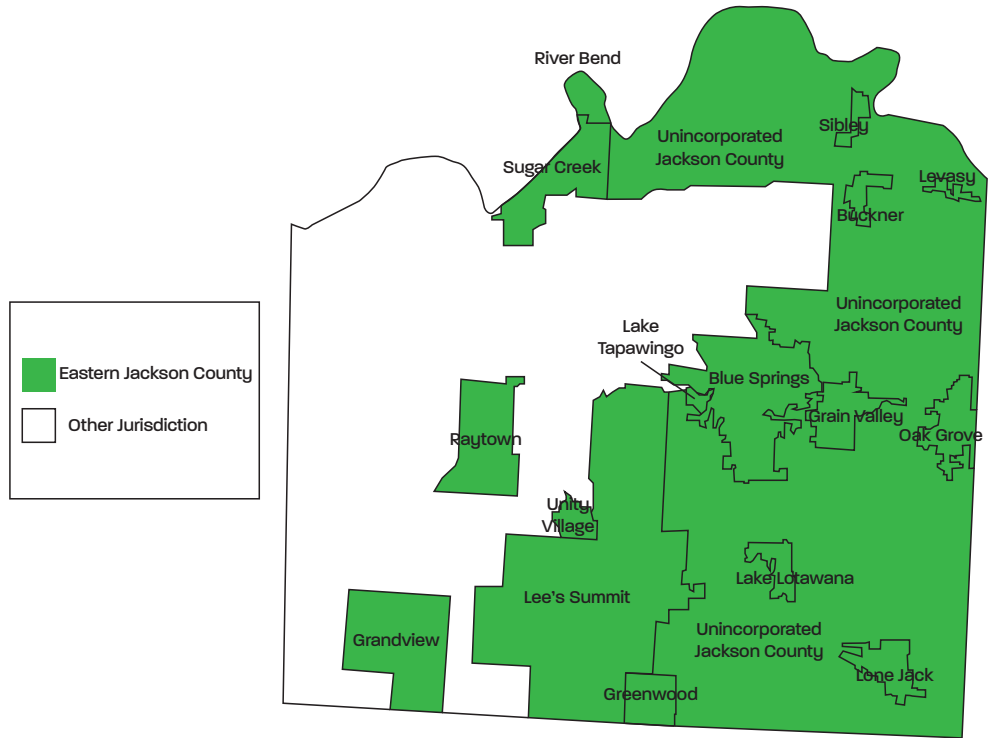
## KEY FINDINGS

- All but five communities in EJC have grown in population size giving EJC a total population of 258,761.
- Most of the population in EJC is in the 25-64 age group (53.03%).
- In EJC, 23% of households have one or more people who are 65 years and older and 37% of households have one or more person who are 18 years and younger.
- Approximately 11% of EJC residents have a disability with most occurring among those who are 65 years and older.
- School districts in EJC reported 747 homeless students during the 2015-2016 school year with the highest amount (545) being in the Fort Osage School District.

## Geography

Jackson County is located in the northwest portion of Missouri. It is one of 114 counties in the state and is the 2nd most populated.<sup>1</sup> It covers an area of 607 square miles and includes 19 unique communities and unincorporated areas.<sup>2</sup> The Jackson County Health Department (JACOHD) is responsible for all areas in the county except for those within the Kansas City and Independence city limits.

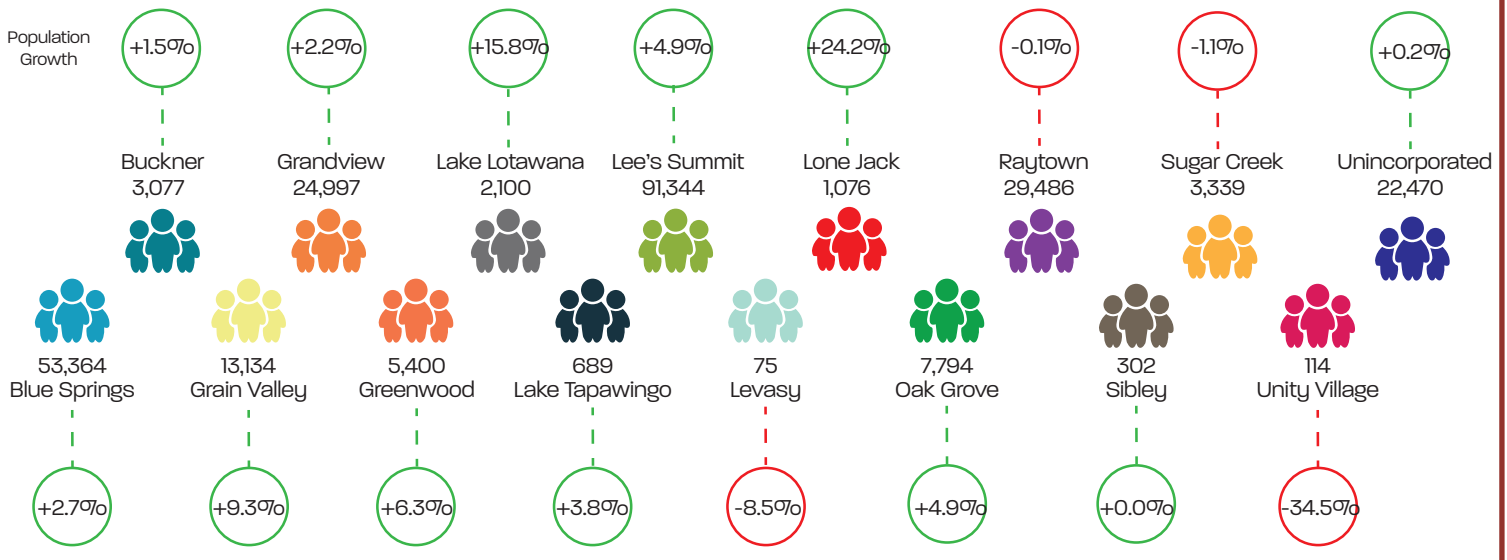
**Figure 4: Geographical Distribution of Eastern Jackson County**



## Population Size

Eastern Jackson County has a population of 258,761 according to the 2011-2015 U.S. Census Bureau estimates. All communities within EJC have seen an increase in their population except for the cities of Levasy, Raytown, Sibley, Sugar Creek, and Unity Village. Lone Jack and Lake Lotawana have seen the largest increases in population size.<sup>3,4</sup> Population changes can be related to a variety of different reasons including births, deaths, migration, or even economic factors.

**Figure 5: Population Estimates for EJC Cities, 2015 (U.S. Census Bureau, ACS, 2015)**



# POPULATION DEMOGRAPHICS

## Urban and Rural Populations

Eastern Jackson County has a combination of urban and rural living. Upwards of 91% of the EJC population lives within an urban setting.<sup>5</sup> Figure 6 provides estimates of the number of EJC residents living in urban and rural settings.

**Figure 6: Rural and Urban Populations, 2010 (U.S. Census Bureau, ACS, 2010)**

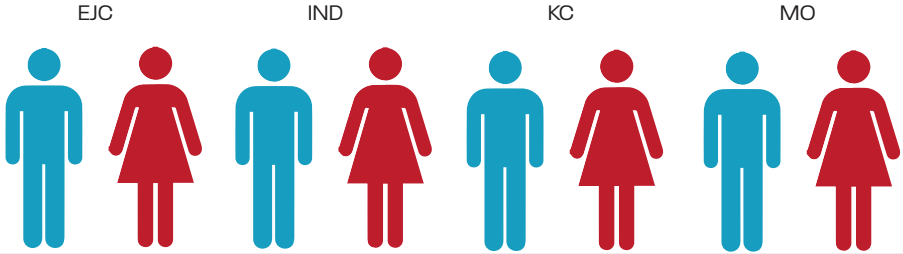
Indicator	EJC	IND	KC	MO	US
% Rural	8.10%	1.55%	1.14%	29.56%	19.27%
% Urban	91.90%	98.45%	98.87%	70.44%	80.73%

## Age Distribution

Figure 7 shows the percentage of the population in EJC by age and sex. Females constitute 51% of the total population while males constitute the other 49%.<sup>5</sup>

In EJC, 27% of the total population is 18 years or younger and 12% of the population is comprised of individuals 65 years and older. When compared to Missouri, EJC has a smaller percentage of its population in these age groups at 23% and 15% respectively. Both of these populations have unique health needs which should be considered separately from other age groups.<sup>6</sup>

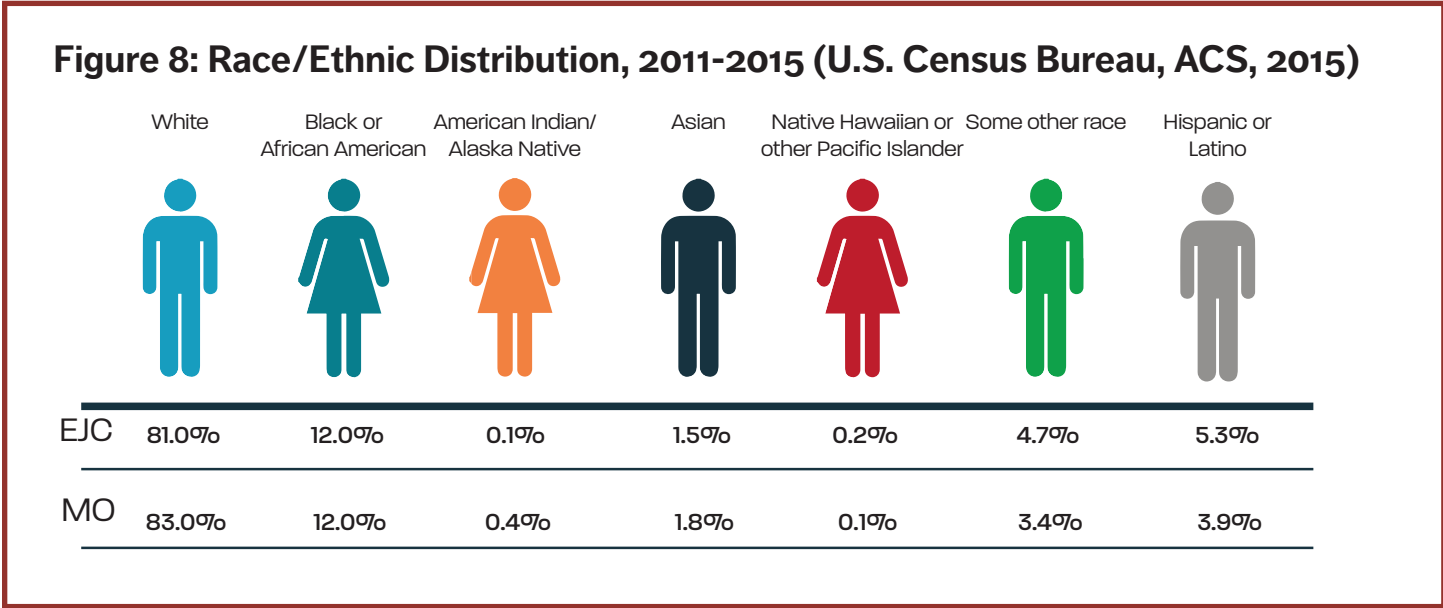
**Figure 7: Overview Demographic Information, 2011-2015 (U.S. Census Bureau, ACS, 2015)**



Age Group	EJC		IND		KC		MO	
	Male	Female	Male	Female	Male	Female	Male	Female
<5	3.52%	3.37%	3.15%	3.45%	3.63%	3.40%	3.19%	3.04%
5-14	8.16%	7.55%	5.87%	6.64%	6.07%	5.72%	6.64%	6.34%
15-24	6.31%	5.78%	5.73%	5.91%	6.58%	7.12%	7.00%	6.76%
25-44	12.72%	13.73%	12.49%	12.66%	14.64%	14.83%	12.62%	12.69%
45-64	12.85%	13.73%	12.65%	14.29%	12.38%	13.13%	13.05%	13.71%
65-74	3.11%	3.72%	3.93%	5.27%	3.17%	3.74%	3.89%	4.44%
75 and older	2.14%	3.32%	3.14%	4.82%	2.05%	3.53%	2.63%	3.99%
<b>TOTAL</b>	<b>48.8%</b>	<b>51.2%</b>	<b>47.0%</b>	<b>53.0%</b>	<b>48.5%</b>	<b>51.5%</b>	<b>49.0%</b>	<b>51.0%</b>

Race and Ethnicity

Eastern Jackson County has a population that is 81% White and 12% Black or African American. The remaining 7% identifies as American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, or two or more races.<sup>7,8</sup> This distribution is very similar to the state of Missouri. The largest identified ethnicity was Hispanic/Latino at 5%.<sup>9,10</sup>



## Household Demographics

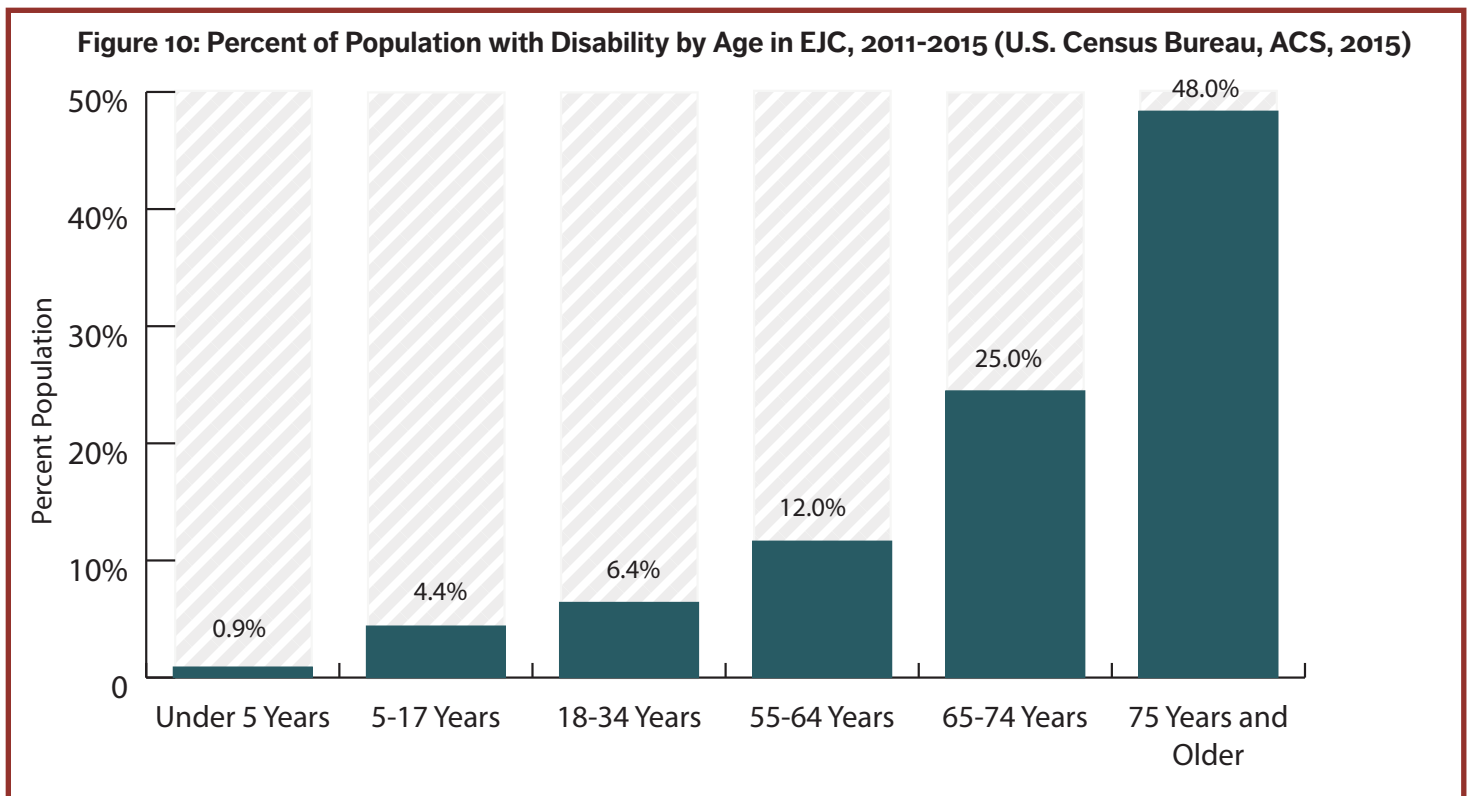
According to the 2011-2015 U.S. Census Bureau estimates, 37% of the households in EJC have one or more children under the age of 18 years. This includes children related by birth, adoption, marriage, and also grandchildren and foster children.<sup>11</sup> Just over 23% of households in EJC have one or more person who is 65 years and older.

## Population with Disability

According to the Americans with Disability Act (ADA), with respect to an individual, disability is a physical or mental impairment that limits one or more activities of such an individual.<sup>12</sup> In EJC, just over 11% of the population has a disability.<sup>12</sup>

**Figure 9: Disability Status, 2015**

Indicator	EJC	IND	KC	MO	US	Source
Population with a disability	11.13%	16.63%	14.15%	14.30%	12.39%	ACS 2011-2015



Although disability can be seen in all age groups, the majority are among those 65 years and older.



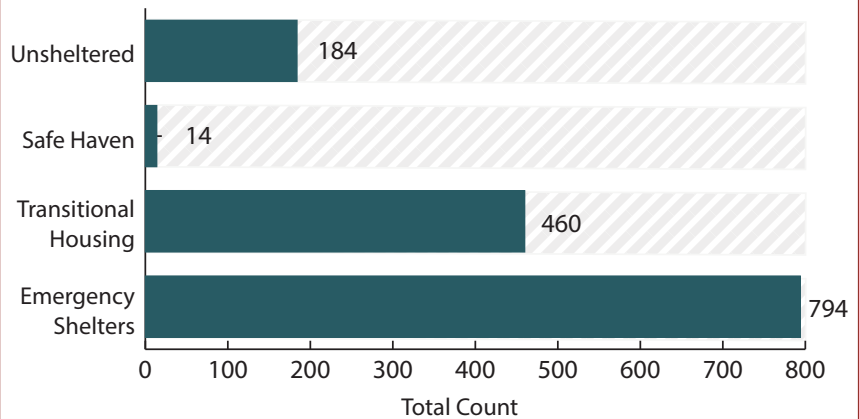
## Homelessness

The Greater Kansas City Coalition to End Homelessness creates an annual *Point In Time Homeless Count* report that examines the current status of the homeless population throughout all of Jackson County. It is important to note that this population is constantly changing which makes accurate counts difficult.

Jackson County had a total of 1,452 homeless individuals counted in 2016, of that total 441 were 24 years old or younger.<sup>13</sup> It was also reported that 341 individuals and 38 families were considered chronically homeless. According to the U.S. Department of Housing and Urban Development, chronic homelessness refers to individuals with a disabling condition who have been continuously homeless for a year or more, or who have had at least four episodes of homelessness in the past three years.<sup>14</sup>

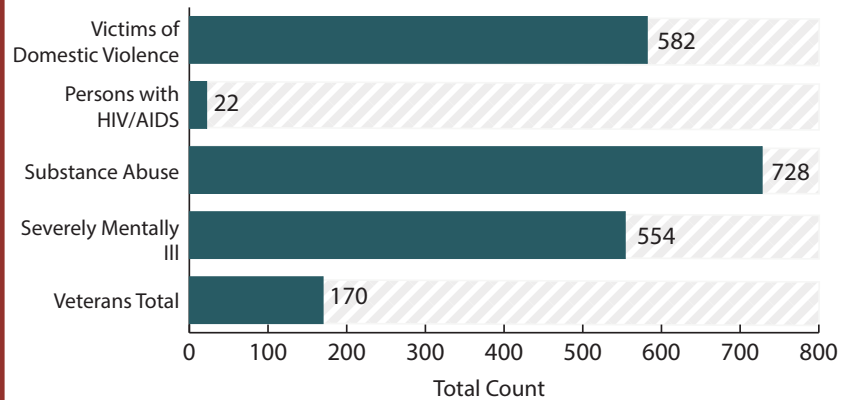
The Missouri Department of Elementary and Secondary Education also reports homeless counts for school districts. Eastern Jackson County school districts had 747 homeless students during the 2015-2016 school year.<sup>15,16</sup>

**Figure 11: Number of Homeless Persons by Living Condition in Jackson County, 2016 (Homeless Services Coalition of GKC, 2016)**



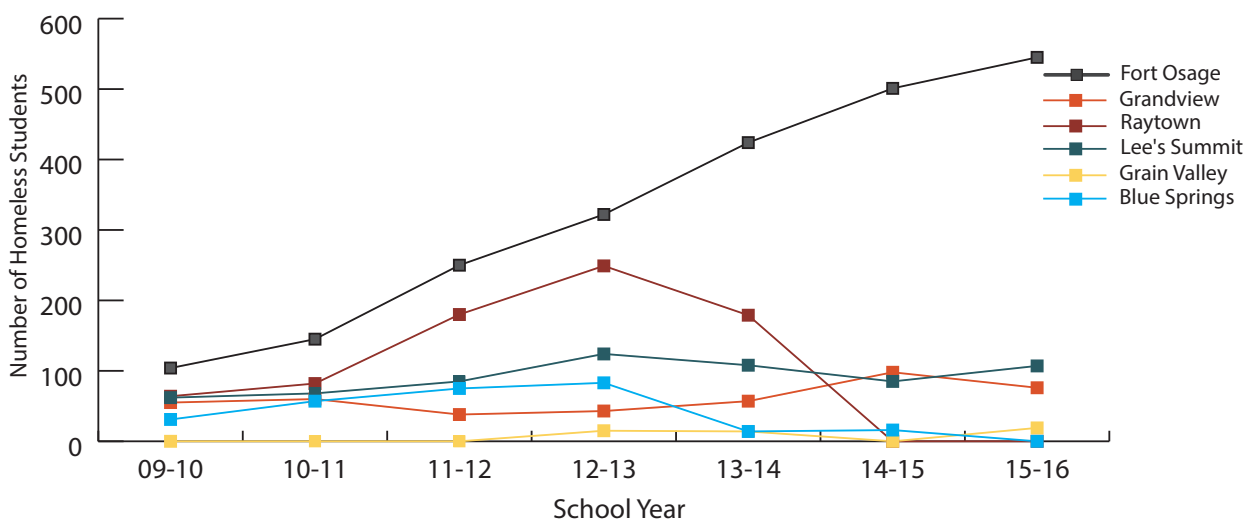
Most homeless individuals in EJC reside in emergency shelters.

**Figure 12: Number of Homeless Persons by Classification in Jackson County, 2016 (Homeless Services Coalition of GKC, 2016)**



Subpopulations are observed among homeless individuals within Jackson County. Chronic substance abuse, victims of domestic violence, and severe mental illness were seen the most.

**Figure 13: Number of Homeless Students by EJC School District, 2009-2016 (DESE, 2016)**



The largest number of homeless students is reported in the Lee's Summit and Fort Osage school districts. Homelessness has increased in Lee's Summit and Grain Valley from the 2014-2015 school year and by 424% from 2010 in the Fort Osage District.



# SOCIOECONOMIC CHARACTERISTICS

## WHAT IS IT?

Socioeconomic characteristics measure individual or family social and economic positions based on factors that include income, education, and employment.

## WHY IS IT IMPORTANT?

Socioeconomic characteristics play an important role in understanding the advantages and disadvantages a community has to face on a daily basis. These characteristics that include income and educational attainment also influence the overall health of an individual and their community. A person's risk of negative health outcomes and death is higher among those with lower educational attainment, fewer economic resources, and living in poverty.

## KEY FINDINGS

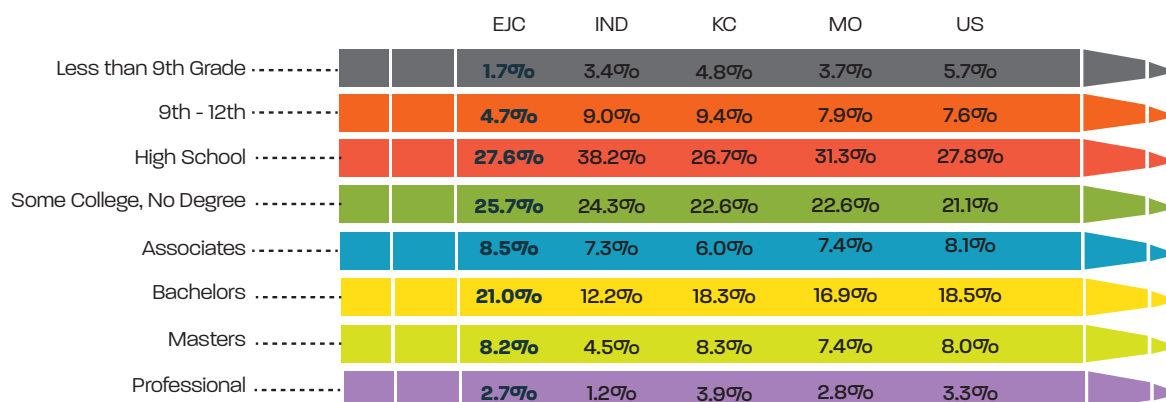
- Over 30% of EJC residents 25 years and older have at least a Bachelor's Degree, most being female; however, differences are noted between the various ZIP Codes in EJC.
- All school districts in EJC except Raytown C-2 and Grandview C-4 have a graduation rate above 90%.
- The unemployment rate in EJC (5.4%) is less than the state of Missouri (7.5%) and the U.S. (8.3%).
- For those who did not graduate from high school, the unemployment rate in EJC (15%) is higher than the state of Missouri (14%) and the U.S. (12%).
- The median incomes for the cities of Grandview, Raytown, Sibley, Sugar Creek, and Unity Village all fall below the median income for Missouri and the U.S.
- In EJC, 42.04% of males earn \$50,000 or more annually while only 24.22% of females earn the same.
- Approximately 10% of EJC residents live below the poverty level.



## Educational Attainment

Higher education may be one of the strongest predictors of good health as it has been linked to reduced illness and improved health outcomes. Education leads to more employment, higher income, less crime, reduced illness, and increased longevity.<sup>16</sup> Eastern Jackson County is served by the Blue Springs R-IV, Fort Osage R-1, Grain Valley R-5, Grandview C-4, Lee's Summit R-VII, Lone Jack C-6, Oak Grove R-VI, and Raytown C-2 school districts. In EJC, less than 5% of those 25 and older have not completed high school while less than 2% have less than a 9th grade education.<sup>17,18,19</sup>

**Figure 14: Educational Attainment Among Adults 25 and Older, 2015 (U.S. Census Bureau, ACS, 2015)**



Most residents in EJC have a high school diploma or higher. EJC has a higher percentage of higher education when compared to Missouri and the U.S.

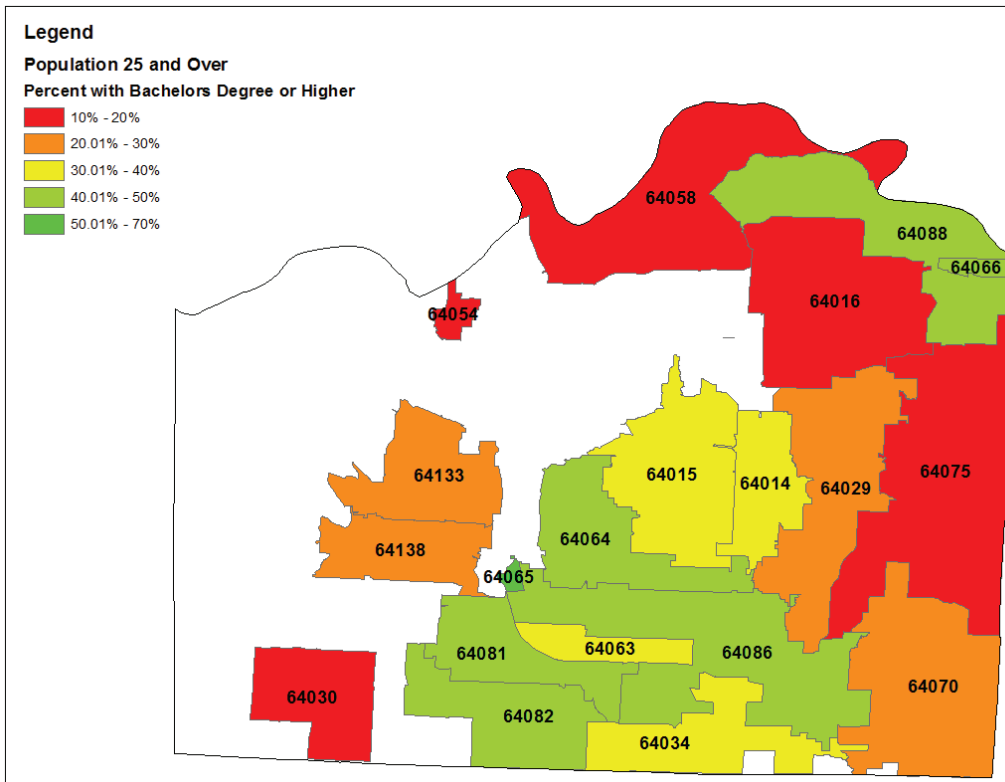
**Table 2: Percent Educational Attainment for Population 25 Years and Older by Sex in EJC, 2011-2015 (U.S. Census Bureau, ACS, 2015)**

	Sex	
	Male	Female
Less than 9th Grade	1.77%	1.56%
9th - 12th Grade	4.75%	4.58%
High School Graduate (Equivalency)	28.86%	26.51%
Some College, no degree	25.62%	25.69%
Associates Degree	7.72%	9.21%
Bachelor's Degree	20.74%	21.23%
Master's Degree	7.30%	8.99%
Professional Degree or Doctorate Degree	3.25%	2.23%
<b>TOTAL</b>	<b>100.00%</b>	<b>100.00%</b>

In EJC, when compared to males, females have a higher percent of attending some college and attaining an Associates Degree, Bachelor's Degree, or Master's Degree.<sup>20</sup>

# SOCIOECONOMIC CHARACTERISTICS

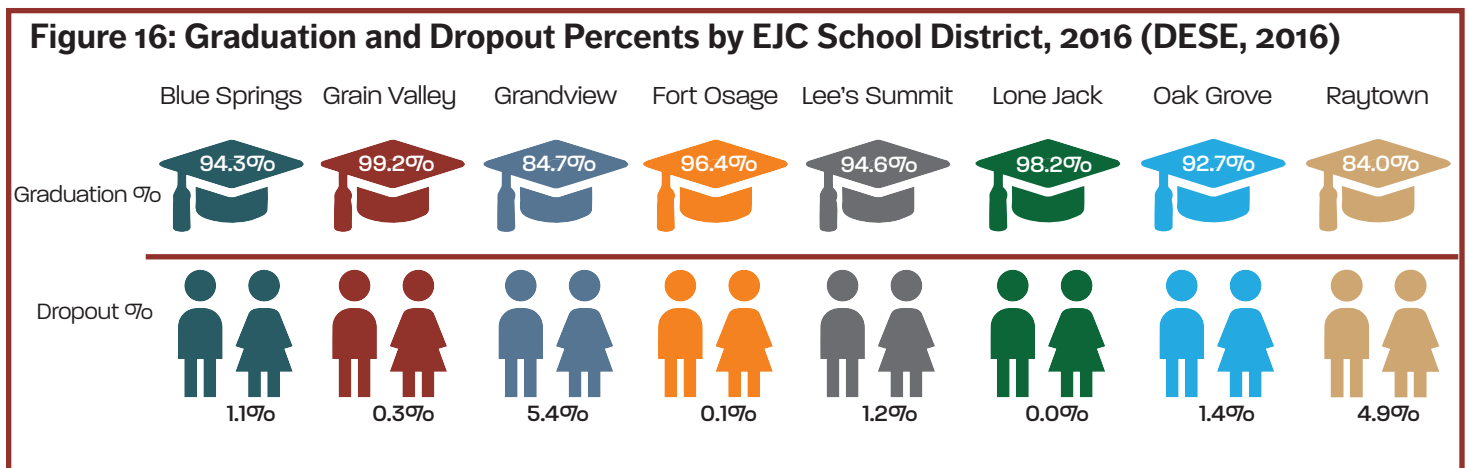
Figure 15: Bachelors Degree in EJC Population Aged 25 Years and Older, 2015 (U.S. Census Bureau, ACS, 2015)



The cities of Lake Lotawana, Lake Tapawingo, Lee's Summit, and Unity Village have the highest levels of educational attainment while the cities of Buckner and Sibley have the lowest.<sup>21</sup>

## Dropout and Graduation Rates

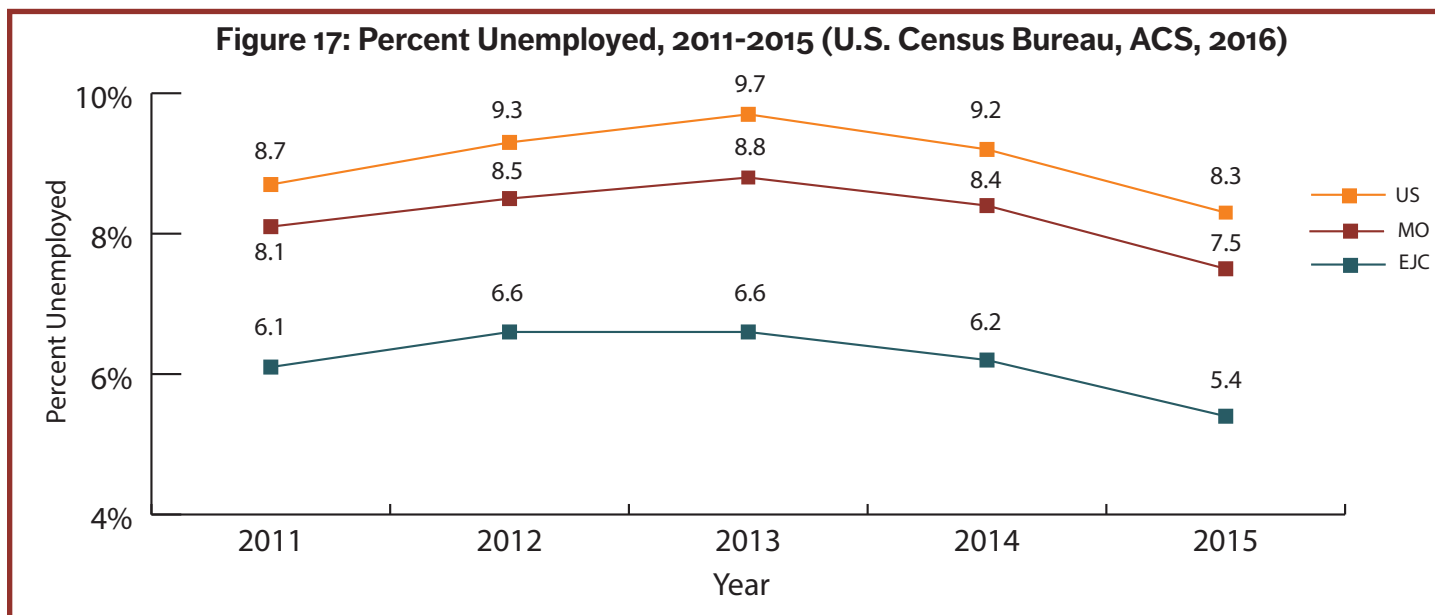
Dropout rates among a majority of the school districts in EJC are below 2%. The exceptions are Raytown C-2 and Grandview C-4 school districts which are around 5%.<sup>22</sup> Most school districts in EJC have seen graduation rates above 90% since 2013 with most seeing increases in this percent over the years.<sup>23</sup>



The highest graduation rates and similarly low dropout rates are in the Grain Valley and Lone Jack school districts. The Grandview and Raytown school districts have the highest dropout rate and lowest graduation rates.

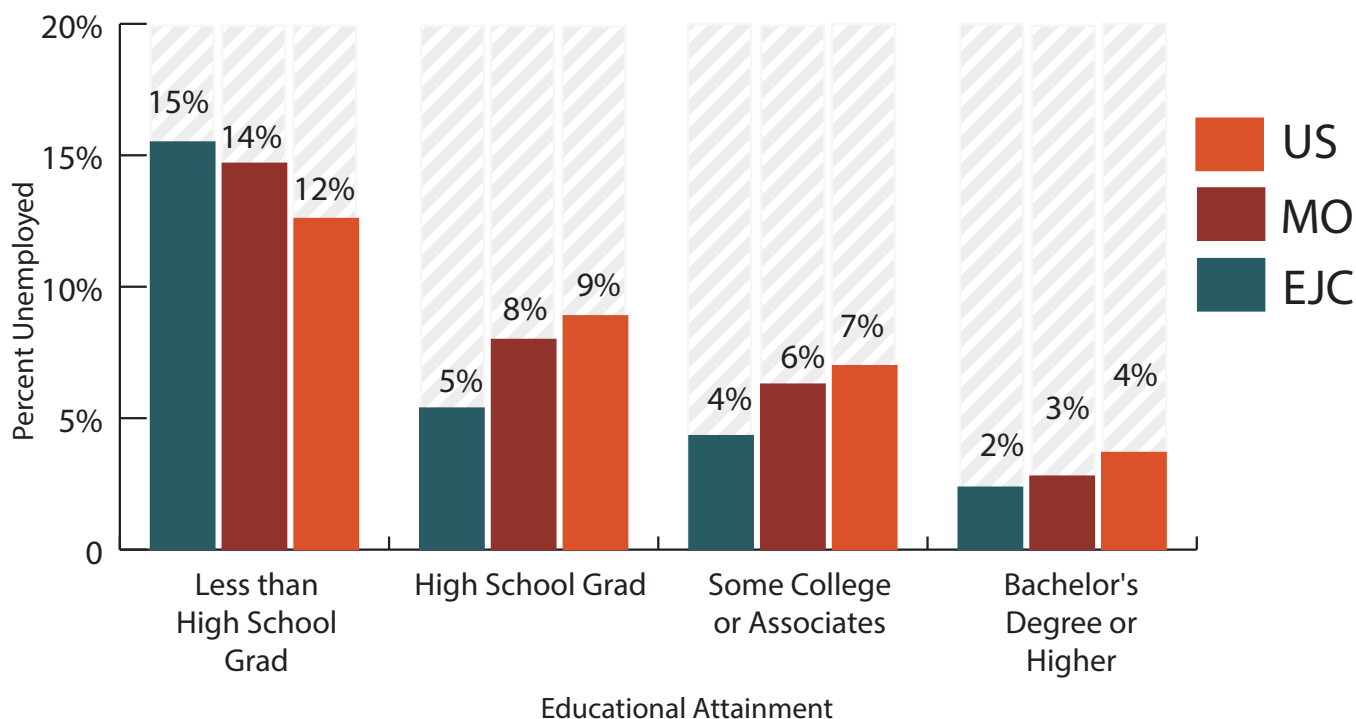
## Employment

Steady employment can provide income, benefits, and stability necessary for good health. Employers can also provide workplace wellness programs, job safety training, and education initiatives to keep employees healthy.<sup>24</sup> Conversely, job loss and unemployment are associated with stress and other adverse health effects. Overall, employment is an important factor when considering the health of a community.



In EJC, the percent of unemployment is 5.4% which is lower than Missouri at 7.5%.<sup>25</sup>

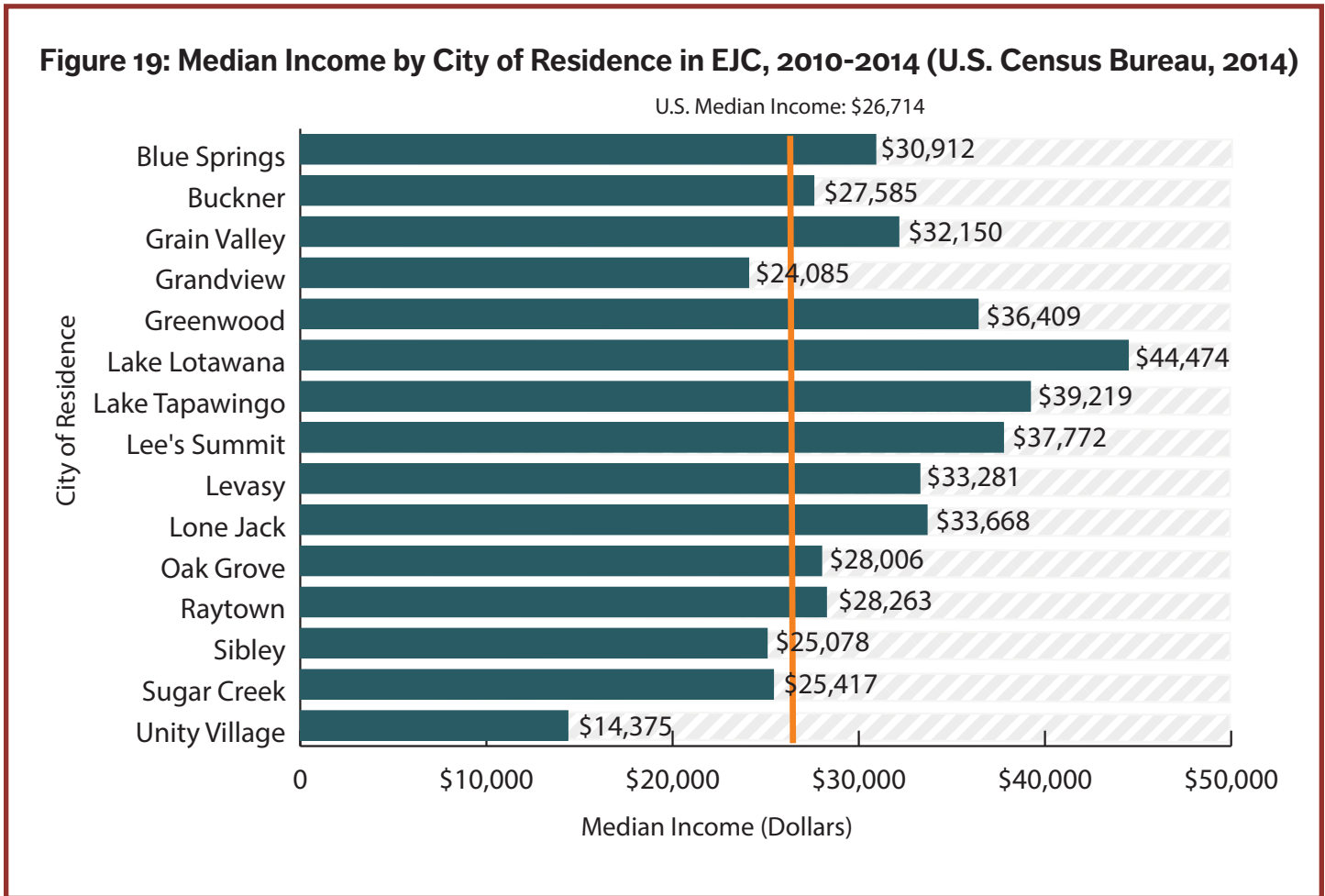
**Figure 18: Percent of Adults Aged 25-64 Unemployed by Educational Attainment, 2011-2015, (U.S. Census Bureau, ACS, 2015)**



The highest percent of unemployment were seen among adults with less than a high school degree. This percent is higher when compared to Missouri and the U.S.<sup>26,27</sup>

## Income

Income is an important factor for financial wellness of both individuals and their communities. In 2010-2014 the median income in the U.S. was \$26,714 and \$25,191 in Missouri.<sup>28,29</sup> In EJC, median incomes vary by city and are displayed in Figure 19.



Median individual incomes are higher than in Missouri and the U.S. in all cities except Grandview, Sibley, Sugar Creek, and Unity Village. The highest median income is in Lake Lotawana.<sup>30</sup>

## Income by Sex

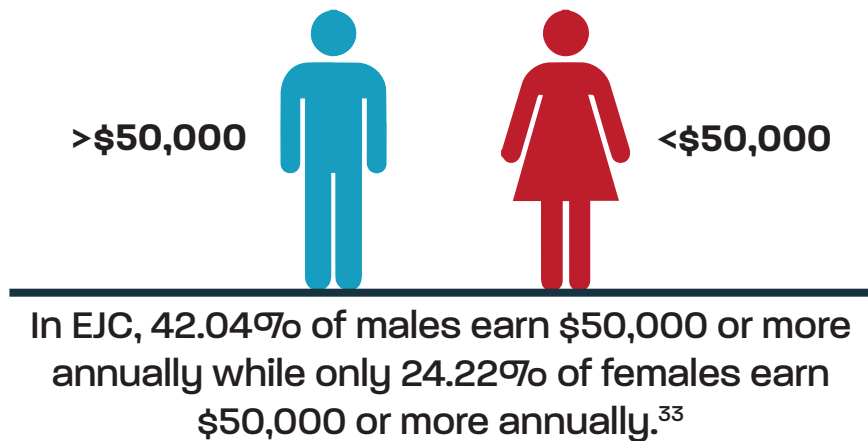
In the U.S., 30% of the population earns \$50,000 or more annually, of which 63% are males and 37% are females. Similarly in Missouri, 26% of residents earn \$50,000 or more annually, of which 65% are males and 35% are females.<sup>31,32</sup> The residents of EJC exceed both the U.S. and Missouri with approximately 33% of the EJC population earning more than \$50,000 annually, of which 64% are males and 36% are females.

**Table 3: Earning of Population 16 and Older by Sex in EJC, 2011-2015 (U.S. Census Bureau, ACS, 2015)**

	Males		Females	
	Total	Percent of Total	Total	Percent of Total
\$9,999 or less	10,250	14.37%	13,298	19.51%
\$10,000 to \$19,999	7,009	9.83%	10,593	15.54%
\$20,000 to \$29,999	7,544	10.58%	10,408	15.27%
\$30,000 to \$39,999	8,292	11.62%	9,570	14.04%
\$40,000 to \$49,999	8,247	11.56%	7,788	11.42%
\$50,000 to \$64,999	10,592	14.85%	7,883	11.56%
\$65,000 to \$74,999	4,373	6.13%	2,563	3.76%
\$75,000 to \$99,999	7,343	10.29%	3,812	5.59%
\$100,000 or more	7,680	10.77%	2,253	3.31%
<b>TOTAL</b>	<b>71,330</b>	<b>100%</b>	<b>68,168</b>	<b>100%</b>

Males have a higher percentage of incomes \$40,000 and above while females have higher percentages at \$39,999 and lower.<sup>33</sup>

**Figure 20: Distribution of Income by Sex in EJC, 2015 (U.S. Census Bureau, 2015)**

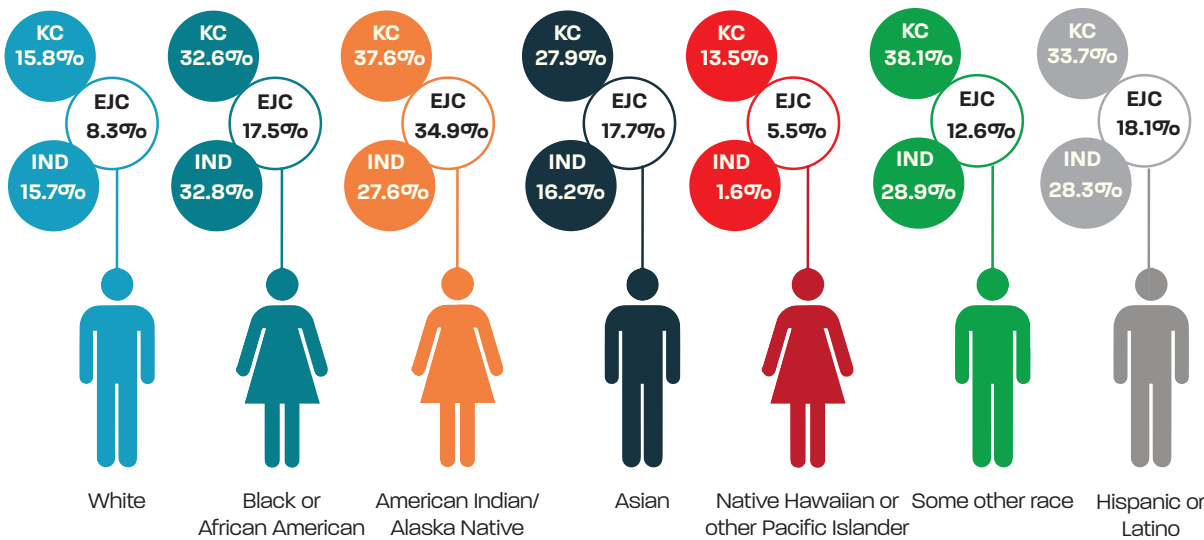


# SOCIOECONOMIC CHARACTERISTICS

## Poverty

Poverty also has an impact of the health and wellbeing of a community. For children, growing up in poverty increases their risk for school failure, teen pregnancy and childbearing, and overall poor health. Chronic diseases like asthma are also more prevalent among impoverished children. Adults living in poverty see the same risk in that they are more likely to be in poor health, uninsured, and die at a younger age than those not living in poverty.<sup>34</sup> In EJC, 10% of residents live below the poverty level of which 40% are males and 60% are females.<sup>35</sup> This is lower than the approximate 16% of Missouri residents living below the poverty level of which 44% are males and 56% are females. The level of poverty is also below the national average at approximately 15%.<sup>36,37,38</sup>

**Figure 21: Poverty Status by Race, 2011-2015 (U.S. Census Bureau, ACS 2015)**



In EJC, 34.9% of those who identify as American Indian/Alaska Native live in poverty followed by 17.7% of Asians and 17.5% of Black or African Americans who live in poverty. Just over 18% of Hispanics or Latinos living in EJC live in poverty.

In EJC,  
**40%** of those



living in poverty are 17 years  
**AND YOUNGER.**

**Table 4: Percent of Population Below Poverty Level by City in EJC, 2015 (U.S. Census Bureau, ACS, 2015)**

City	Percent in Poverty	City	Percent in Poverty
Blue Springs	10.50%	Levasy	17.33%
Buckner	22.98%	Lone Jack	14.12%
Grain Valley	12.03%	Oak Grove	6.83%
Grandview	18.30%	Raytown	13.93%
Greenwood	7.60%	Sibley	10.10%
Lake Lotawana	5.20%	Sugar Creek	15.47%
Lake Tapawingo	2.18%	Unity Village	22.35%
Lee's Summit	6.58%		



## Housing Cost and Vacancy

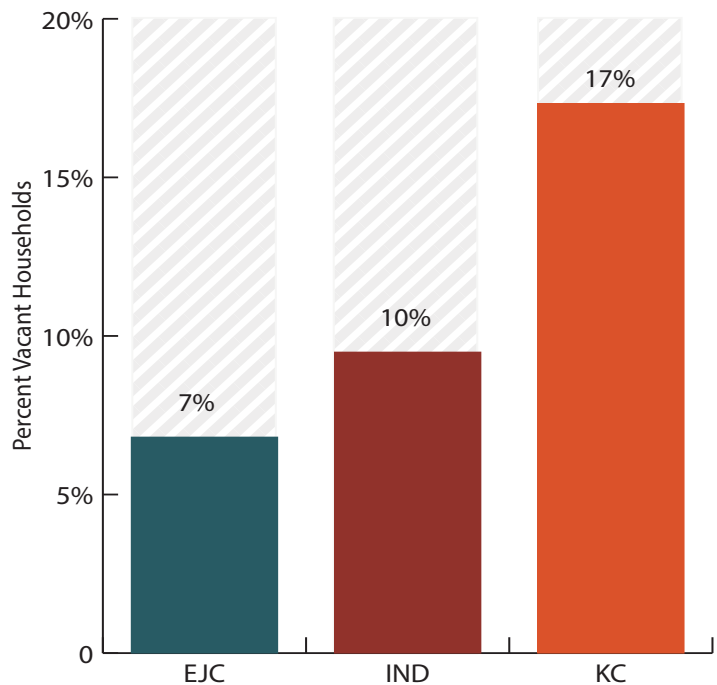
Housing costs that are affordable alleviate crowding and help individuals allocate more financial resources to pay for health care and healthy food. Affordable housing can also support mental health by reducing stress associated with finances, moving, and finding new housing. It can also serve as a platform for providing supportive services to improve the health of vulnerable populations like the elderly, people with disabilities, and homeless individuals and families. High quality housing also limits exposure to environmental toxins that negatively impact health.<sup>39</sup> The median cost of housing built in the U.S. from 1939 to 2010 is \$175,700 and in Missouri is \$136,700.<sup>41</sup> Most cities in EJC are below the national median cost of housing but above Missouri’s median cost.

**Table 5: Median Housing Value in EJC, 2010-2014 (U.S. Census Bureau, ACS, 2014)**

City	Value (Dollars)
Blue Springs	\$143,600
Buckner	\$100,400
Grain Valley	\$150,400
Grandview	\$105,200
Greenwood	\$141,500
Lake Lotawana	\$321,300
Lake Tapawingo	\$234,000
Lee’s Summit	\$186,100
Levasy	\$55,000
Lone Jack	\$159,000
Oak Grove	\$117,000
Raytown	\$98,300
Sibley	\$96,900
Sugar Creek	\$83,900
Unity Village	N/A

The median housing costs range from \$55,000 in Levasy to \$321,333 in Lake Lotawana.<sup>42</sup>

**Figure 22: Percent of Vacant Households by City, 2011-2015 (U.S. Census Bureau, ACS, 2014)**

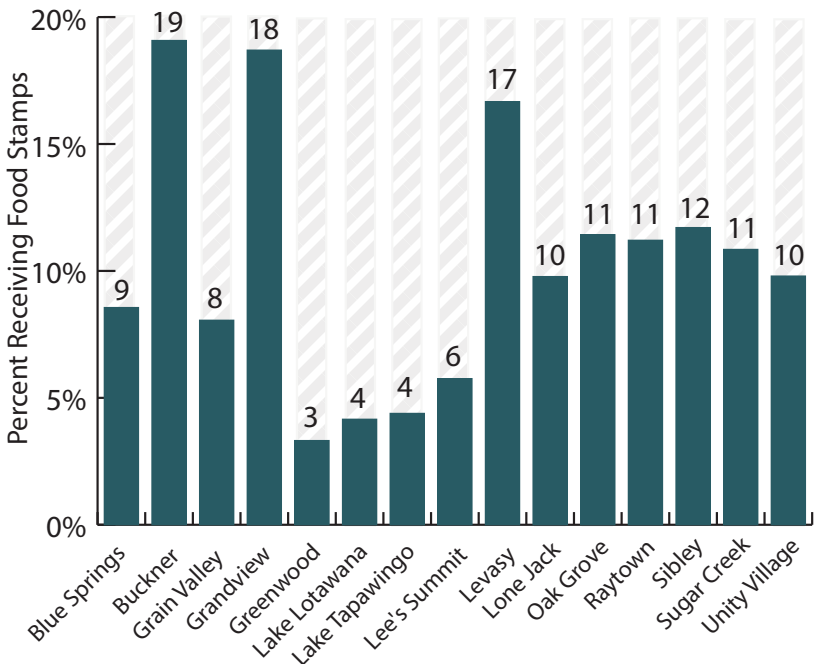


6.81% of homes in EJC are vacant which is lower than the cities of Independence and Kansas City.<sup>43</sup>

## Supplemental Nutrition Assistance Program (SNAP)

Food assistance programs, such as SNAP, are available for eligible low income adults and families that meet specific guidelines.<sup>44</sup> SNAP is one of the most important programs in place to prevent hunger and food insecurity in the U.S. In addition, the program helps with increased consumer spending in places like grocery stores.<sup>45</sup> Throughout EJC, just over 9% of households receive food stamps.<sup>46</sup>

**Figure 23: Percent of Households Receiving Food Stamps by City in EJC, 2011-2015 (U.S. Census Bureau, ACS, 2015)**



Buckner, Grandview, and Levasy have the highest percent of individuals receiving food stamps while Greenwood, Lake Lotawana, Lake Tapawingo, and Lee's Summit have the lowest percent.

## Free/Subsidized Lunch Program

Children from families with incomes at or below 185% of the poverty level are eligible for free and reduced meals through the National School Lunch Program (NSLP).<sup>47</sup> Research has shown that participating in this program reduces food insecurity, obesity rates, and poor health outcomes. The program also ensures that students have the nutrition needed throughout the day to learn at their full capacity.<sup>48</sup>

**Table 6: Percent of Students Receiving Free and Reduced Meals by School District in EJC, 2011-2016 (DESE, 2016)**

	School Year				
	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
<b>Blue Springs R-IV</b>	29.64%	30.48%	31.18%	30.74%	29.96%
<b>Grain Valley R-V</b>	25.92%	22.85%	22.66%	21.46%	19.65%
<b>Grandview C-4</b>	72.33%	76.47%	78.87%	79.01%	77.52%
<b>Fort Osage R-1</b>	55.50%	55.50%	56.98%	56.74%	56.29%
<b>Lee's Summit R-VII</b>	21.10%	20.24%	20.55%	19.38%	19.18%
<b>Lone Jack C-6</b>	19.21%	18.69%	21.11%	20.42%	19.64%
<b>Oak Grove R-VI</b>	37.67%	38.20%	38.08%	36.57%	39.43%
<b>Raytown C-2</b>	60.24%	66.10%	66.92%	67.50%	67.47%

Grandview and Raytown have the highest percent of students in EJC receiving free and reduced meals.<sup>48</sup>



## Economic Hardship Index

There is a strong correlation between economic hardship and life expectancy demonstrated in previous research.<sup>49</sup> A person's risk of negative health outcomes and death is higher among those who are poor, who are less educated, and who have less social support and fewer economic resources. We see that those living in ZIP Codes with higher rates of poverty also have limited access to healthcare and health promoting activities. The Economic Hardship Index is a measure that exists to aide in examining the relationship between socioeconomic conditions and life expectancy. Socioeconomic conditions have been shown to have a tremendous impact on overall community health. The index is scored using six indicators: Crowded housing (% of occupied housing units with more than one person per room), Percent of persons living below the federal poverty level, Percent of persons over the age of 16 who are unemployed, Percent of persons over the age of 25 without a high school education, Dependency (% of population under the age of 18 or over 64), and Per Capita Income.<sup>50</sup>

**Table 7: Economic Hardship Index Rank by ZIP Code in EJC, 2016 (JACOHD, 2016)**

ZIP Code	City	Life Expectancy	Rank	Hardship Index 2014	Rank	Hardship Index 2011	Rank
64015	Blue Springs	77.8	11	35.5	7	36.6	9
64014	Blue Springs	77.2	12	39.9	10	30.7	7
64016	Buckner	75	14	36.9	8	54.9	12
64029	Grain Valley	79.1	8	37.2	9	36.4	8
64030	Grandview	80.5	4	78.7	15	69.2	15
64034	Greenwood	80.8	3	25.1	4	28.8	6
64064	Lee's Summit	81	2	15.4	1	23.7	4
64081	Lee's Summit	80.3	5	27.3	5	27.9	5
64082	Lee's Summit	80.2	6	17.4	2	20.8	3
64086	Lee's Summit	81.1	1	21	3	16.7	1
64063	Lee's Summit	78.5	9	42.7	11	39.7	10
64070	Lone Jack	80.2	6	31.7	6	17.7	2
64075	Oak Grove	78.4	10	53	12	60.3	14
64133	Raytown	75.2	13	57.3	14	50.8	11
64054	Sugar Creek	74.5	15	81.1	16	69.4	16
64138	Raytown	73.3	16	55.9	13	59.7	13

Note: A higher hardship index represents a greater level of economic hardship. ZIP Codes not included due to insufficient sample size include: 64139, 64088, 64065 & 64066.



# INSURANCE & ACCESS TO CARE

## WHAT IS IT?

Health insurance coverage is the key factor influencing access to healthcare. Access to both timely and quality care provides individuals and communities with the resources they need to prevent, manage, and control health conditions.

## WHY IS IT IMPORTANT?

Health insurance makes medical care more affordable when it's needed most, and having access to medical care means that it is more likely to be received without delay. Uninsured children and non-elderly adults are at an increased risk of not having a usual source of health care.<sup>50</sup>

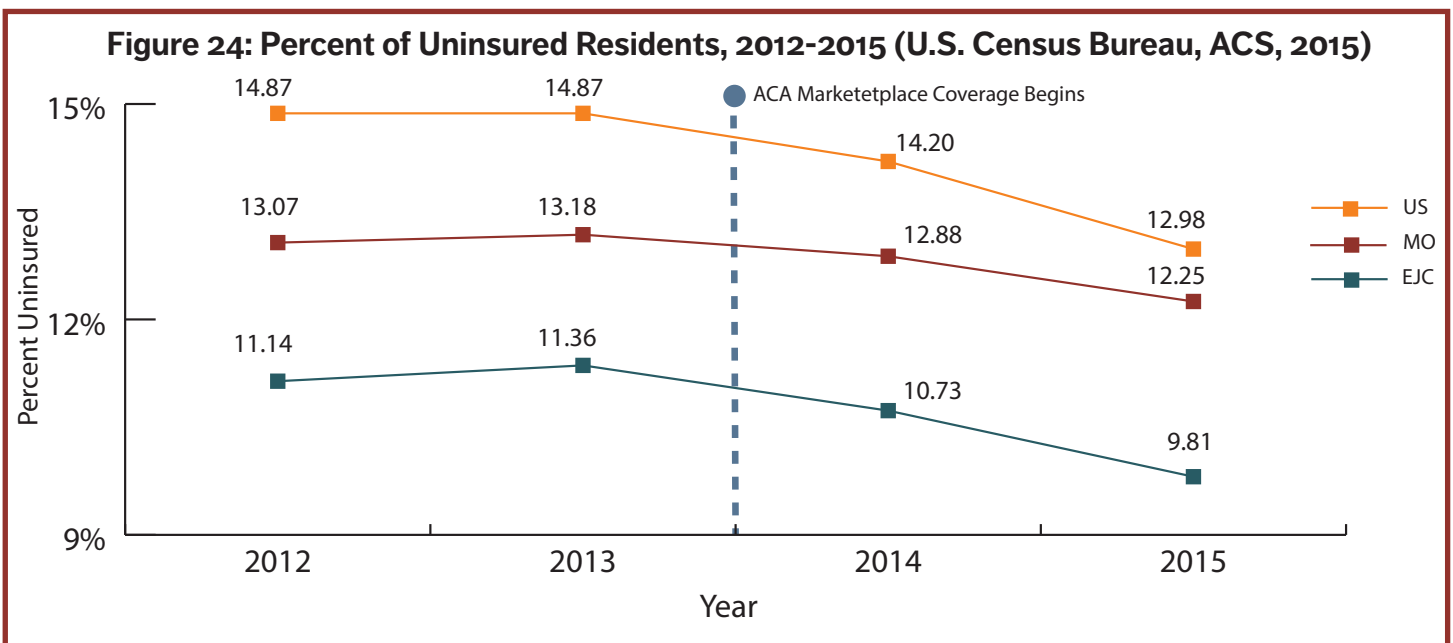
## KEY FINDINGS

- In EJC, approximately 9.81% of the population is uninsured which has continued to decline from 2012.
- Approximately 18% of those aged 18 to 34 in EJC are uninsured.
- One in five EJC children are on Medicaid and one in 17 have no insurance.
- In Jackson County there is one primary care physician for every 1,310 residents and one dentist for every 1,240 residents.
- In EJC, 14.2% of residents have not seen a dentist in two or more years.
- The state of Missouri has yet to pass Medicaid expansion, leaving some residents unable to obtain insurance.

## Health Insurance

Having health insurance coverage is associated with better health-related outcomes. Unfortunately, not all of the EJC population are covered by health insurance. Individuals without health insurance tend to receive less medical care and less timely care resulting in worse health outcomes. Those without insurance also tend to skip preventative screenings such as cervical and breast cancer screenings as well as testing for high blood pressure or cholesterol. Ultimately, those who are uninsured are more likely to die prematurely than those who have insurance.<sup>51</sup>

In EJC, the largest age group without insurance is those 18 to 34 years of age. Many within this age group experience unemployment, low-paying jobs, or have various other expenses such as student loans that prevent them from purchasing health insurance.<sup>52</sup> For individuals in EJC over 65, the majority are covered by public insurance such as Medicare or some combination of private and public insurance while all other age groups are mostly covered through private insurance.<sup>53</sup>



The percent of uninsured has decreased since 2013 which coincides with the progression of the Affordable Care Act. In October 2013, the health insurance marketplace opened with coverage beginning in January of 2014.

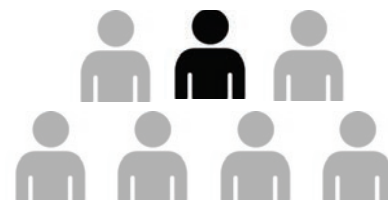
### ONE in FIVE

Eastern Jackson County children are on Medicaid.

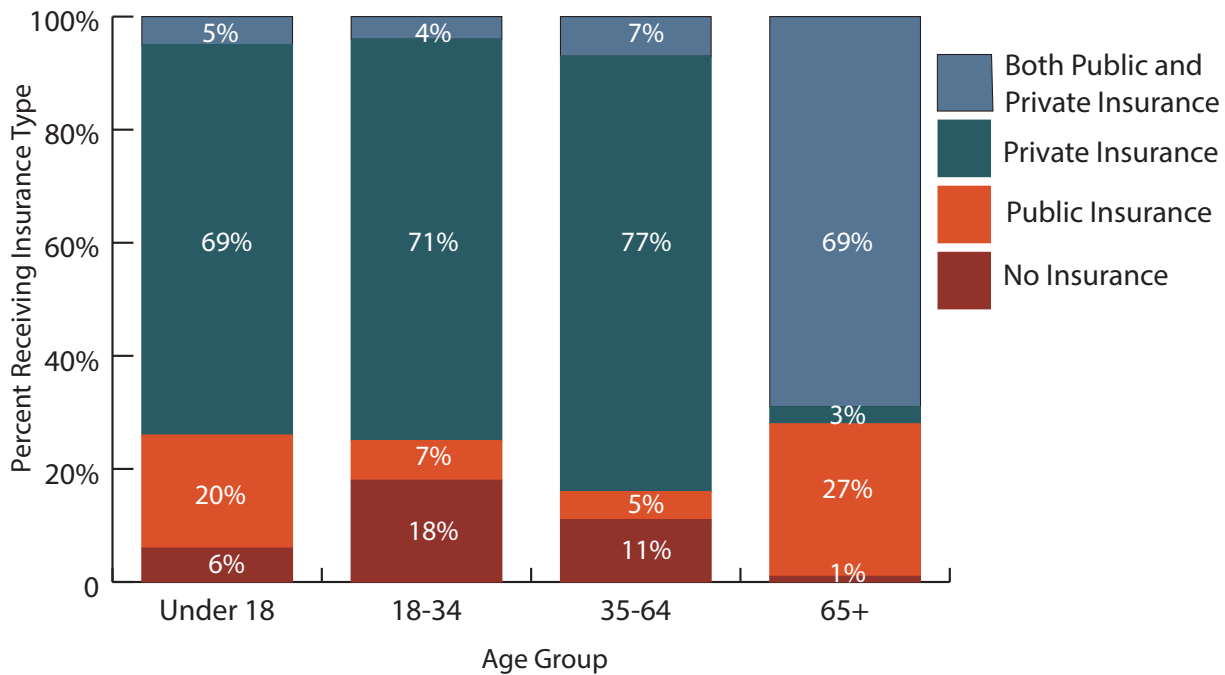


### ONE in SEVEN

Eastern Jackson County adults under 65 do not have insurance coverage.

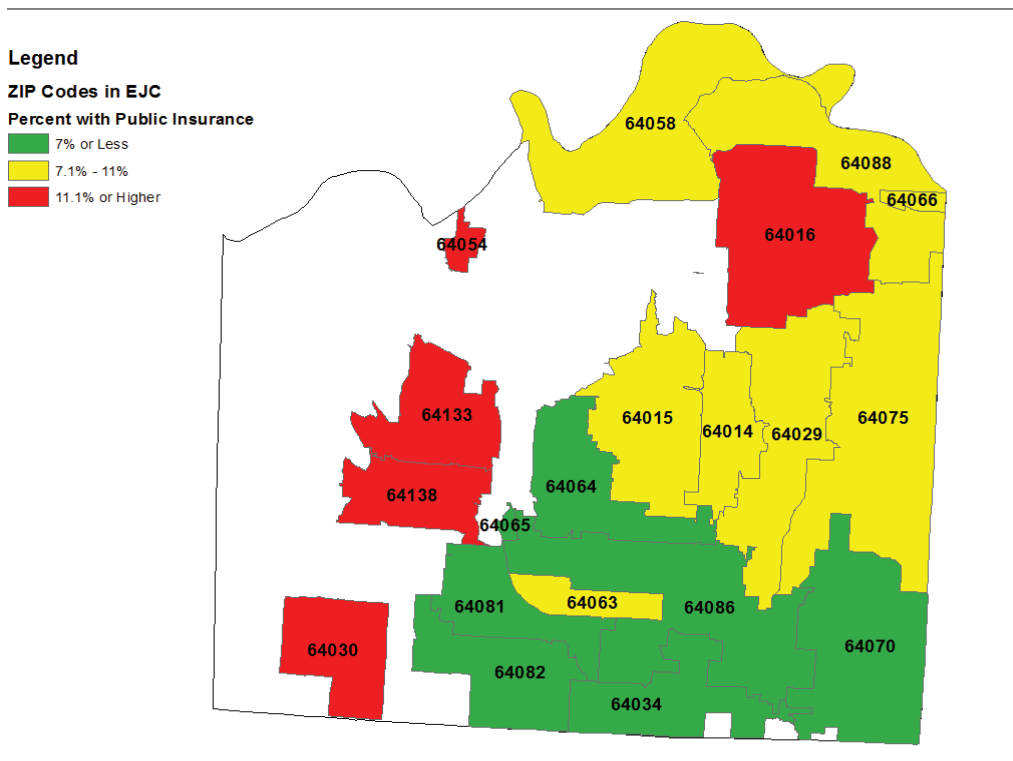


**Figure 25: Percent of Residents with Health Insurance by Age in EJC, 2011-2015, (U.S. Census Bureau, ACS, 2011-2015)**



Among these ages, those over 64 have the highest percent of those utilizing public insurance while those 35 to 64 have the highest percent utilizing private insurance.<sup>54</sup>

**Figure 26: Percent of EJC Population with Public Insurance by ZIP Code, 2015, (U.S. Census Bureau, ACS, 2015)**



30 ZIP Codes in Grandview, Raytown, Sugar Creek, and Buckner have the highest percent of public insurance usage in EJC.<sup>55</sup>

## Medicaid Expansion

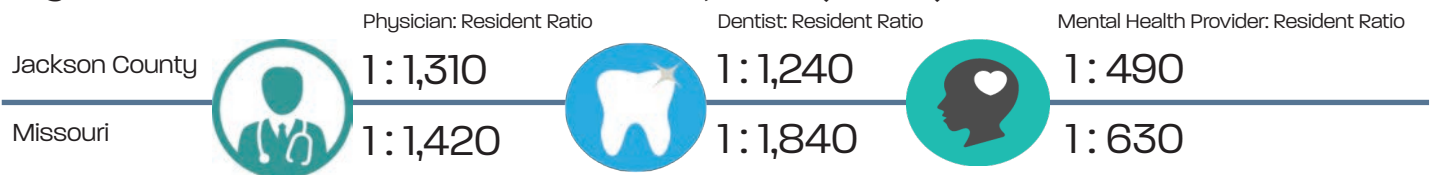
In 2010, the Affordable Care Act (ACA) passed increasing access to health insurance across the nation. Following the passing of ACA, the Supreme Court ruled that states would be allowed to determine whether or not to adopt Medicaid expansion. Of the 50 states, 32 have decided to implement Medicaid expansion to help close the gap for those who still don't qualify for health insurance under the ACA.<sup>56</sup>

Medicaid expansion would allow residents to qualify for Medicaid based solely on their income and not on other factors such as disability and household size.<sup>57</sup> Missouri has proposed Medicaid expansion, but has yet to pass a bill. This increase in health insurance would not only save the state money through decreased emergency room visit costs, but also provide access to healthcare for many residents who previously couldn't afford it on their own.<sup>58</sup>

## Healthcare Utilization

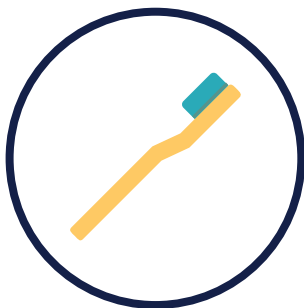
Even with health insurance, individuals can experience several barriers to access adequate healthcare services. The largest barrier is individuals being too busy with work or other commitments to be seen during available office hours. Other barriers include availability of appointments, transportation, and accessibility and acceptability of insurance.<sup>54</sup>

**Figure 27: Providers Per Resident Ratio, 2016 (DHSS)**



## Dental Care

Fewer people in the U.S. have dental insurance than have medical insurance and it is often lost when individuals retire. This results in approximately one-third of Americans not receiving regular dental care. In addition to shared challenges to accessing health care, prioritization becomes a barrier for dental care. Many individuals choose other health care and basic needs of living over receiving dental care.<sup>55</sup>



**In EJC,  
58.1%**  
of residents  
had their teeth  
cleaned by a  
dentist in the  
past 6 months.



**In EJC,  
14.2%**  
of residents  
haven't seen a  
dentist in two or  
more years.



# LIFE EXPECTANCY & LEADING CAUSES OF DEATH

## WHAT IS IT?

Life expectancy at birth provides an estimate of the number of years a person is expected to live and serves as one of the most frequently used health status indicators. The leading causes of death show the diseases that significantly impact a community.

## WHY IS IT IMPORTANT?

Understanding the leading causes of death and life expectancy can provide important information on how attitudes, behaviors, access to healthcare, and overall lifestyle affect health in a community. Knowing what the leading causes of death are in a community can lead to specific program and policy work directed at reducing those death rates.

## KEY FINDINGS

- In EJC, the average life expectancy rate at birth is 78.3 years and ranges from 73.3 to 81.1 years.
- The leading cause of death in EJC is heart disease (178.03 per 100,000) followed closely by cancer (175.65 per 100,000).
- The mortality rate for chronic lower respiratory disease (60.54 per 100,000) has increased since 2013 in EJC.
- Accidents and suicides are the leading causes of death in EJC for those 15 to 44 years of age.
- In EJC, the mortality rate for heart disease for those 65 years and older is 1161.72 per 100,000.
- For Blacks or African Americans in EJC, cancer is the leading cause of death accounting for 25.3% of deaths among this racial group.

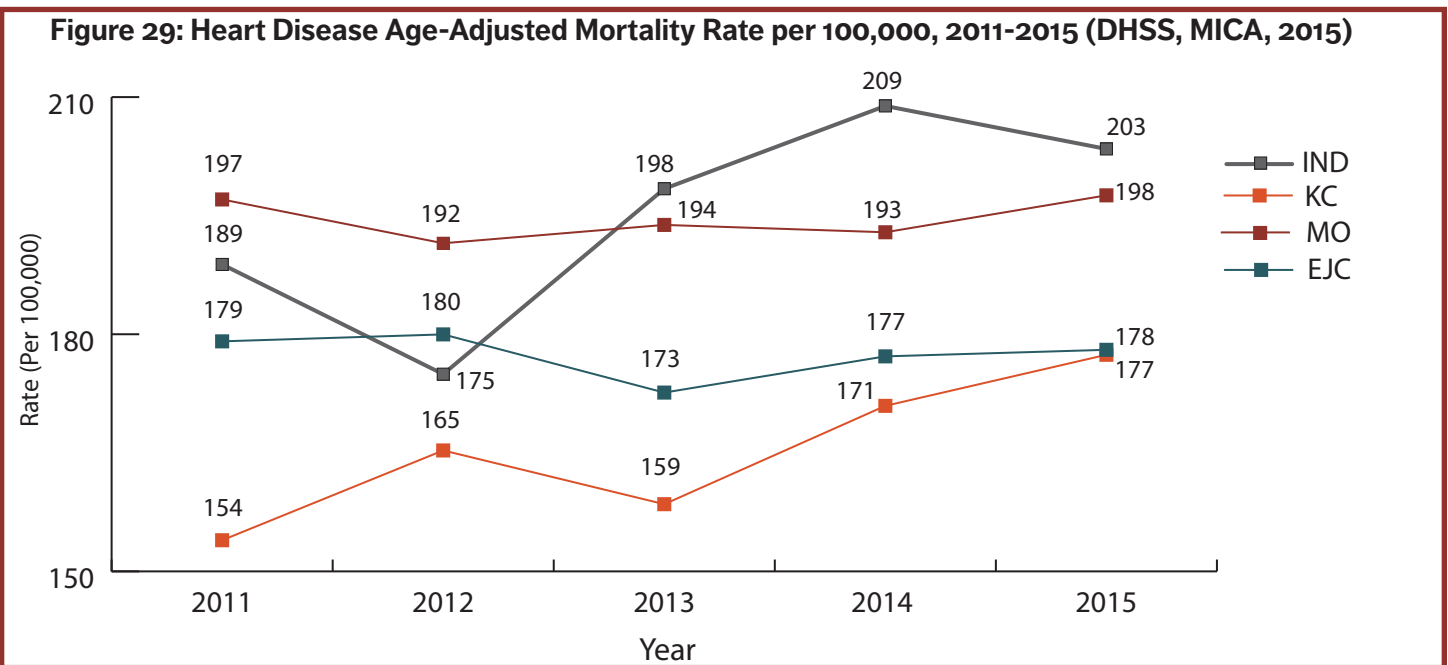




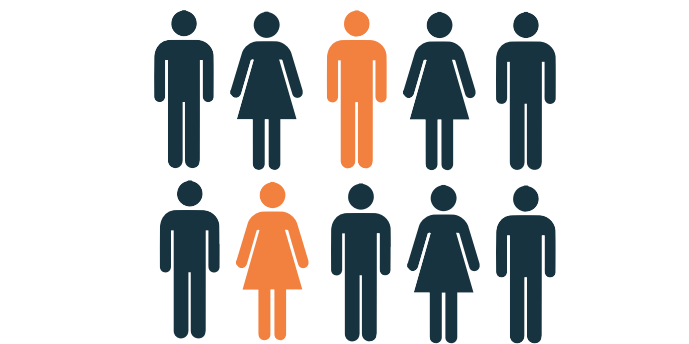
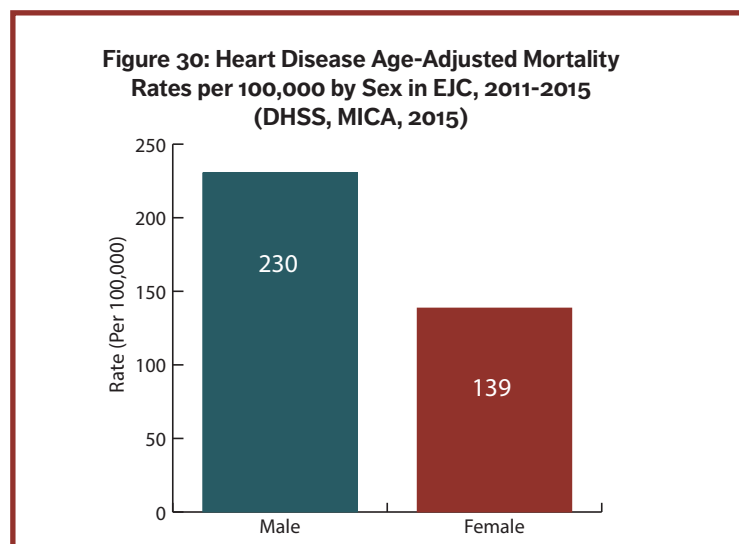
## 1. Heart Disease

In the U.S., about 610,000 people die each year due to heart disease.<sup>63</sup> Heart disease refers to various conditions of the heart, including ischemic heart disease, rheumatic heart disease, hypertensive heart disease, acute myocardial infarction, and many other conditions.<sup>61</sup> The most common of these conditions is coronary artery disease.

Many different risk factors can increase risk for heart disease including general health, lifestyle, age, and family history. Leading risk factors like high blood pressure, high cholesterol, and smoking are present in 47% of Americans.<sup>63</sup>



The mortality rate has remained fairly steady in EJC and remains consistently below Missouri, while historically higher than Kansas City. The rate in EJC has inclined slightly from 2013 to 2015 with a rate of 178.03 per 100,000 people.<sup>61</sup>



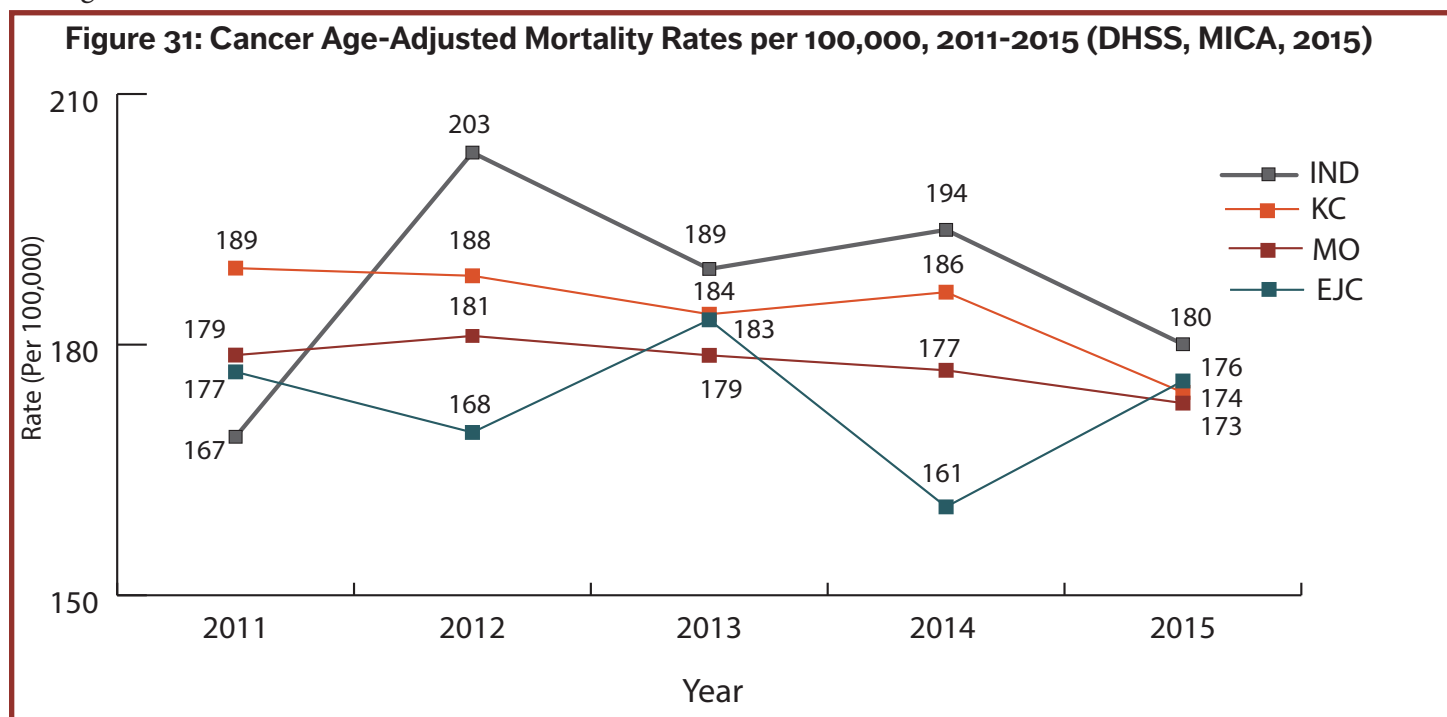
**2 in 10 EJC Deaths are caused by Heart Disease**

Source: MICA, 2011-2015

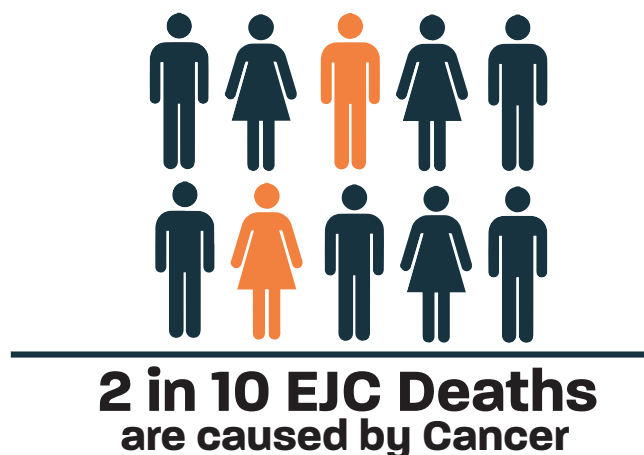
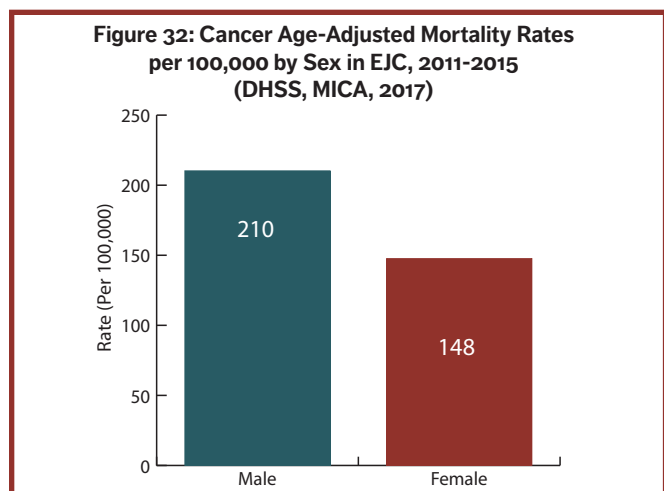
## 2. Cancer

Cancer is the general name for a group of more than 100 diseases caused by uncontrollable growth of abnormal cells.<sup>64</sup> It was estimated that in 2016, about 1.6 million new cases of cancer would be diagnosed.<sup>65</sup> Depending on the type of cancer, there are many factors that could increase risk including sun exposure, tobacco use, alcohol use, poor nutrition, and physical inactivity.

Cancer can have a major effect on patients, their families, and the community due to the physical problems, emotional distress, and high cost of care.<sup>66</sup> Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers.<sup>67</sup> Even though the U.S. has seen a 13% decrease in the cancer death rate from 2004 to 2013, it remains a leading cause of death in the U.S., second only to heart disease.<sup>65</sup> In the U.S., just over 39% of men and women will be diagnosed with cancer at some point during their lifetime.<sup>65</sup>



The mortality rates in EJC increased from 2014 to 2015 putting Kansas City and the state of Missouri at a lower rate. The highest rates in EJC were observed in 2013 at 182.97 per 100,000 people.<sup>61</sup>

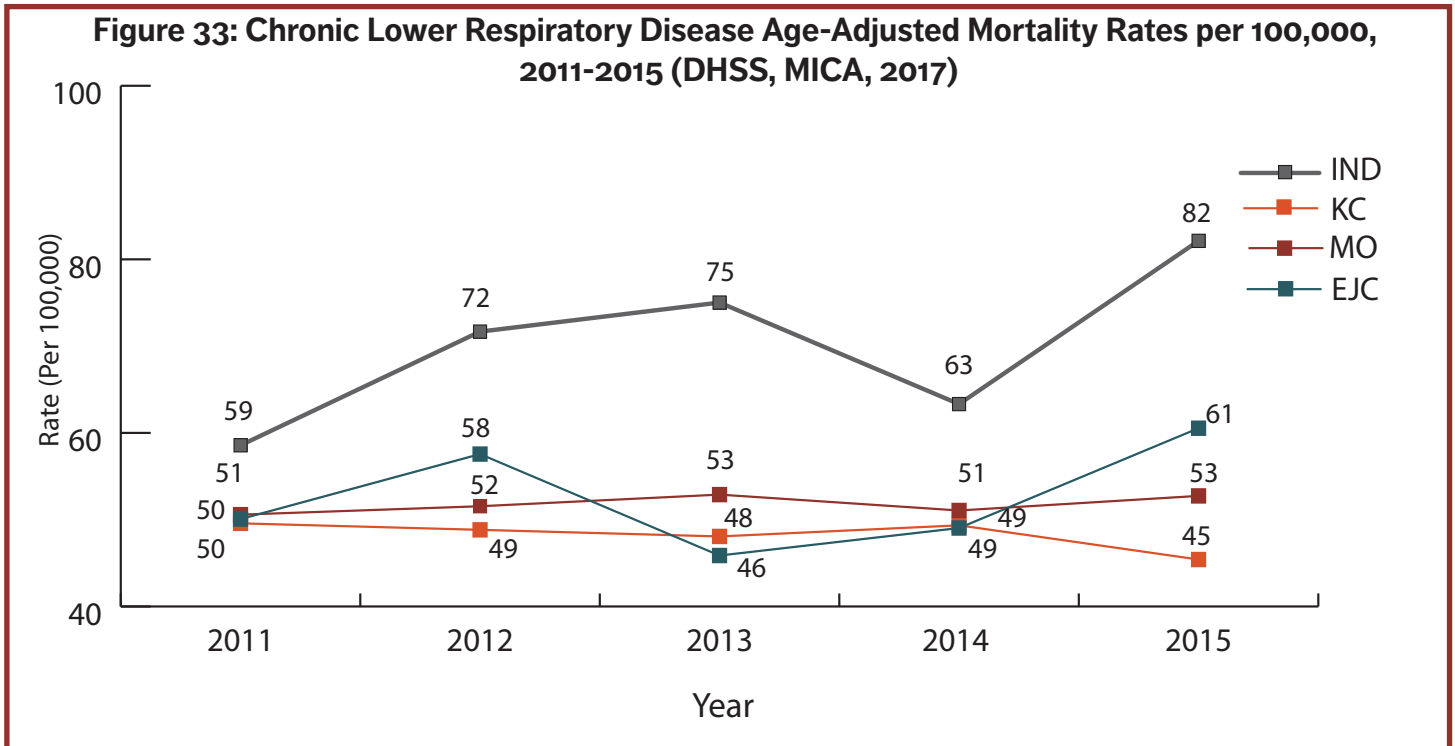


Source: MICA, 2011-2015

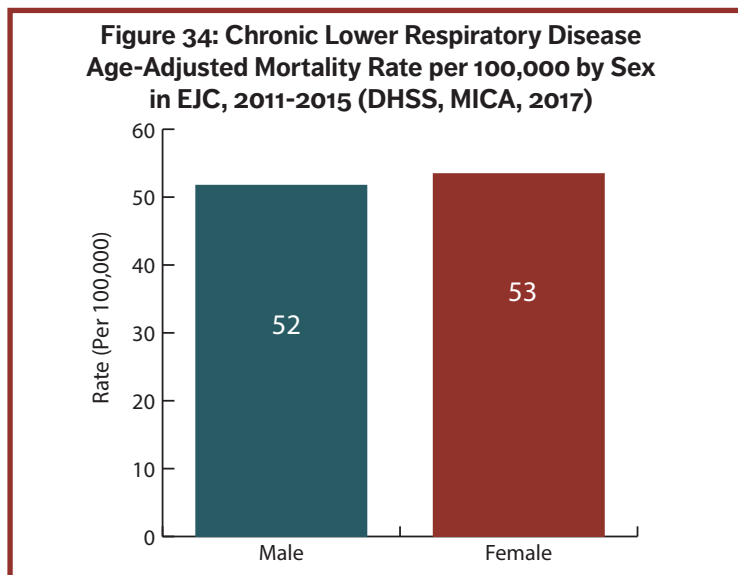


## 3. Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease, which is also known as Chronic Obstructive Pulmonary Disease or COPD, is a group of diseases that causes a blockage of airflow and breathing problems.<sup>67</sup> Tobacco smoke is a key factor for the development of COPD in the U.S.; however exposure to air pollutants at home and work, genetic factors, and respiratory infections also play a role in progression and development.<sup>68</sup>



Missouri's mortality rate has remained constant around 50.0 per 100,000 people; however, EJC has seen an increase starting in 2013.



**1 in 10 EJC Deaths**  
are caused by Chronic Lower Respiratory Disease

Source: MICA, 2011-2015

## What Can Cause Changes in Leading Causes of Death?

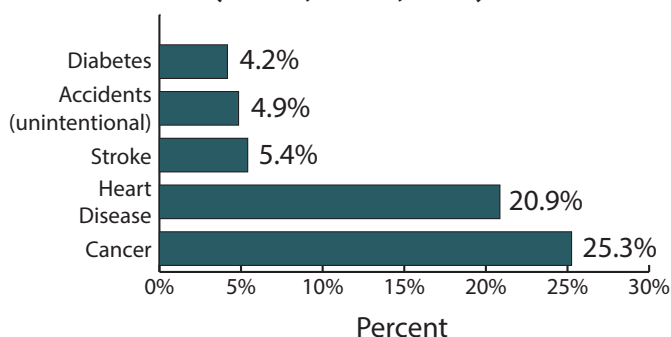
Differences in leading causes of death can be observed for several factors like sex, age, and race. It is important to consider different demographics while looking at leading causes of death to ensure services and resources are being appropriately targeted at populations who most need them.

Leading causes of death change through different life stages. Cancer is identified as one cause that is seen in any age group.<sup>61</sup> In the younger age groups, accidents and suicide are considered the leading causes of death while older age groups are mostly affected by chronic diseases.

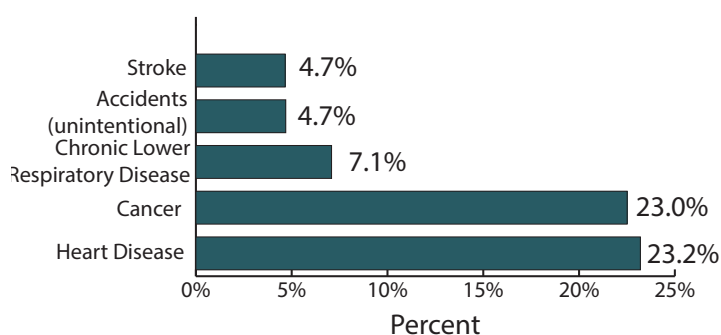
**Table 9: The Five Leading Causes of Death by Age in EJC, 2011-2015 (DHSS, MICA, 2017)**

Cause	Rate
<b>15-24</b>	
Accidents (unintentional injuries)	27.71
Suicide	16.11
Homicide	10.31*
Cancer	7.73*
Heart disease	3.22*
<b>25-44</b>	
Accidents (unintentional injuries)	31.96
Suicide	20.54
Heart disease	20.54
Cancer	19.97
Homicide	6.85
<b>45-64</b>	
Cancer	197.85
Heart disease	109.01
Accidents (unintentional injuries)	39.75
Chronic lower respiratory diseases	28.06
Diabetes	21.63
<b>65 and Over</b>	
Heart disease	1161.72
Cancer	954.9
Chronic lower respiratory diseases	357.7
Stroke (cerebrovascular diseases)	252.08
Alzheimer's disease	235.74
*Denotes rate is unstable	

**Figure 35: The Five Leading Causes of Death in Black or African Americans by Percent, 2011-2015 (DHSS, MICA, 2017)**



**Figure 36: The Five Leading Causes of Death in Whites by Percent, 2011-2015 (DHSS, MICA, 2017)**





# ILLNESS & INJURY

## WHAT IS IT?

Illness further examines the chronic diseases and other factors that play a role in the leading causes of death in EJC. Injury focuses on incidents related to violence, motor vehicle accidents, as well as non-motor vehicle accidents.

## WHY IS IT IMPORTANT?

Examining the specific illness and injuries affecting a community can provide insight into the general health status of a population. It also provides information on the scope and severity of a particular illness or injury and how it plays a role in the causes of death observed in a community.

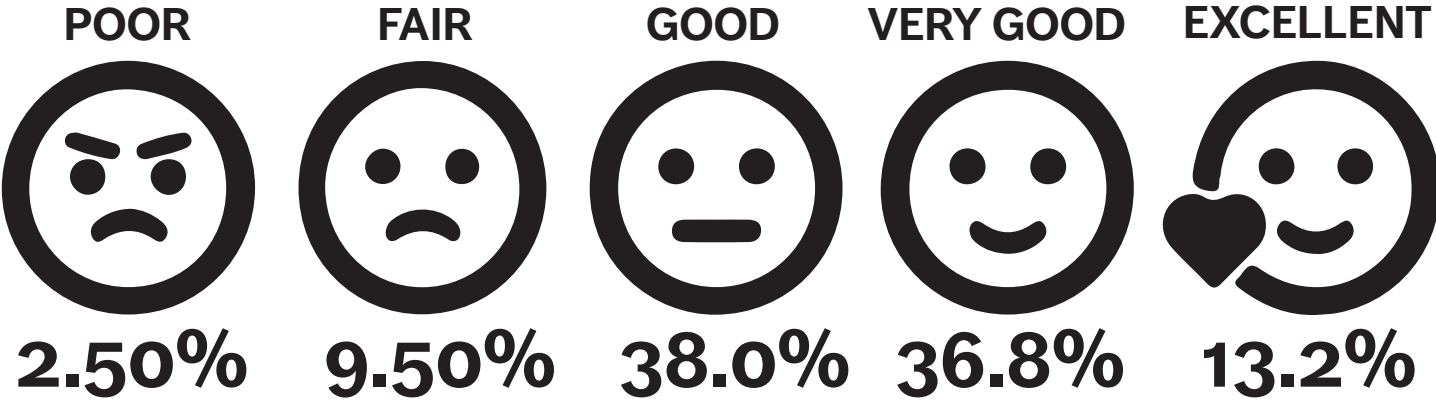
## KEY FINDINGS

- Eighty-nine percent of EJC residents rated their health as good or better.
- In EJC, hospitalization rates associated with chronic diseases have increased since 2010.
- Preventable hospitalization rates in EJC (112 per 100,000) are lower than Missouri (130 per 100,000).
- Falls and jumps (2,826 per 100,000) accounted for the highest rate of injury in EJC.
- Inpatient hospitalizations (89 per 100,000) from injuries are slightly higher than Emergency Room visits (88 per 100,000).
- Motor vehicle associated injury rates in EJC are highest for those aged 15 to 24 (2,262 per 100,000).
- The motor vehicle associated mortality rate in EJC (11 per 100,000) is lower than the mortality rate in Missouri (15 per 100,000).

## General Health Status

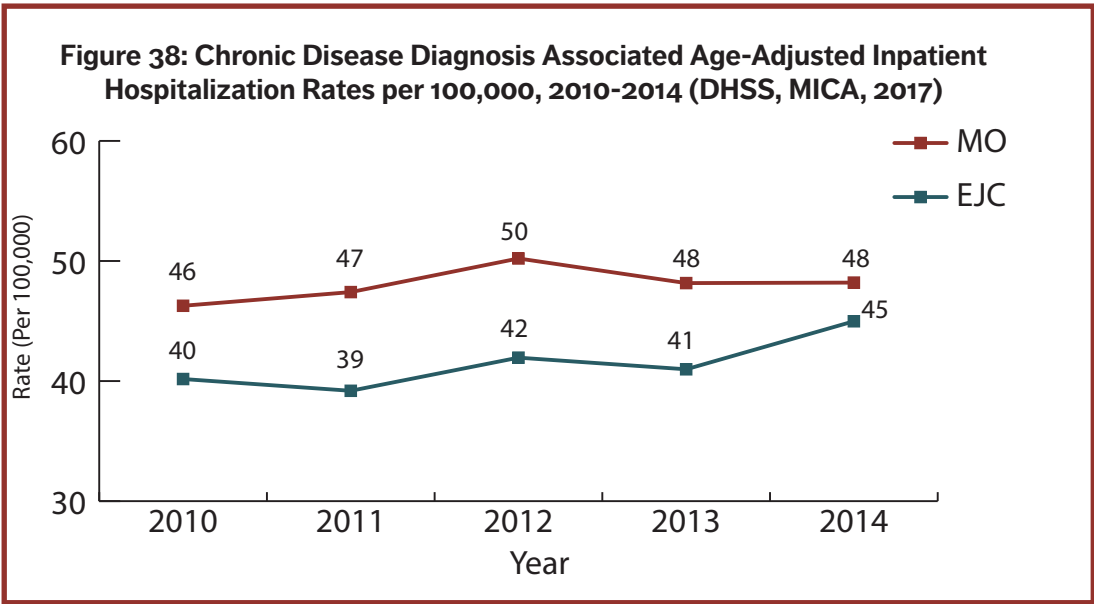
Understanding how the people of EJC perceive their own health is very important in determining needs for the community. Eighty-nine percent of residents in EJC have rated their health as good or better, leaving 11% to rate their health as fair or poor. Overall, EJC residents see themselves as healthy members of society.

Figure 37: General Health Status in EJC, 2017 (JACOHD, 2017)



## Chronic Disease ER Visits and Hospitalizations

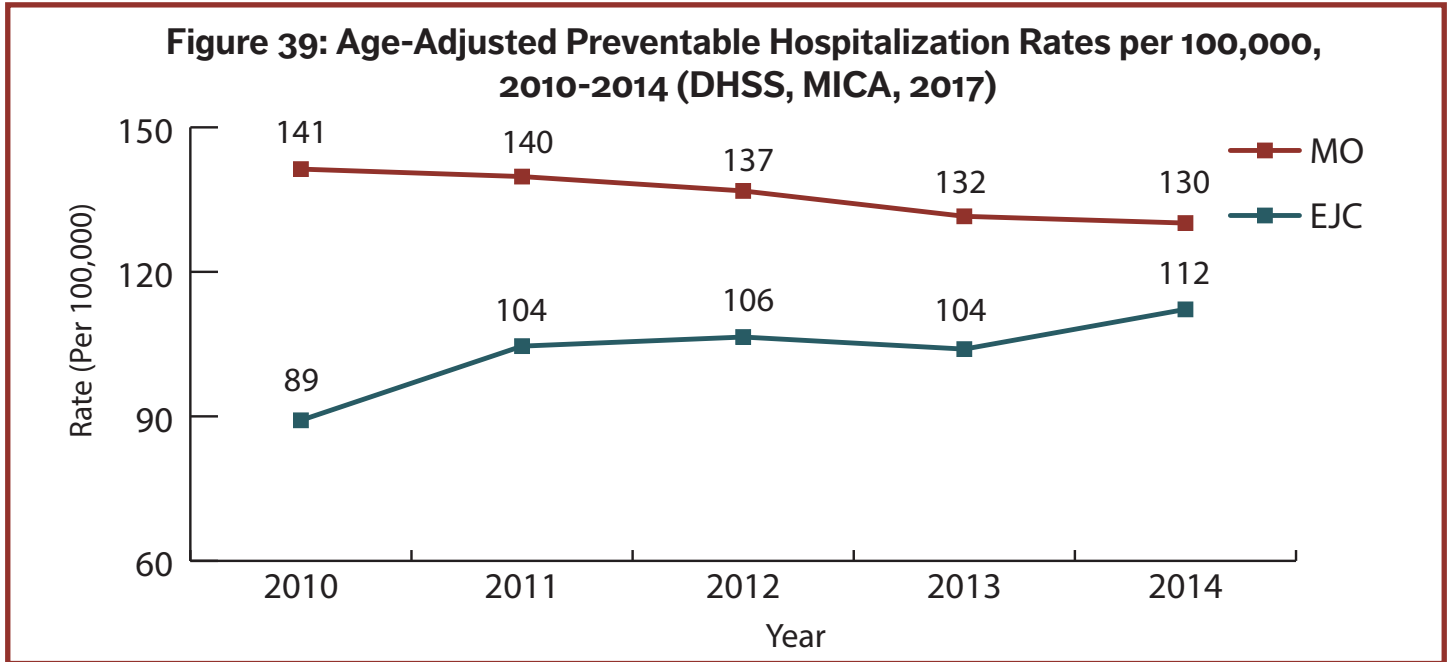
Chronic diseases are responsible for 7 out of 10 deaths every year and accounts for 86% of the nation’s health care cost.<sup>69</sup> Chronic diseases contribute to many of the leading causes of death including heart disease, cancer, and stroke in addition to many others. Some of these conditions include mental disorders, asthma, epilepsy, and even non-traumatic joint disorders.<sup>70</sup> Behaviors that can impact health include lack of exercise, poor nutrition, tobacco use, and drinking too much alcohol.<sup>71</sup>



EJC has seen an increase in the rate of inpatient hospitalizations for chronic diseases from 2013 to 2014 but continues to fall below that of Missouri.

## Preventable Hospitalizations

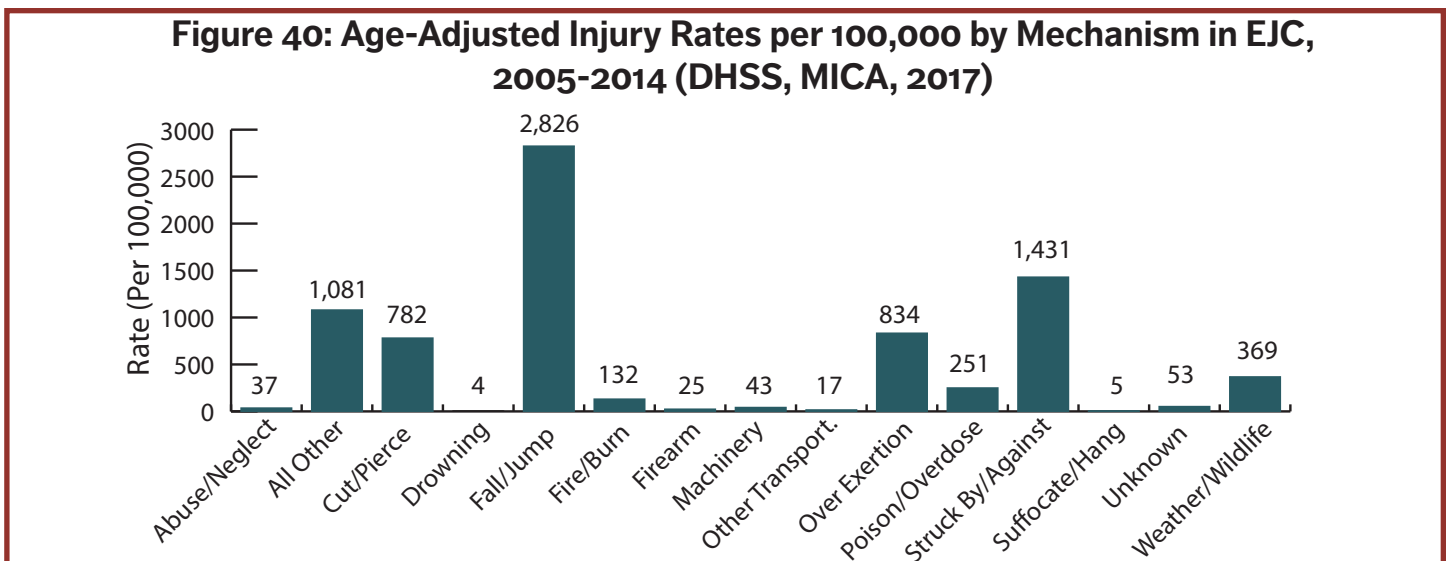
Preventable hospitalizations look at conditions that, if appropriate action was taken early, they may not have ended in hospitalization. Examples of diagnoses included in this category are bacterial pneumonia, dehydration, dental conditions, and immunization preventable diseases.<sup>75</sup> In EJC, dehydration was the highest rate in 2014 and bacterial pneumonia was the second highest of preventable hospitalizations.



The overall rate for preventable hospitalizations has been lower than Missouri in EJC, but rates have increased from 2013 to 2014.<sup>75</sup>

## Injuries

Injuries and violence can affect anyone in any age group. In 2014, 2.5 million people were hospitalized and 26.9 million received treatment in an emergency department for injuries.<sup>76</sup> While injury has a significant impact on physical health, it can affect many other aspects of an individual's life as well. In 2013, it was determined that injuries and violence in the U.S. cost \$671 billion.<sup>76</sup>

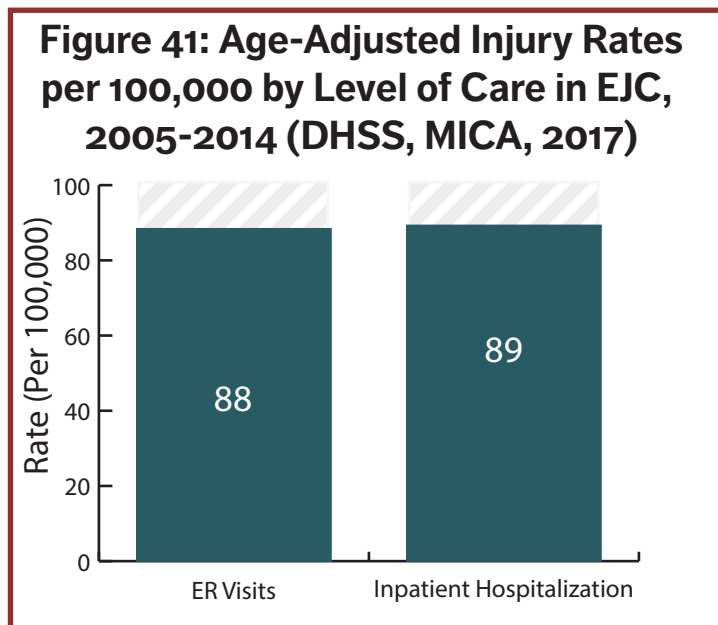


40 The injury type with the highest rate from 2005-2014 in EJC was falls and jumps with a rate of 2,826.13 per 100,000 people. Other leading types of injuries include cuts and piercings, over exertion, poison and overdose, and strikes.<sup>77</sup>



**Table 10: Unintentional Injury Indicator Rates Age-Adjusted per 100,000, 2003-2013 (DHSS, MICA, 2017)**

Indicator	EJC	MO	Significant Difference (p<0.5)
Unintentional Injury Deaths	37.36	47.46	Better
Unintentional Injury Hospitalizations	46.8	53.83	Better
Unintentional Injury Emergency Room Visits	81.34	86.81	Better
Firearm Emergency Room Visits	0.05	0.07	Better
Fall Hospitalizations	26.76	25.77	Better
Fall Emergency Room Visits	25.65	25.77	No Difference
Poisoning: Drugs/Alcohol Hospitalizations	2.83	3.63	Better
Poisoning: Drugs/Alcohol Emergency Room Visits	0.62	0.68	Better
Poisoning: Gas/Cleaner/Caustic Hospitalizations	0.15	0.23	Better
Poisoning: Gas/Cleaner/Caustic Emergency Room Visits	0.23	0.25	No Difference
Fire/Burn Hospitalizations	0.63	1.27	Better
Fire/Burn Emergency Room Visits	1.29	1.52	Better
Drowning Emergency Room Visits	0.03	0.02	No Difference

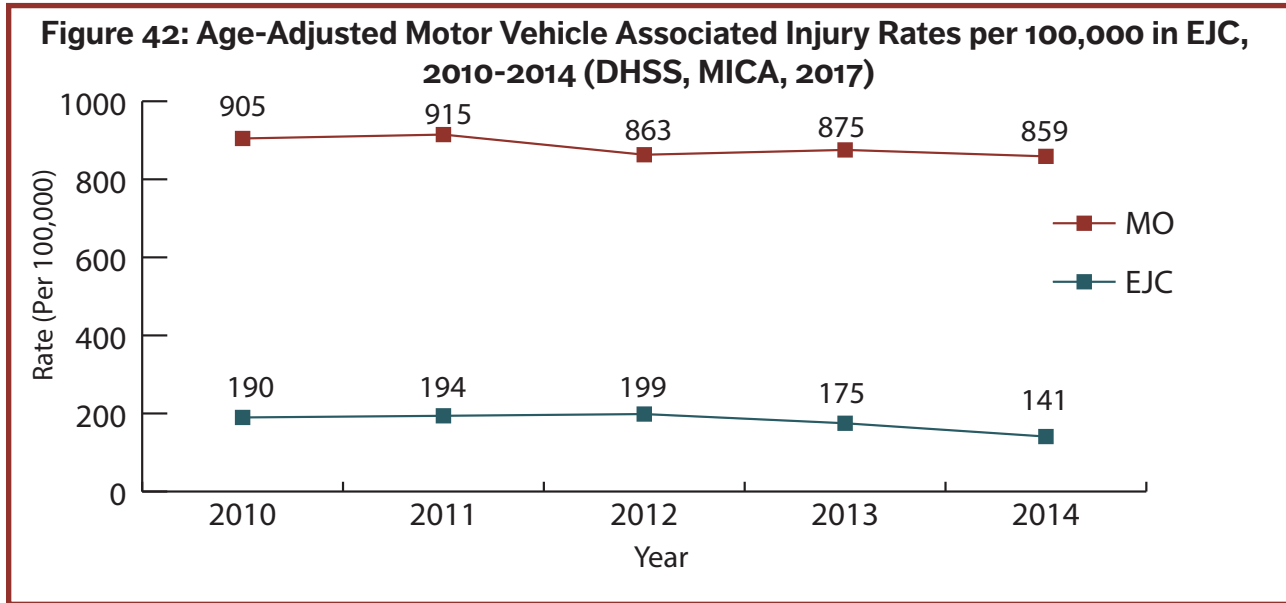


EJC has seen a slightly higher rate of hospitalizations compared to ER visits.<sup>78,79</sup>

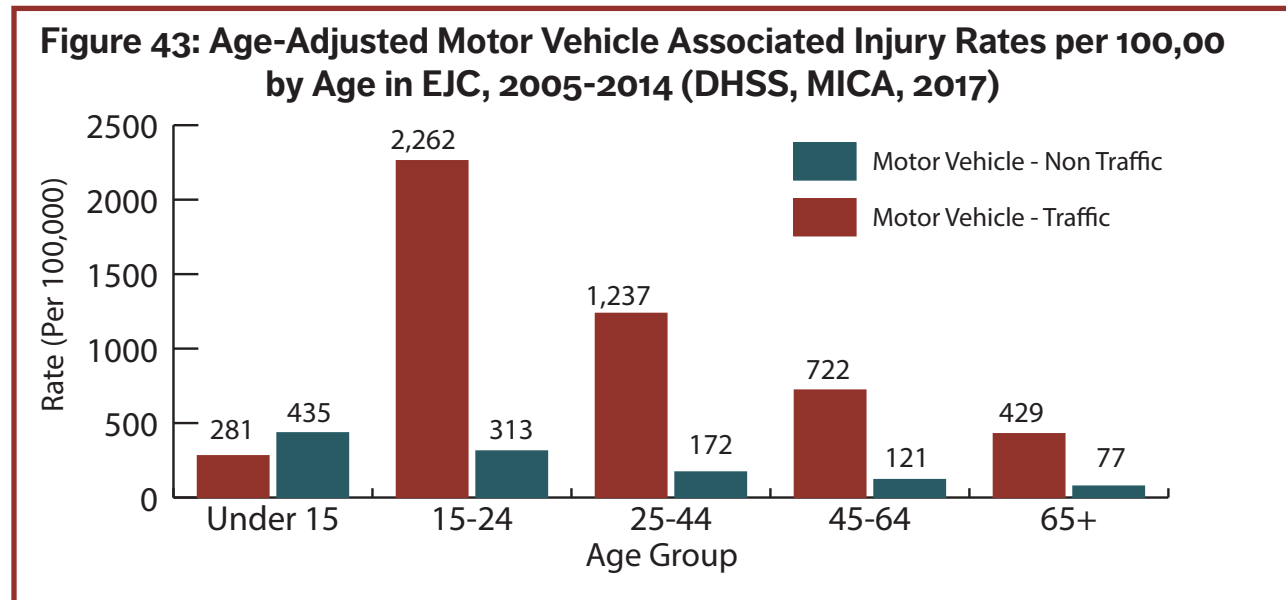
## Distracted Driving and Motor Vehicle Incidents

Distracted driving is any activity that takes an individual’s attention away from driving. This includes talking on the phone, texting, eating, drinking, or adjusting the radio or controls. According to the National Highway Traffic Safety Administration (NHTSA), 3,477 people were killed and 391,000 were injured in motor vehicle crashes that involved distracted driving in 2015.<sup>80</sup>

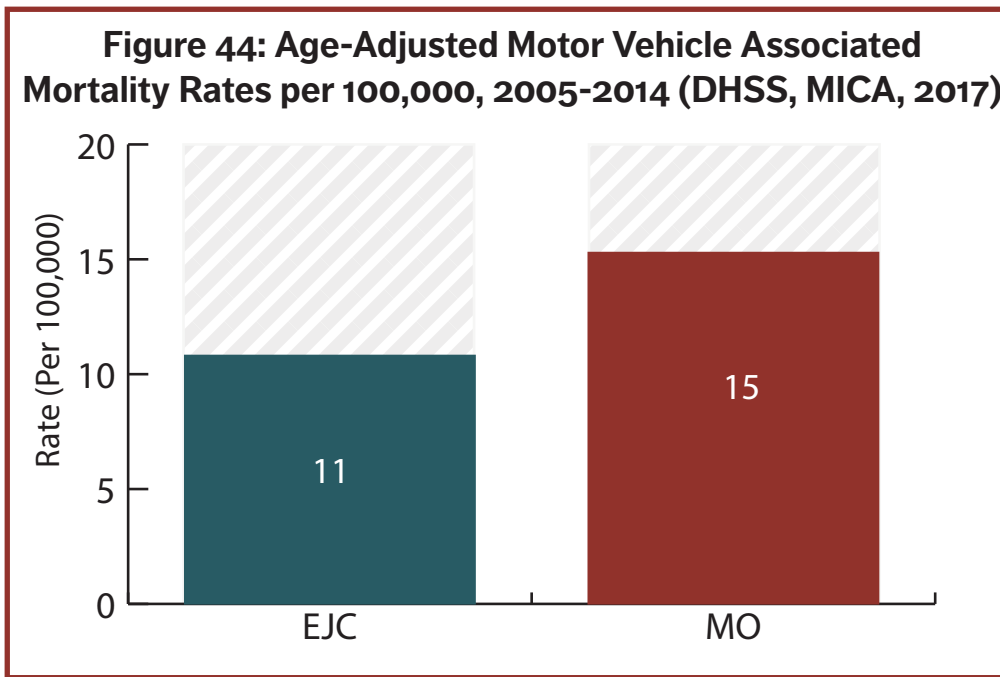
The large number of injuries in the 15-24 age range can be associated with driving behaviors seen across the nation. The NHTSA reported the highest percent of drivers visibly manipulating hand-held devices while driving was in the 16-24 age range at almost 5%. This was followed by the 25-69 age range at 2.1% and drivers 70 and over only 0.5%.<sup>81</sup>



The rates of motor vehicle traffic and non-traffic injuries have been slowly declining hitting a low in 2015. These rates are only the 4th highest when compared to other injuries.<sup>77</sup>



42 EJC sees the highest rate of injuries occurring in the 15-24 age group at 2,262.38 per 100,000 from 2005-2014.<sup>77</sup>



In EJC, deaths associated with motor vehicle accidents have rates at 10.82 per 100,000 compared to the state of Missouri at 15.3 per 100,000 from 2005-2014.<sup>61</sup>

**Table 11: Eastern Jackson County Motor Vehicle Traffic Indicator Age-Adjusted Rates per 100,000 compared to Missouri, 2003-2013 (DHSS, MICA, 2017)**

Indicator	EJC	MO	Significant Difference (p<0.5)
Deaths	11.01	15.89	Better
Hospitalizations	8.33	9.92	Better
Emergency Room Visits	8.92	9.46	Better



# BEHAVIORAL RISK FACTORS

## WHAT IS IT?

Behavioral risk factors are often unhealthy behaviors that can be changed or prevented. These factors can include lack of exercise, poor nutrition, tobacco use, and excessive alcohol use. Behavioral risk factors are key influences that can contribute to the development of chronic diseases such as diabetes, heart disease, and cancer.

## WHY IS IT IMPORTANT?

Nearly half of all adults are affected by one or more chronic health conditions, making it the leading causes of death and disability in the U.S.<sup>82</sup> As a common contributor to many chronic diseases, behavioral risk factors can be addressed and changed to prevent the onset of chronic illness. Through both individual behavior and environmental change, negative behaviors can be reduced.

## KEY FINDINGS

- Missouri currently has the lowest tax on cigarettes in the U.S. at \$0.17 per pack.
- In Jackson County, students reported the average age of first use of cigarettes was 12.25 years.
- Smoking is linked to 14.8 out of every 10,000 deaths in Jackson County.
- One in five adults in EJC reported excessive alcohol use at least once in the past 30 days.
- Deaths due to overdose from opioids were 7.46 per 100,000 residents in Jackson County.
- EJC residents 65 years and older receive the highest rates of controlled substances (3,993.3 prescriptions per 1,000 residents).
- Approximately 69% of EJC survey respondents are overweight or obese which is higher than the percent overweight or obese in Missouri (66%).
- Twenty-seven percent of EJC survey respondents report worrying about having enough money to purchase nutritious food.

## Tobacco Use

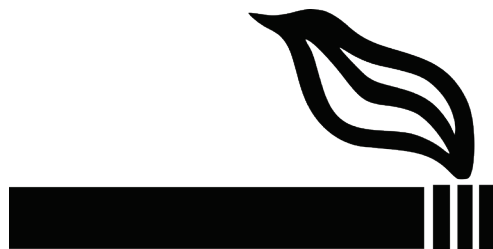
Cigarette smoking is the number one cause of preventable death and disease in the U.S. Each year, smoking causes more than 480,000 deaths in the U.S. which is more than HIV, illegal drug use, alcohol use, motor vehicle injuries, and firearm related incidents combined.<sup>83</sup>

Tobacco use has been linked to many diseases like heart disease, stroke, and cancer which are all in the top causes of death for EJC. Tobacco also has been found to increase absenteeism from work and increase health care utilization and cost.<sup>83</sup>

Several policy initiatives support reduced smoking rates such as tobacco taxes, Tobacco21, and Clean Indoor Air. Tobacco taxes have been proven to reduce smoking rates, especially among teenagers and low-income people.<sup>84</sup> (To learn more about Tobacco21 and Clean Indoor Air, refer to the Policy Scan section of this report)

In Jackson County, the average age of first use for students was:

**12.25 Years**



**14.8**

out of every 10,000 Jackson County deaths were linked to smoking.

## Alcohol Use

Excessive alcohol use, including binge drinking, can lead to increased health problems such as injuries, violence, liver disease, and cancer. Excessive alcohol use entails drinking 5 or more drinks for men or 4 or more drinks for women, on occasion.<sup>85</sup>

Binge drinking is the most common, costly, and deadly pattern of excessive alcohol use in the U.S. It is more common among younger adults aged 18-34. It has been associated with many health problems such as injuries, violence, sexually transmitted diseases, unintended pregnancy, high blood pressure, stroke, heart or liver disease, and some types of cancers. In 2010, binge drinking cost the U.S. \$249 billion which resulted from losses in workplace productivity, health care expenditures, criminal justice costs, and other expenses.<sup>85</sup>

The Community Prevention Services Task Force has put forth evidence-based interventions to prevent binge drinking and related harms. These recommendations include increasing alcohol taxes, limiting the number of retail alcohol outlets, restricting access to alcohol by maintaining limits on the days and hours of sales, and consistently enforcing laws against underage drinking and alcohol-impaired driving.<sup>86</sup>

**ONE in FIVE**

adults in EJC reported excessive alcohol use at least once in the last month.



## Prescription Drug Misuse

Prescription drug misuse involves taking prescription medication not prescribed to you or in a manner or dose other than prescribed. The three most commonly misused medications are opioids, depressants, and stimulants. Prescription drug misuse can lead to addiction, overdose, and even death.<sup>87</sup>



**In Jackson County (non-heroin) opioid abuse accounted for 0.84 emergency room visits per 1,000 residents while death due to overdose were 7.46 per 100,000 residents.**

Addiction can often lead users to “doctor shop” where they visit multiple physicians to obtain multiple prescriptions. Prescription drug monitoring programs (PDMP) have been a proven way to prevent doctor shopping and save lives.<sup>88</sup> These programs are electronic databases used to track the prescribing and dispensing of controlled prescription drugs to patients.<sup>89</sup> Jackson County, along with 48 other jurisdictions currently participates in the St. Louis County PDMP. Data on dispensation of Schedule II-IV controlled substances are tracked and reported on the participating jurisdictions.

In EJC, females aged 65 and older receive the highest rates of controlled substances at 4,062.9 prescriptions per 1,000 population. For EJC males, those aged 65 and older receive the highest rates of controlled substances at 2,321.2 prescriptions per 1,000 population. When looking at the different age groups, the dispensation rates increase greatly for those 65 and older compared to those 55 to 64 years old in EJC. The rates increase 73% in EJC females and 57% in EJC males.<sup>89</sup>

**Table 12: Schedule II-IV Controlled Substance Dispensation Rates per 1,000 Population by Jurisdiction by Age, April - June, 2017 (JACOHD, 2017)**

	<18	18-24	25-34	35-44	45-54	55-64	>64	TOTAL
<b>EJC</b>	426.0	685.2	1071.0	1992.3	2084.4	2945.1	3993.3	1664.9
<b>KC</b>	305.1	516.6	962.5	1480.1	1662.3	2543.9	2700.3	1292.7
<b>IND</b>	448.6	711.0	1416.8	2140.0	2216.4	3389.8	2620.7	1774.5

EJC residents 65 and older receive the highest rates of controlled substances. EJC residents receive significantly higher rates of controlled substances than the total system for those aged 35 and older.



**1,409.1**  
Prescriptions  
per 1,000  
Population



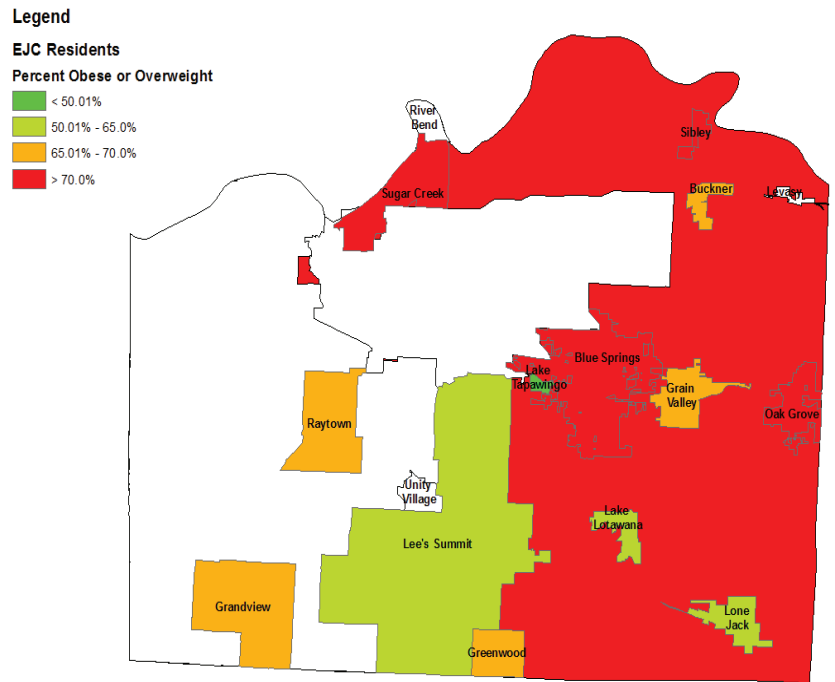
**861.0**  
Prescriptions  
per 1,000  
Population

Both females and males in EJC receive significantly lower rates of controlled substance prescriptions compared to the overall system.

## Overweight and Obesity

Missouri currently has the 17th highest adult obesity rate in the nation, according to The State of Obesity. The obesity rate has slowly been increasing from 11.3% in 1990 to 21.4% in 2000 and 31.7% in 2016.<sup>90</sup> Most of this can be attributed to personal behaviors such as increased food intake and decreased physical activity. However, outside influences also affect a person's weight through increased access to fast food, lack of nutritional education, food insecurity, and decreased opportunity for physical activity.<sup>91</sup> For individuals who are obese their risk for many serious diseases and conditions include high blood pressure, high cholesterol, type 2 diabetes, heart disease, stroke, gallbladder disease, some cancers, and even death.<sup>92</sup>

**Figure 46: Percent Obese or Overweight by City in EJC, 2017 (JACOHD, 2017)**



## Physical Activity and Nutrition

Regular physical activity is one of the most important components for a healthy lifestyle. There are barriers that people face when trying to reach recommended levels of physical activity and understanding these barriers can help design and implement better solutions to promote physical activity. The most common barriers are a lack of time and safety concerns which can include fear of violence or lack of safe sidewalks or walkways. Other barriers within communities are availability of parks, bicycle trails or lanes, and walking paths.<sup>93</sup>

Nutrition is also an important component for reducing the risk of chronic disease and controlling weight. Having healthy and affordable food choices available within a community are important for making healthy choices. There are many different strategies that communities can adopt to ensure healthy food is available. These strategies include providing incentives for supermarkets or farmers markets to establish their business in underserved areas, having nutritional information on restaurant and fast food menus, and applying nutritional standards in child care facilities, schools, hospitals, and worksites.<sup>94,95</sup>

**Table 12: Behavioral Indicators in EJC, 2017 (JACOHD, JCCHS, 2017)**

EJC	Indicator
46.4%	Percent of respondents who ate 2 or more servings of fruit per day
24.4%	Percent of respondents who ate 3 or more servings of vegetables per day
23.4%	Percent of respondents who achieved at least 150 minutes of moderate physical activity
24.2%	Percent of respondents who achieved at least 75 minutes of vigorous physical activity
35.2%	Percent of respondents who had 1 to 30 days in poor physical health each month
23.8%	Percent of respondents who are limited in activities because of physical, mental, or emotional problems
26.5%	Percent of respondents who worry about having enough money to purchase nutritious food
65.9%	Percent of respondents who use city parks for physical activity



# MATERNAL & CHILD HEALTH

## WHAT IS IT?

Maternal and Child Health (MCH) examines related health issues for pregnant women, infants, and children. Factors like behavior, access, and environment can positively or negatively affect pregnancy, infants, and children.

## WHY IS IT IMPORTANT?

The health and wellness of pregnant women and children can help determine the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.<sup>98</sup>

## KEY FINDINGS

- The infant mortality rate in EJC is 5.9 per 1,000 births which is lower than Missouri's rate (7.27 per 1,000 births).
- In EJC, Black or African Americans have an infant mortality rate (10.62 per 1,000 infants) that is almost double the rate of White infants (5.44 per 1,000).
- Low birth weight is statistically significantly higher among Black or African Americans (12.29 per 100 infants) when compared to Whites (6.36 per 100 infants).
- Pregnant women in EJC are more likely to gain too much weight during pregnancy (23.08 per 100) when compared to Missouri (21.59 per 100).
- In EJC, women who smoke during pregnancy have higher rates of low birth weight babies (10.95 per 100), not receiving prenatal care (2.36 per 100), and receiving inadequate prenatal care (26.51 per 100).
- Eighteen percent of mothers in EJC received inadequate prenatal care.
- The leading cause of injury for children in EJC is from a fall or jump (2,991.71 per 100,000).



## Infant Mortality

The death of a baby before his or her first birthday is called infant mortality. This rate is often used as an indicator to measure the health and well-being of a region. Most newborns grow and thrive, however, for every 1,000 babies that are born, almost six die during their first year in EJC.<sup>99</sup> Most of these babies die as a result of birth defects, preterm birth, low birth weight, maternal complications during pregnancy, sudden infant death syndrome (SIDS), and intentional or unintentional injuries.

**Table 13: Infant Mortality Rate by Region, 2002-2012 (DHSS, MICA, 2017)**

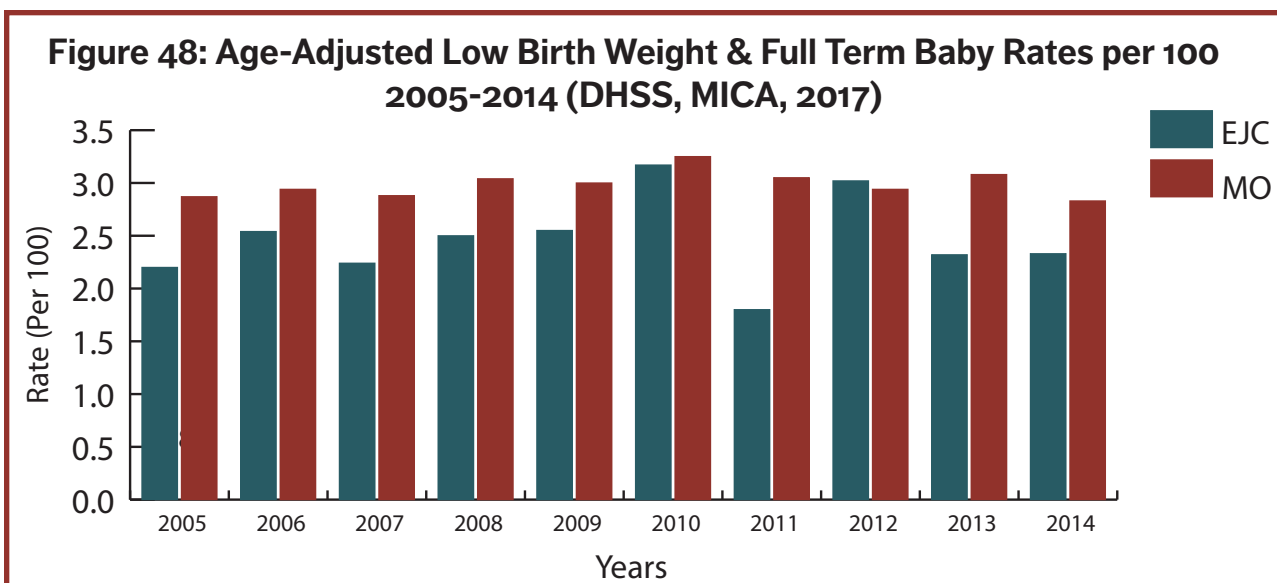
Region	Rate per 1,000
Platte County	5.41
Clay County	5.46
Cass County	5.47
Eastern Jackson County	5.94
Lafayette County	6.24
Missouri	7.27
Independence	7.58
Kansas City	7.74

## Low Birthweight

About 1 in every 12 babies in the U.S. is born weighing less than 5 pounds 8 ounces which is considered a low birth weight.<sup>100</sup> Various behaviors and social factors can increase the risk of babies being born at a low birth weight. Detrimental behaviors include smoking, drinking alcohol, and drug use during pregnancy. Influential social factors include mothers with low educations, low income, being unemployed, and being 17 years and younger or 35 years and older. Differences in rates have also

been found among different races. In the U.S. and also in EJC, Black or African American women are more likely than all other races to have a low birth weight baby.

Babies born with a low birth weight are more likely to have health problems like respiratory distress syndrome or bleeding of the brain. These conditions and others may require further hospitalization. Later in life, babies born with low birth weight are more likely to develop diabetes, heart disease, high blood pressure, or metabolic syndrome and be obese.<sup>100</sup>



Rates of full term babies born at a low birth weight in EJC are typically less than the rate for Missouri.



**Table 14: Birth Weight Rates per 100 by Race in EJC, 2010-2014 (DHSS, MICA, 2017)**

	White	Black or African American
Birth Weight	Rate	Rate
Very Low	1.05	2.75
Low	6.36	12.29
Normal	92.4	87.25
High	1.25	0.46*

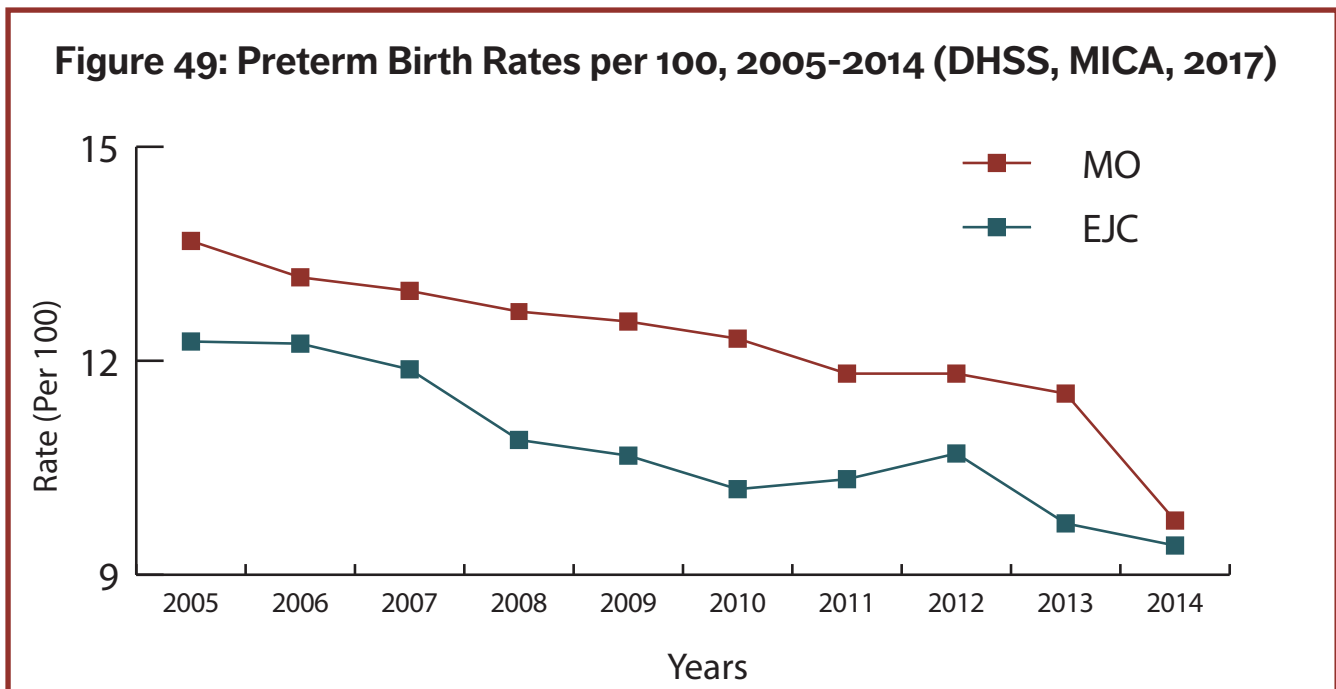
\* Denotes rate is unstable

Black or African American babies have a statistically significant higher rate of low or very low birth weight when compared to White babies.

## Preterm Birth

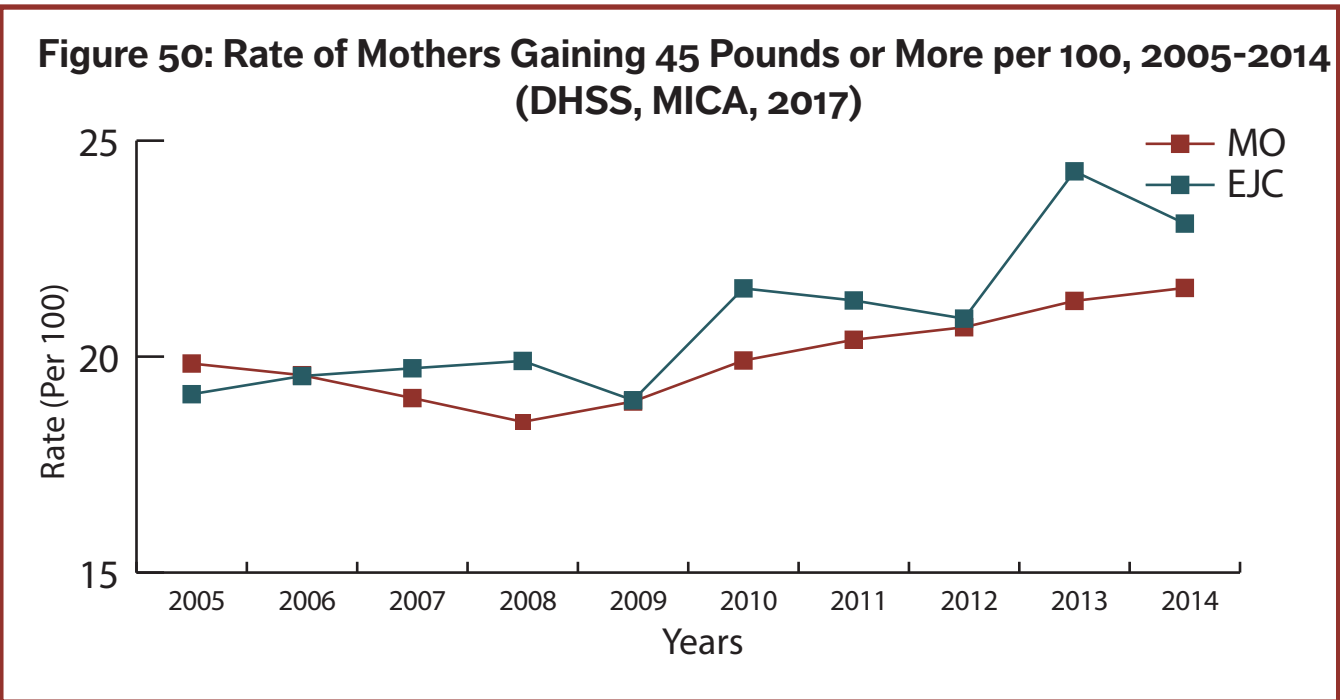
Babies born before 37 weeks of pregnancy are considered preterm. In 2015, preterm birth affected 1 out of every 10 infants in the U.S. Due to the important growth and development that occurs throughout pregnancy, babies born too early have a higher risk of serious disability or death. These include breathing problems, cerebral palsy, developmental delays, and vision and hearing problems. Avoiding drugs, alcohol, and tobacco in addition to getting prenatal care can all help reduce the risk of preterm birth.<sup>101</sup>

**Figure 49: Preterm Birth Rates per 100, 2005-2014 (DHSS, MICA, 2017)**



## Pregnancy and Weight Gain

Gaining weight during pregnancy is normal and necessary; however, gaining too much weight (45 pounds or more) can have consequences on both the mother and her child. Too much weight gain is associated with having a baby who is born too large. This can lead to delivery complications and cesarean delivery. Too much weight gain is also associated with obesity during childhood and obesity for the mother.<sup>102</sup>



Gaining 45 pounds or more during pregnancy is significantly increasing in EJC.

**Table 15: Eastern Jackson County Birth Outcome Indicator Age-Adjusted Rates compared to Missouri, 2003-2013 (DHSS, MICA, 2017)**

Indicator	EJC	MO	Significant Difference (p<0.5)
Receiving late prenatal care 2nd/3rd trimester (2013) (rate per 100)	25.81	24.34	No Difference
Receiving inadequate prenatal care (2013) (rate per 100)	17.77	18.56	No Difference
Gained weight more than or equal to 45 lbs. (2009-2013) (rate per 100)	21.37	20.24	Worse
Mothers who smoked during pregnancy (2013) (rate per 100)	12.37	17.61	Better
Mothers with gestational diabetes (2013) (rate per 100)	5.97	5.07	No Difference
Live births with low birth weight (2008-2012) (rate per 100)	2.34	2.68	Better
Breastfeeding initiated in the hospital (2013) (rate per 100)	82.33	74.72	Better
Mother with education less than 12 years (2009-2013) (rate per 100)	9.59	15.95	Better
Teen pregnancy rate (Age 15-17) (2009-2013) (rate per 1,000)	14.24	19.23	Better
Spacing less than 18 months (Birth) (2009-2013) (rate per 100)	10.15	12.00	Better

Women in EJC have significantly higher rates of gaining 45 pounds or more during pregnancy compared to Missouri as a whole.

## Pregnancy and Smoking Behaviors

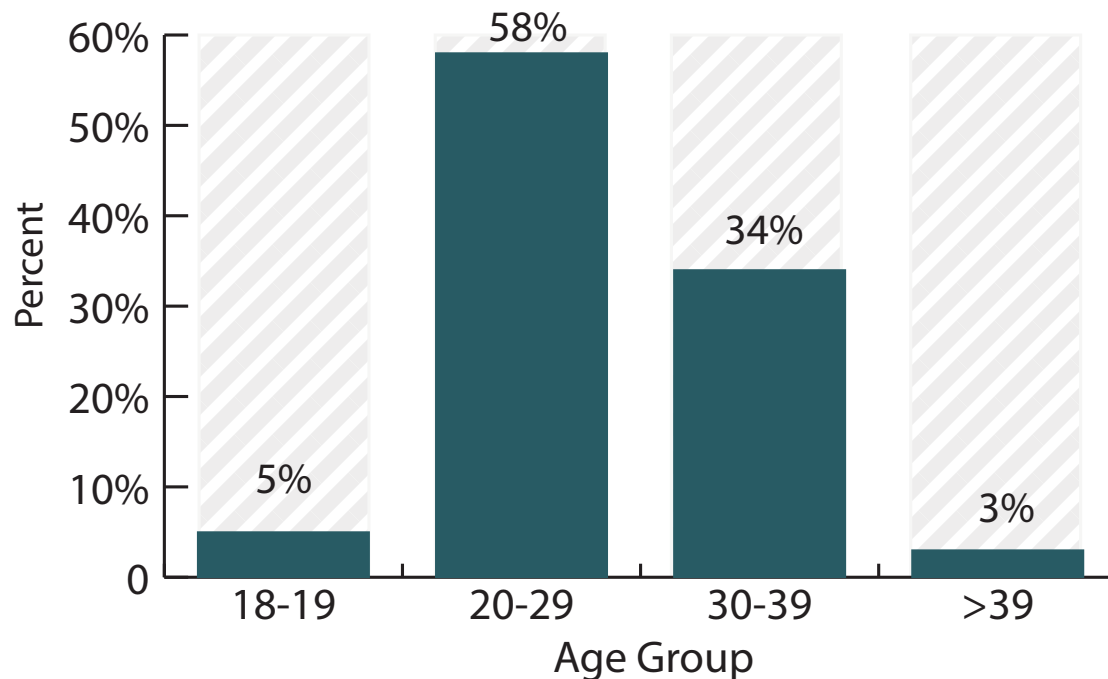
Smoking before and during pregnancy can cause many problems for pregnant women and their children. Women who are trying to become pregnant tend to have a more difficult time if they are smokers. Once pregnant, smoking increases the risk of miscarriage, low birth weight, preterm birth, SIDS, and certain birth defects.<sup>103</sup>

**Table 16: Key Indicator Rates Comparing Smokers and Non Smokers in EJC, 2005-2014 (DHSS, MICA, 2017)**

EJC Indicator	Smokers	Non Smokers
Low Birth Weight Babies (rate per 100)	10.95	6.69
No Prenatal Care (rate per 100)	2.36	0.49
Inadequate Prenatal Care (rate per 100)	26.51	10.49

In EJC, smokers had a higher rate of receiving inadequate or no prenatal care during pregnancy.

**Figure 51: Percent of Pregnant Women Who Smoked One or More Packs of Cigarettes Per Day by Age, 2005-2014 (DHSS, MICA, 2017)**



In EJC, the highest percent of women who smoke during pregnancy are in the 20 to 29 age group followed by the 30 to 39 age group.

## Prenatal Care

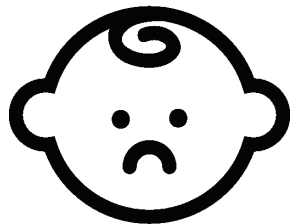
Prenatal care is a term used to describe the essential health care women receive while pregnant. Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight baby who is five times more likely to die than those born to mothers who do get care.<sup>104</sup>

**Figure 52 : EJC Prenatal Care Rates per 100 by Trimester Received, 2014 (DHSS, MICA, 2017)**

Prenatal Care	EJC	MO
No Prenatal Care	0.88	1.27
Began 1st Trimester	73.53	73.18
Began 2nd Trimester	20.39	20.58
Began 3rd Trimester	5.20	4.97

When compared to Missouri, EJC had higher rates of mothers beginning prenatal care in their first trimester and 3rd trimester.

**18%**



of EJC mothers  
received  
**INADEQUATE**  
prenatal care.

**82%**



of EJC mothers  
received  
**ADEQUATE**  
prenatal care.

## Leading Causes of Death & Injury

The top causes of death for children 19 and younger are different than what is seen in other age groups. While chronic diseases are the concern for the older age groups, accidents and injuries are concerns for children and adolescents. The leading causes of death by injuries are from motor vehicle accidents (5.38 per 100,000), accidental poisoning and exposure to noxious substances (1.56\* per 100,000), and accidental drowning and submersion (0.71\* per 100,000).

**Table 17: Eastern Jackson County Leading Causes of Death for Children by Age, 2006-2015 (DHSS, MICA, 2016)**

Leading Causes of Death Ages <1		
EJC Indicator	EJC Rate per 100,000	MO Rate per 100,000
Conditions Originating in the Perinatal Period	259.33	315.86
Congenital Anomalies	117.60	143.83
Accidents (Unintentional Injuries)	72.37	79.83
Leading Causes of Death Ages 1-14		
EJC Indicator	EJC Rate per 100,000	MO Rate per 100,000
Congenital Anomalies	2.45*	1.51
Cancer	2.26*	2.34*
Accidents (Unintentional Injuries)	2.07*	6.54
Homicide	1.69*	1.88
Leading Causes of Death Ages 15-19		
EJC Indicator	EJC Rate per 100,000	MO Rate per 100,000
Accidents (Unintentional Injuries)	28.64	32.07
Suicide	13.17	9.42
Homicide	6.87*	12.65
Cancer	3.44*	2.67
* Denotes Rate is Unstable		

The leading cause of death for those under 15 are related to birth defects while the leading causes of death for those 15 to 19 are related to unintentional injuries.

**Table 18: Leading Causes of Injury for Children Aged 15 and Younger in EJC, 2010-2014 (DHSS, MICA, 2017)**

Indicator	EJC Rate per 100,000	MO Rate per 100,000
Fall/Jump	2,991.71	3,503.93
Struck by/against	1,701.56	2,019.09
Weather/Wildlife	509.28	815.10
Cut/Pierce	476.42	621.25
Motor Vehicle - Non Traffic	320.18	424.42
Motor Vehicle - Traffic	234.54	342.06
Poison/Overdose	194.34	228.41

Rates of child injuries are less than Missouri for each indicator shown. Fall or jump has the highest rate in both EJC and Missouri.



## Childhood Obesity & Select Indicators

Childhood obesity is a serious problem in the U.S. affecting approximately 12.7 million children and adolescents. In 2011-2014 the prevalence of obesity was 8.9% among 2 to 5 year olds, 17.5% in 6 to 11 year olds and 20.5% in 12 to 19 year olds.<sup>105</sup>

Childhood obesity has negative impacts on physical, social, and emotional health for those affected. Physical effects include high blood pressure, type 2 diabetes, and elevated blood cholesterol levels. Children and adolescents who are obese are also more prone to low self-esteem, having a negative body image and having depression. Excess weight starting at a young age has also been linked to higher and earlier death rates in adulthood.<sup>106</sup>

**Table 19: Eastern Jackson County WIC Indicator Age-Adjusted Rates per 100 compared to Missouri, 2015 (DHSS, MICA, 2017)**

Indicator	EJC Rates per 100	MO Rates per 100
Physical Activity less than 60 minutes per day	19.83	30.26
Two or more sweetened beverages per day	31.84	48.42
Less than twice a day daily fruit consumed	19.35	17.47
Less than twice a day daily vegetable consumed	34.95	27.46
Smoking in the household	4.92	11.96
Vaccines not up-to-date	36.22	24.32
Overweight	17.07	17.62
Obese	15.17	15.11

EJC children in WIC are less likely to have their vaccines up-to-date and eat enough fruits and vegetables when compared to Missouri. The rates of overweight and obesity are similar for EJC and Missouri WIC children.



# SOCIAL & MENTAL HEALTH

## WHAT IS IT?

Mental health is defined by the World Health Organization as a state of well-being in which every individual realizes her or his own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.<sup>107</sup> This includes emotional, psychological, and social well-being.

## WHY IS IT IMPORTANT?

Mental health concerns are an increasing trend throughout the U.S. Many factors contribute to mental health status such as biological factors, life expectancies, and family history. Mental health status is important from childhood all the way through adulthood.

## KEY FINDINGS

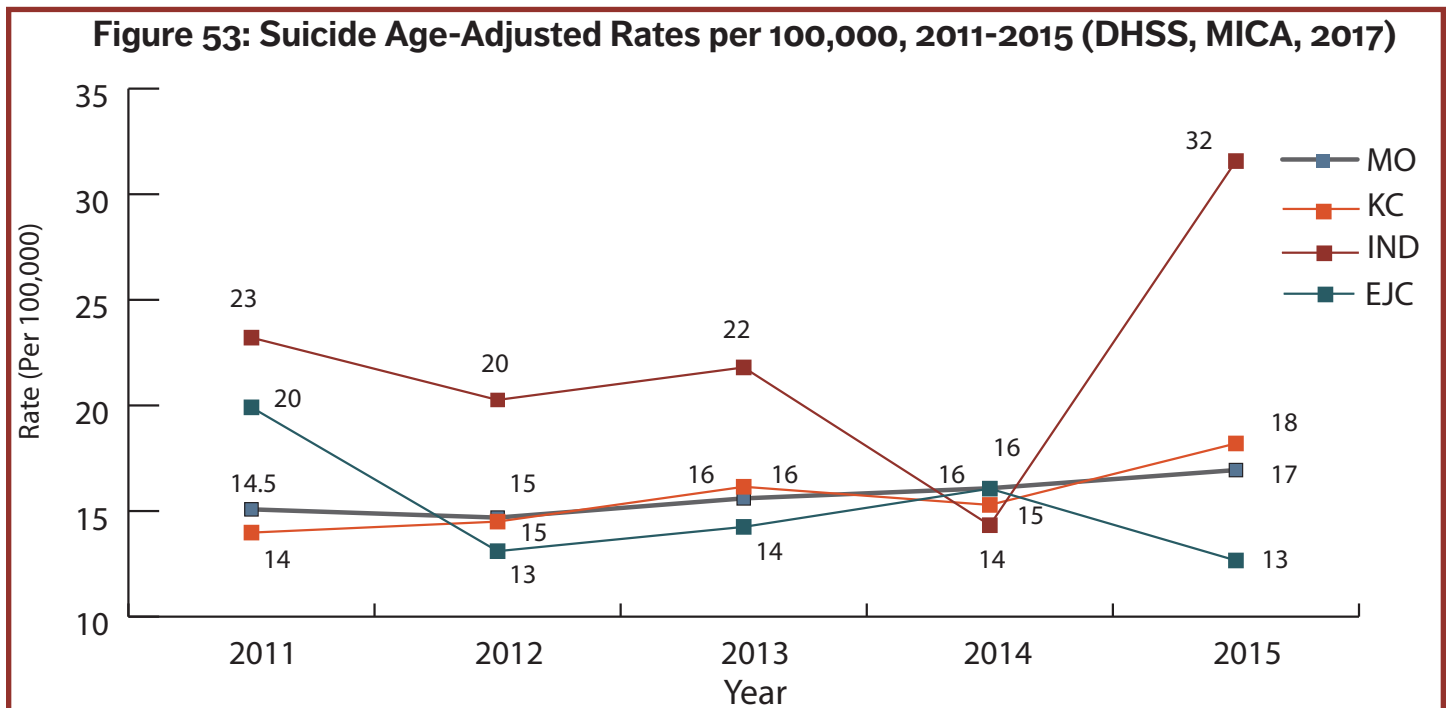
- In EJC, the rate of suicide in 2015 was 12.66 per 100,000 residents and was highest in the 25 to 44 age group (21 per 100,000 residents aged 25 to 44).
- Twenty-seven percent of adolescents in Jackson County reported school or work disruption due to some form of depression.
- In Jackson County, 14% of adolescents reported feeling hopeless often or always.
- Anxiety is the number one diagnosis for Whites and Blacks or African Americans during Emergency Room Visits for mental health disorders.
- Fifty-six percent of EJC survey respondents reported at least one poor mental health day in the past 30 days.



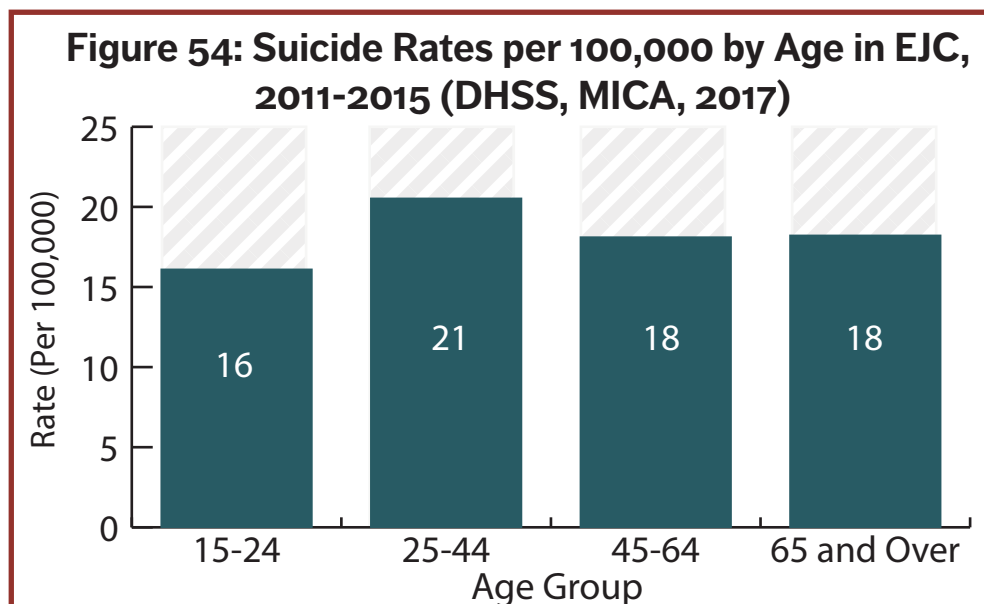
## Suicide

Suicide is a growing and serious public health problem that has lasting effects on individuals, their families, and even communities.<sup>107,108</sup> Suicide is defined as death caused by self-directed behavior with intent to die as a result of the behavior.<sup>109</sup> In the U.S., suicide is the 10th leading cause of death and in 2014 more than 44,000 people died by suicide. In addition, almost 10 million adults report thinking about suicide in the past year.<sup>110</sup>

With growing trends being observed, prevention has been a focus in many communities. The goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience.<sup>108</sup> Risk factors for suicide include having family history of suicide, mental disorders, substance abuse, isolation, barriers to care, physical illness, and previous suicide attempts. Protective factors include effective clinical care, easy access to care, and family and community support.<sup>111</sup>



Rates of suicide are lower in EJC than Independence, Kansas City, and Missouri.



Those aged 25 to 44 have the highest rate of suicide in EJC.

## Depression and Anxiety

Depression and anxiety are two of the more common conditions regarding mental health that can interfere with daily activities. Symptoms of depression include feeling sad or anxious often or all the time, feeling irritable, being easily frustrated, having trouble concentrating, and feeling worthless or helpless.<sup>112</sup> In general, about 1 out of every 6 adults will have depression at some time in their lifetime. Currently, depression affects around 16 million adults every year in the U.S. Anyone at any time in their life can suffer from depression.<sup>112</sup>

Anxiety disorders are often associated with cases of depression. People who suffer from some type of anxiety disorder struggle with intense and uncontrollable feelings of anxiety, fear, worry and panic.<sup>112</sup> Anxiety and depression can lead to further mental health complications like suicide. In Jackson County, 27% of adolescents reported school or work disruption due to some form of depression and 14% of Jackson County adolescents reported feeling hopeless often or always.

## Stigma and Mental Illness

Stigma is often a term heard when discussing mental illness. Stigma refers to the prejudice, avoidance, rejection, and discrimination directed at people believed to have an illness or disorder perceived to be undesirable. For those suffering with a mental health illness, this stigma can cause a person to deny symptoms, delay treatment, and refrain from daily activities. Stigma also can exclude people from access to housing, employment, insurance in addition to medical care. Because it negatively affects access to care, the public health system is actively working to eliminate stigma from society.<sup>113</sup> During the four focus groups conducted by the health department, stigma associated with mental health and mental health treatment was a reoccurring sub-theme brought up by participants in all groups. (For more details refer to the focus group section of this report)

**Table 20: Emergency Room Visits by Mental Health Disorder Diagnosis and Race in EJC, 2011-2015 (DHSS, MICA, 2017)**

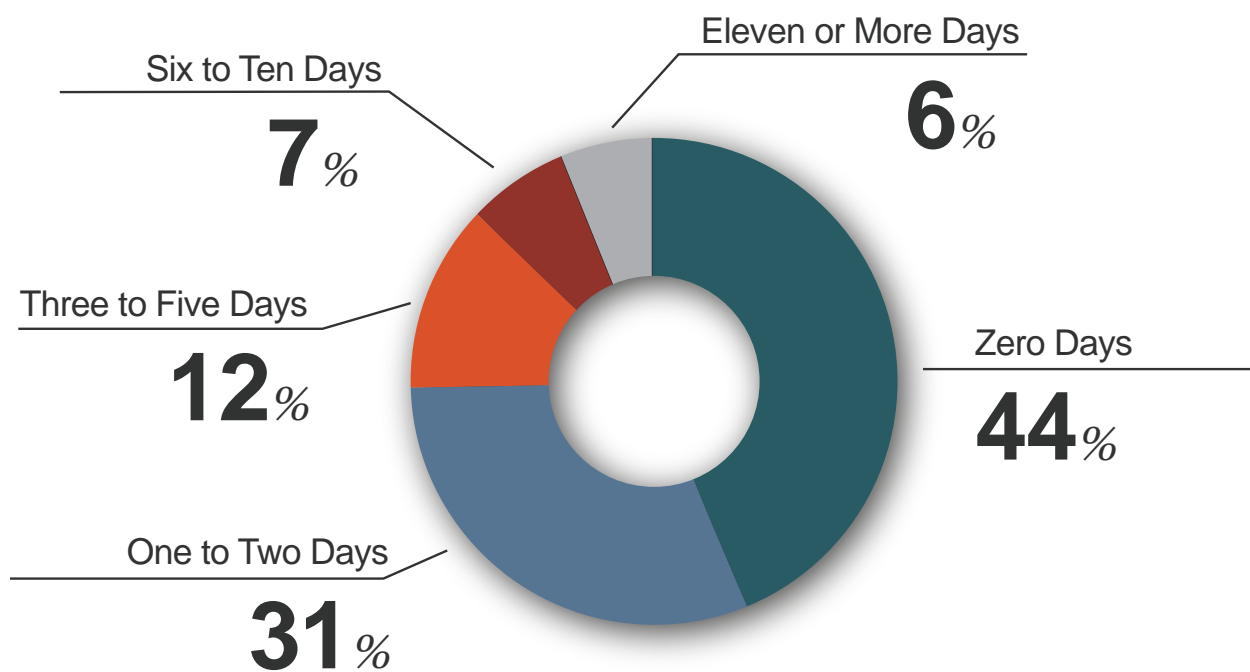
Diagnosis	White		Black or African American		All Races	
	Count	Percent	Count	Percent	Count	Percent
Affective Disorder	2,830	13.55	327	10.35	3,253	12.99
Alcohol-Related Mental Disorder	4,360	20.88	619	19.59	5,248	20.96
Substance-Related Mental Disorder	2,196	10.51	315	9.97	2,620	10.46
Anxiety	5,356	25.64	787	24.91	6,361	25.4
Other Mental Condition	3,622	17.34	499	15.79	4,300	17.17
Other Psychoses	909	4.35	182	5.76	1,126	4.5
Schizophrenia and Related Disorders	427	2.04	213	6.74	661	2.64
Senility and Organic Mental Disorders	838	4.01	121	3.83	1,004	4.01



## Frequent Mental Distress

Frequent mental distress is identified when an individual reports 14 or more days of poor mental health in the past 30 days. Poor mental health includes feelings of stress, depression, and problems with emotions. In the U.S., 9.4% of adults experienced frequent mental distress.<sup>114</sup>

**Figure 55: Percent of Number of Poor Mental Health Days in EJC, 2017 (JACOHD,JCCHS,2017)**



In EJC, 31.2% reported 1 to 2 days of poor mental health while 6% reported 11 or more days of poor mental health.



# COMMUNICABLE DISEASE

## WHAT IS IT?

Communicable or infectious diseases are those diseases that spread from one person or animal to another.

## WHY IS IT IMPORTANT?

Communicable diseases still account for some morbidity and mortality. Since they can spread quickly, it is essential to identify cases early and determine the source of the infection in order to prevent additional spread to others.

## KEY FINDINGS

- In EJC, the highest number of intestinal illness-related cases came from the pathogen *Campylobacter* in 2016 (53).
- Confirmed cases were higher in 2016 than the 10 year median in EJC for Salmonellosis, *Campylobacter*, *Cryptosporidium*, and Shigellosis.
- Pertussis cases in 2016 (26) were higher than the 10 year median (17).
- Influenza cases in EJC increased from 2015 (1,251) to 2016 (4,380).
- In EJC, 149 cases of Tuberculosis disease, infection, and suspect were reported.
- Chlamydia is the most reported sexually transmitted infection in EJC.

## Intestinal Illness

Intestinal-related diseases are typically transmitted through contaminated food or water or through direct contact with infected persons, animals, or objects. Illnesses are typically caused by pathogens like *Campylobacter* or *Salmonella*. Young children, the elderly, and those with a weakened immune systems are at a greater risk for complications from these pathogens.<sup>115</sup>

The CDC estimates that nearly one in six Americans are affected by foodborne illness every year resulting in approximately 128,000 hospitalization and 3,000 deaths. The top five pathogens contributing to foodborne illness in the U.S. are Norovirus, *Salmonella*, *Clostridium perfringens*, *Campylobacter*, and *Staphylococcus aureus*.<sup>116</sup>

**Figure 56 : Number of Intestinal Illness Cases in EJC, 2012-2016 (JACOHD, 2016)**

Disease/Condition	2012	2013	2014	2015	2016	10 Yr. Mean	10 Yr. Median	Yr. 2016 Above or Below Median
<b>Salmonellosis</b>	26	35	26	28	32	26.2	26.0	Above
<b>Giardiasis</b>	14	7	3	6	7	10.8	9.0	Below
<b>Campylobacter</b>	25	44	36	52	53	33.2	31.0	Above
<b>Cryptosporidium</b>	7	6	4	30	13	16.1	6.5	Above
<b>Shigellosis</b>	4	0	1	99	29	27.3	2.5	Above

## Vaccine-Preventable Diseases

Vaccine-preventable diseases are infections that are preventable or less likely to occur with vaccination. Vaccines work with a person's body to help safely develop immunity. In the U.S. there are currently vaccinations that protect against 16 different diseases including Hepatitis A and Influenza.<sup>117</sup>

Despite progress in disease prevention, approximately 42,000 adults and 300 children in the U.S. die each year from a vaccine-preventable disease. Vaccinations can reduce direct health care costs by \$9.9 billion and save \$33.4 billion in indirect costs.<sup>118</sup>

**Figure 57 : Number of Vaccine Preventable Illness Cases in EJC, 2012-2016 (JACOHD, 2016)**

Disease/Condition	2012	2013	2014	2015	2016	10 Yr. Mean	10 Yr. Median	Yr. 2016 Above or Below Median
<b>Chickenpox</b>	10	6	8	15	4	26.2	12.5	Below
<b>H. influenzae, invasive</b>	4	5	3	5	3	3.1	3.0	Equal
<b>Pertussis</b>	80	18	16	18	26	23.0	17.0	Above

## Respiratory Illness

The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. The national hospitalization rate during the 2016-2017 flu season was 65.2 hospitalizations per 100,000 people.<sup>117</sup> This is higher than the cumulative hospitalization rate for the 2012-2013 flu season (44.0 per 100,000) and the 2014-2015 flu season (64.1 per 100,000).<sup>117</sup>

**Figure 58 : Number of Respiratory Illness Cases in EJC, 2012-2016 (JACOHD, 2016)**

Disease/Condition	2012	2013	2014	2015	2016	10 Yr. Mean	10 Yr. Median	Yr. 2016 Above or Below Median
Influenza	1,952	1,722	3,250	1,251	4,380	1,486.5	1,757.4	Above

## Tuberculosis (TB)

Tuberculosis is an infection that is spread through the air from one person to another person. It is estimated that nearly one in three people in the world are infected. People born in the U.S. are less likely to have TB than those born outside. In 2015, there were a total of 9,557 cases of TB in the U.S.<sup>119</sup>

The national rate of TB in 2015 was 3.0 per 100,000. Missouri had a lower rate at 1.5 per 100,000 with a total number of cases in 2015 at 92.<sup>119</sup>

**Table 21: Reported Cases of Tuberculosis by Month in EJC, 2016 (JACOHD, 2017)**

TB Classification	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
TB Disease	1	0	0	1	0	0	0	0	1	0	0	0	3
TB Infection	10	21	12	5	13	8	9	17	8	25	9	8	145
TB Suspect	0	0	0	0	0	0	0	1	0	0	0	0	1
TOTAL	11	21	12	6	13	8	9	18	9	25	9	8	149

TB Disease: Positive TB test, plus clinical, bacteriological, or radiographic evidence of current active TB disease.

TB Infection: Positive TB test, no bacteriological or radiographic evidence of active TB disease.

TB Suspect: Medical evaluation is not complete



## Sexually Transmitted Diseases

Sexually transmitted diseases like Chlamydia and Gonorrhea are infections that are spread primarily through sexual contact. These infections can affect individuals of all ages; however it appears to have a greater impact on young people. It is estimated that youth and young adults between 15 and 24 years of age make up just over one-quarter of the sexually active population but account for half of the 20 million new sexually transmitted diseases that occur in the U.S. each year.<sup>120</sup>

**Table 22: Reported Cases of Sexually Transmitted Infections by Month in EJC, 2016 (JACOHD, 2017)**

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Chlamydia	19	11	6	4	10	11	14	17	18	20	13	12	155
Gonorrhea	8	4	2	1	3	3	4	7	10	5	5	6	58
HIV	0	0	1	0	0	0	0	1	1	1	0	1	5
Syphilis	2	1	3	1	0	1	1	1	2	0	0	0	12
TOTAL	29	16	12	6	13	15	19	26	31	26	18	19	230

## Zoonotic Diseases

Zoonotic Diseases refer to infections that spread from animals to people by means of: coming into contact with an infected animal, being bitten by a mosquito, tick, or other infected animal, or consuming something contaminated by an infected animal such as unpasteurized milk or cheese.<sup>120</sup>

**Figure 59 : Number of Cases of Animal Bite Related Conditions in EJC, 2012-2016 (JACOHD, 2016)**

Disease/Condition	2012	2013	2014	2015	2016	10 Yr. Mean	10 Yr. Median	Yr. 2016 Above or Below Median
Animal Bites	164	172	170	169	266	162.4	165.5	Above
Rabies (Animal)	0	0	0	0	1	0.2	0	Above
Rabies Post Exposure Prophalaxis	2	2	8	28	26	6.6	1	Above

**Figure 60 : Number of Cases of Vector Borne Illness in EJC, 2012-2016 (JACOHD, 2016)**

Disease/Condition	2012	2013	2014	2015	2016	10 Yr. Mean	10 Yr. Median	Yr. 2016 Above or Below Median
West Nile	1	0	0	0	1	0.7	0	Above
Lyme Disease	0	0	0	0	0	0.8	0.5	Below
Rocky Mountain Spotted Fever	9	7	4	5	4	5.7	4.5	Below
Tularemia	1	0	1	3	0	0.9	1	Below
Ehrlichiosis	6	15	13	5	5	5.1	3.5	Above
Malaria	0	0	3	0	3	0.9	0	Above



# ENVIRONMENTAL HEALTH

## WHAT IS IT?

Environmental health examines how all aspects of the natural and built environment effect human health. Common considerations for environmental health are air quality, water quality, food safety and quality, and exposure to toxic and hazardous substances like lead.

## WHY IS IT IMPORTANT?

People are consistently exposed to the environment where they live, work, and play contributing to or detracting from the quality of a person's life. If the quality of the environment is poor, it can have a negative impact on the health of the community.

## KEY FINDINGS

- ZIP Codes 64058, 64138, 64014, and 64086 had the highest percent of ER visits associated with Asthma.
- Communities like Sugar Creek (32.1%), Sibley (22.1%), and Lone Jack (17.6%) have a higher proportion of homes built before 1950.
- More than 21,000 blood level tests have been performed from 2010 to 2015 in ZIP Codes located in EJC.
- From 2012-2016 there were 24 individual violations in Jackson County water systems and 11 of those occurred in the Unity Village water system.
- Most water in EJC is not treated with the recommended levels of fluoride that aide oral health.

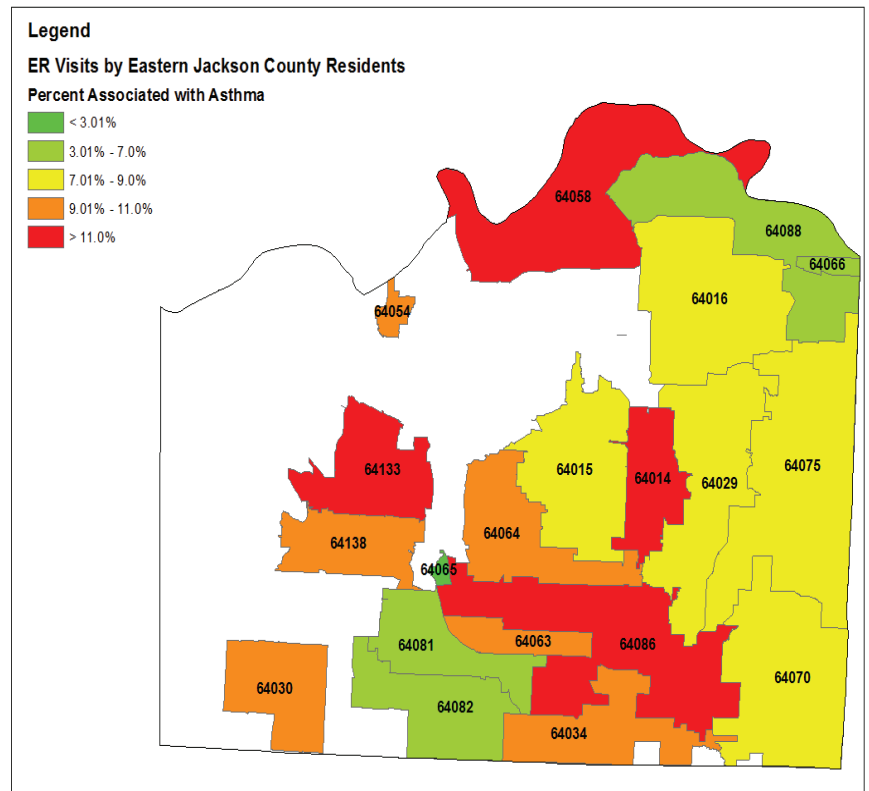


## Outdoor Air Quality

The quality of air can have significant impacts on health. While air quality has improved since the 1990s, there are still many pollutants causing problems for people today.<sup>121</sup> Individuals with a variety of chronic conditions like asthma, allergies, coronary obstructive pulmonary disease, lung cancer, high blood pressure, and diabetes see deterioration in health when air quality is worse.

The Environmental Protection Agency (EPA) has established specific allowable levels of common air pollutants known as National Ambient Air Quality Standards. The six most common air pollutants that are regularly monitored include: carbon monoxide, lead, nitrogen dioxide, ozone, particulate matter, and sulfur dioxide.

Figure 61: ER Visits Associated with Asthma by ZIP Code, 2015, (MICA, 2015)



## Childhood Lead Exposure

Approximately half a million children in the U.S. between the ages of 1 and 5 have a blood lead level about 5 micrograms per deciliter (µg/dL). Although no safe level for children has been identified, 5µg/dL is when the CDC recommends public health actions be initiated.<sup>131</sup> In 2012, Missouri reported 4,672 children under the age of six had blood lead levels between 5 and 9.99µg/dL and 728 children had levels equal to or greater than 109µg/dL.<sup>132</sup>

Having elevated blood lead levels and lead poisoning can lead to a variety of health problems in children. These include decreased bone and muscle growth, poor muscle coordination, damage to the nervous system, kidneys and/or hearing, speech and language problems, developmental delays, seizures, and unconsciousness.<sup>133</sup>

Children are exposed to lead from many different sources like paint, gasoline, or solder through different pathways like air, food, water, dust, and soil. Even though there are several exposure sources, lead-based paint is the most widespread and dangerous high-dose source of lead exposure for children. Because lead exposure often occurs with no obvious symptoms, it frequently goes unrecognized.<sup>131</sup>

Homes built prior to 1950 that have not undergone substantial updates may contain hazardous materials like lead paint or asbestos fibers. In EJC, 14.5% of homes were built before 1950. Communities like Sugar Creek (32.1%), Sibley (22.1%), and Lone Jack (17.6%) have a higher proportion of homes built before 1950 compared to the rest of EJC.

## Water Quality

Water quality focuses on both drinking water and recreational waters in a community. When assessing water quality, infectious agents and hazardous chemicals are the main concerns relating to health.<sup>123</sup> In Missouri, the Environmental Public Health Tracking program (EPHT) works with the Missouri Department of Natural Resources to monitor water for all uses. The Ambient Water Quality Criteria for the Protection of Human Health was developed to understand how much of a chemical can be present in water before it begins to negatively impact human health.<sup>124</sup> The criteria cover 94 chemical pollutants and reflect various exposure factors including body weight, drinking water consumption and fish consumption rates as well as bioaccumulation and toxicity factors.<sup>125</sup>

In Missouri, communities are required to provide Consumer Confidence Reports with information about the quality of the water they are being provided. Throughout Jackson County reports are available for 21 different water systems. These reports cover a range of contaminants including microbial, inorganic, pesticides and herbicides, organic chemicals, and radioactive materials.<sup>126</sup>

From 2012-2016 there were

**24 individual VIOLATIONS** in Jackson County water systems,

**11 of which** occurred in the Unity Village water system.

## Food Safety

Throughout the nation, around 48 million cases of foodborne illness occur each year which results in 128,000 hospitalizations and 3,000 deaths.<sup>129</sup> In Jackson County, the Environmental Health Division is the leading entity for policies and procedures of Food Codes. This division inspects restaurants, grocery stores, schools, mobile food, and temporary food establishments for all areas in Jackson County other than Kansas City and Independence.

Inspections are used to make sure that establishments are following the sanitation codes. These sanitation codes are in place to protect the public against foodborne illnesses by preventing food contamination.<sup>130</sup>

**Figure 61: Environmental Health Totals in EJC, 2016 (Jackson County Government, 2016)**

	# Inspections	# Re-Inspections	# Lodging Inspections	# Lodging Re-Inspections	# Priority Violations
<b>EJC</b>	2,248	172	38	16	1,570

## Fluoridated Water

Fluoride is a mineral that naturally appears in water from rocks. More of it can be added to drinking water to reach levels shown to positively impact oral health.<sup>127</sup> The many benefits of safe levels of fluoride include fewer and less severe cavities and tooth decay, and a need for fewer fillings and removals.

Throughout the state of Missouri, approximately 4,010,999 persons receive fluoridated water which covers 76.8% of the population. The U.S. Department of Health and Human Services recommends a level of 0.7 milligrams per liter of fluoride in drinking water. This is the level that prevents tooth decay and promotes overall good oral health.

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As evidenced by Table 23, most water systems in EJC do not meet the recommended levels of fluoride. Only the water purchased from Kansas City meets fluoride standards while water purchased from Tri-County and Independence Water does not. The water systems that “partially” meet standards purchase water from multiple sources, potentially leaving some citizens with inadequate levels of fluoride to provide health benefits.

**Table 23: Water System Fluoride Levels in EJC, 2016 (DNR)**

Water System Name	ID	Fluoride Levels	Meets Recommendations for All Citizens?		
			YES	Partially	NO
Blue Springs	MO-1010080	0.323-1.22 mg/L		X	
Buckner	MO 1010113	0.24 mg/L			X
Grain Valley	MO-1010320	0.24 mg/L			X
Highland Manor	MO-1041289	0.24 mg/L			X
Independence	MO-1010399	0.21-0.24 mg/L			X
Jackson CO PWSD 1	MO-1024275	0.32-1.22 mg/L	X		
Jackson CO PWSD 12	MO-1024278	0.323-1.22 mg/L		X	
Jackson CO PWSD 13	MO-1024279	0.15 mg/L			X
Jackson CO PWSD 15	MO-1024281	0.24 mg/L			X
Jackson CO PWSD 16	MO-1020869	0.24 mg/L			X
Jackson CO PWSD 17	MO-1024282	0.24 mg/L			X
Jackson CO PWSD 2	MO-1024276	0.323-1.22 mg/L		X	
Kansas City	MO-1010415	0.32-1.22 mg/L	X		
Kansas City Water SVCS	MO-1070518	0.13 mg/L			X
Lake Tapawingo	MO-1010980	0.24 mg/L			X
Lee’s Summit	MO-1010459	0.24-1.22 mg/L		X	
Levasy	MO-1010940	0.24 mg/L			X
Meadow Ridge & Whispering Winds	MO-1031440	Not Available			X
Oak Grove	MO-1010589	0.24 mg/L			X
Raytown Water Company	MO-1010676	0.323-1.22 mg/L	X		
Sibley	MO-1010742	0.24 mg/L			X
Sugar Creek	MO-1010773	0.24 mg/L			X
Tri-County Water Authority	MO-1071079	0.15 mg/L			X
Unity Village	MO-1010921	Not Available			X





# POLICY SCAN

## WHAT IS IT?

This policy scan will provide overview of the current state of specific policies in EJC. This will develop a baseline that can lead to health policy change in communities. This scan will cover: paid sick leave, high quality, universal Pre-K, inclusionary zoning, complete streets, alcohol sales control, Tobacco 21, indoor clean air, restaurant inspection rating, and healthy procurement.

## WHY IS IT IMPORTANT?

Public policies have the capacity to make a large impact on the improvement of health in any one community. Policies can improve community health by reducing or eliminating unhealthy conditions, as well as, promoting activities that support individual and community health efforts to improve the health of a large number of people.

## KEY FINDINGS

- No jurisdictions in EJC have policies for paid sick leave, universal Pre-K, inclusionary zoning, alcohol sales control, restaurant inspection ratings, and healthy procurement.
- Only two jurisdictions (Lee's Summit and Blue Springs) in EJC have a complete streets policy.
- Six jurisdictions in EJC have a clean indoor air policy; however, those policies do not currently include electronic cigarettes.
- Three jurisdictions (Lee's Summit, Grandview, and Unincorporated Jackson County) have a Tobacco21 policy.
- Stakeholders in EJC support policies in regards to fluoridated water, restaurant inspection ratings, clean indoor air with electronic cigarettes, Tobacco21, and alcohol and tobacco sales control.
- Community survey respondents support policies in regards to fluoridated water, restaurant inspection ratings, clean indoor air with electronic cigarettes, and Tobacco21.

## CITYHEALTH

All policies reviewed in the following section are from CityHealth. CityHealth is an initiative of the De Beaumont Foundation that provides leaders with a package of evidence-based policy solutions that will help millions of people live longer, better lives in vibrant, prosperous communities. These policies improve people’s day-to- quality of life, wellbeing, and health.

All policy recommendations:

- Are based on clear, scientific evidence
- Are typically under the purview of municipalities
- Can be addressed through policy change
- Enjoy bipartisan political support<sup>136</sup>

The policies discussed in this policy scan are but a few examples of policies to pass that improve their community’s health.

**Table 24: Cities in EJC with Paid Sick Leave Policy**

City	Policy in Place?
Blue Springs	No
Buckner	No
Grain Valley	No
Grandview	No
Greenwood	No
Lee’s Summit	No
Lone Jack	No
Oak Grove	No
Raytown	No
Sugar Creek	No
Unincorporated	No

Note: No known policy initiatives in EJC specific to paid sick leave.

### POLICY: PAID SICK LEAVE

#### What is it?

Earned sick leave ordinances require employers within a determined jurisdiction (ex: city limits of Grandview) to allow people to accrue and use sick leave for illness or injury for themselves, their children, or their parents. Employees can use this time to stay home or to see a doctor without concern for lost wages or job loss.<sup>136</sup>

#### Why is it important?

Paid sick leave laws reduce the spread of contagious illness, decrease the productivity lost to sick employees, promotes employment and income stability, and saves cities money in health care costs.<sup>136</sup>

**Table 25: Cities in EJC with High Quality, Universal Pre-K Policy**

City	Policy in Place?
Blue Springs	No
Buckner	No
Grain Valley	No
Grandview	No
Greenwood	No
Lee's Summit	No
Lone Jack	No
Oak Grove	No
Raytown	No
Sugar Creek	No
Unincorporated	No

Note: No known policy initiatives in EJC specific to high quality, universal Pre-K.

## POLICY: HIGH QUALITY, UNIVERSAL PRE-K

### What is it?

Universal Pre-Kindergarten or Pre-K provides early education experiences to all families within a jurisdiction, regardless of their ability to pay. Quality early education ensures adequate teacher to student ratios, teacher qualifications, and continuous improvement systems. The National Institute for Early Education Research established a list of ten benchmarks to assess quality Pre-K programs.<sup>137</sup>

### Why is it important?

Universal Pre-K has been proven to improve school readiness and academic achievement, while helping to eliminate the achievement gap between low income and high income children. Children in preschool are also more likely to visit the doctor, receive appropriate immunizations, and receive dental care.<sup>137</sup>

## POLICY: RESTAURANT INSPECTION RATINGS

### What is it?

Restaurant inspection rating policies would require all food establishments to post food safety inspection grade cards easily accessible to the public. Food inspection agencies would convert the traditional pass/fail system into a grading system.<sup>138</sup>

### Why is it important?

Public posting of restaurant inspection ratings would empower customers to make informed decisions before eating at a restaurant, while motivating restaurants to improve hygiene. These policies could also have a significant impact on the number of food borne illness outbreaks.<sup>138</sup>

**Table 26: Cities in EJC with Restaurant Inspection Rating Policy**

City	Policy in Place?
Blue Springs	No
Buckner	No
Grain Valley	No
Grandview	No
Greenwood	No
Lee's Summit	No
Lone Jack	No
Oak Grove	No
Raytown	No
Sugar Creek	No
Unincorporated	No

Note: No known policy initiatives in EJC specific to restaurant inspection rating policy



**Table 27: Cities in EJC with Alcohol Sales Control Policy**

City	Policy in Place?
Blue Springs	No
Buckner	No
Grain Valley	No
Grandview	No
Greenwood	No
Lee's Summit	No
Lone Jack	No
Oak Grove	No
Raytown	No
Sugar Creek	No
Unincorporated	No

Note: No known policy initiatives in EJC specific to alcohol sales control policy.

## POLICY: ALCOHOL SALES CONTROL

### What is it?

Alcohol sales control policies can range from licensing to zoning changes where cities can specify the number and density of alcohol outlets in a given area.<sup>139</sup>

### Why is it important?

Research has shown that neighborhoods with high concentrations of alcohol outlets are linked to heavy drinking and higher rates of negative consequences such as violence, alcohol-impaired driving, neighborhood disruption, and public nuisance. Reducing the density of alcohol outlets can lead to safer communities with fewer drinking-related crimes, accidents, and underage drinking.<sup>139</sup>

## POLICY: HEALTHY PROCUREMENT

### What is it?

Healthy Food Procurement policies encourage cities to ensure all food sold or served on city property meet basic nutrition standards.<sup>140</sup>

### Why is it important?

Local government is often one of the largest employers in a community. By providing healthy food options in cafeterias and vending machines, local governments can ensure access to healthy food choices to a large portion of their residents and decrease the amount of unhealthy food purchases.<sup>140</sup>

**Table 28: Cities in EJC with Healthy Procurement Policy**

City	Policy in Place?
Blue Springs	No
Buckner	No
Grain Valley	No
Grandview	No
Greenwood	No
Lee's Summit	No
Lone Jack	No
Oak Grove	No
Raytown	No
Sugar Creek	No
Unincorporated	No

Note: No known policy initiatives in EJC specific to healthy procurement policy.

## POLICY: INCLUSIONARY ZONING

### What is it?

Affordable Housing/Inclusionary Zoning policies require or encourage developers to set aside a portion of housing units in new or rehabilitated projects for low and moderate income residents. In return, inclusionary zoning programs may provide cost offsets to developers such as density bonuses or fast-track permitting.<sup>142</sup>

### Why is it important?

Inclusionary Zoning policies promote a fiscally sustainable affordable housing option for communities. The inclusion of affordable units in market-rate projects stimulates economic and racial integration within the development.<sup>142</sup>

**Table 29: Cities in EJC with Inclusionary Zoning Policy**

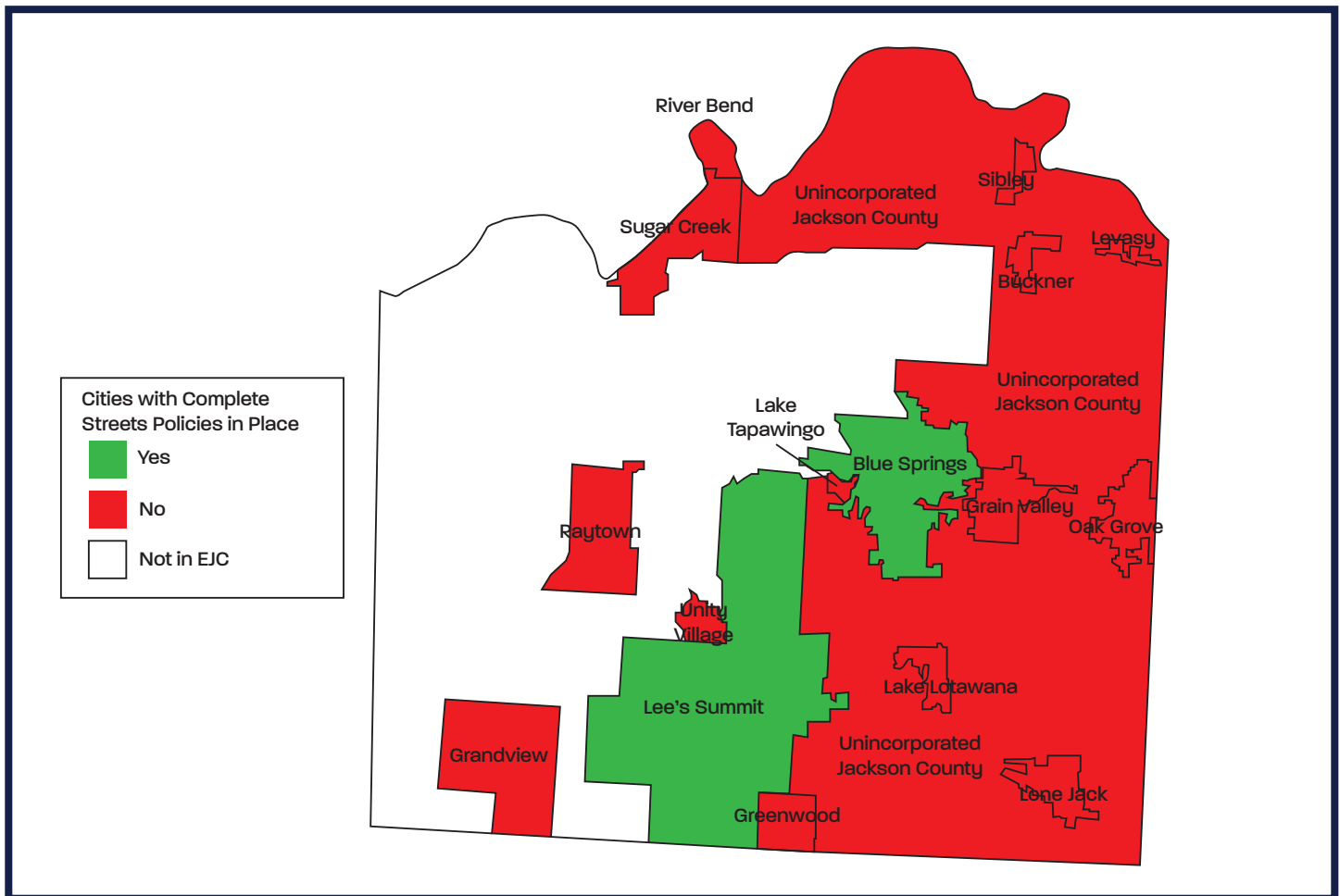
City	Policy in Place?
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Buckner	No
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Lone Jack	No
Oak Grove	No
Raytown	No
Sugar Creek	No
Unincorporated	No

Note: No known policy initiatives in EJC specific to healthy procurement policy.





## POLICY: COMPLETE STREETS



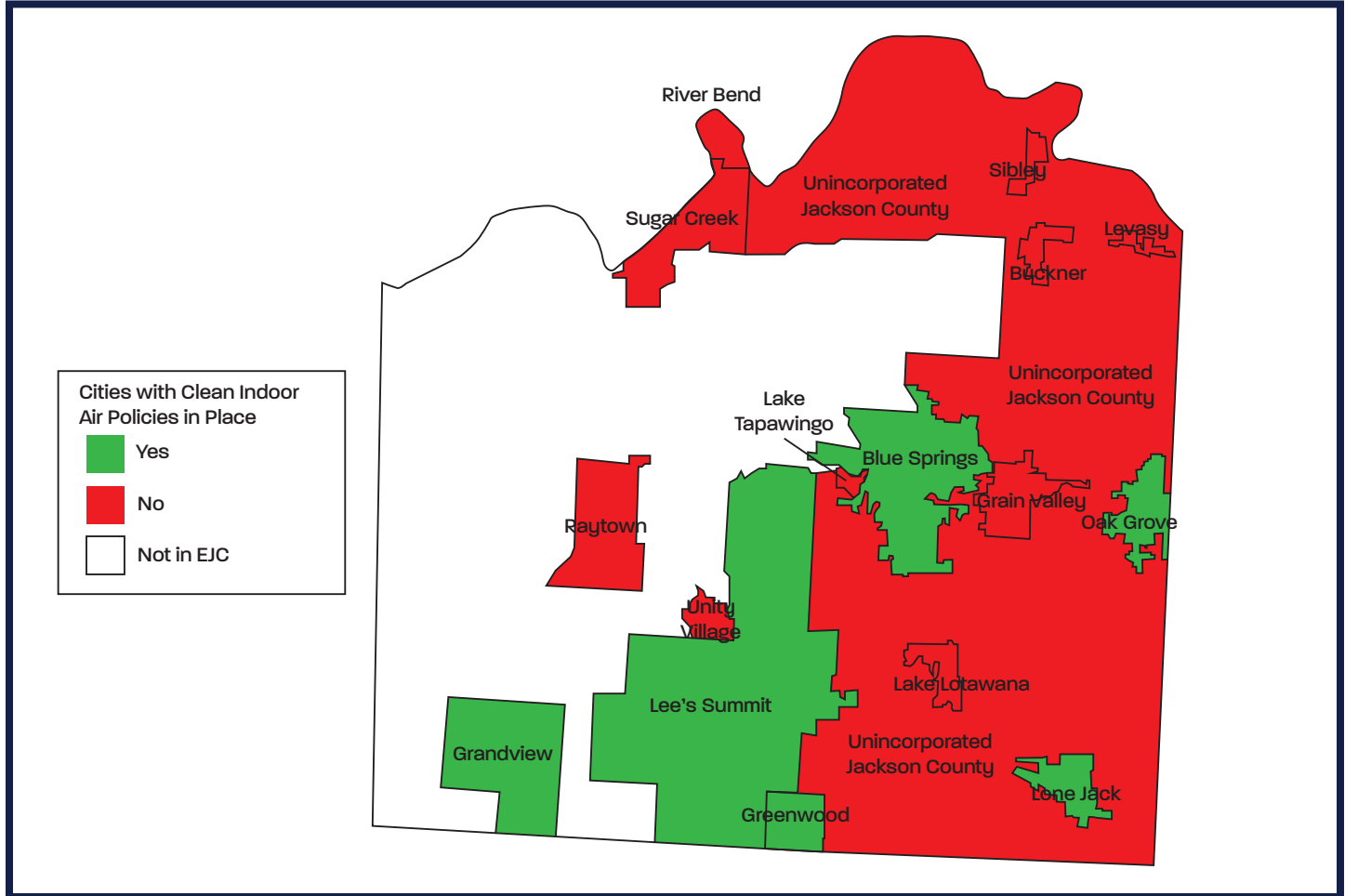
### What is it?

Complete street policies address the needs and safety for all modes of transportation – walking, biking, public transit, and cars. These policies focus on street lighting, landscaping, sidewalk quality and coverage, traffic calming measures, and connectivity of pedestrian walkways, bike lines, and crosswalks.<sup>141</sup>

### Why is it important?

Complete street policies provide many benefits around safety and health by ensuring all residents, regardless of age or ability, have safe and convenient forms of transportation as well as opportunities for active living. These policies can prevent chronic disease through increased physical activity, reduce and prevent motor-vehicle-related injuries, and improve environmental health.<sup>141</sup>

## POLICY: CLEAN INDOOR AIR



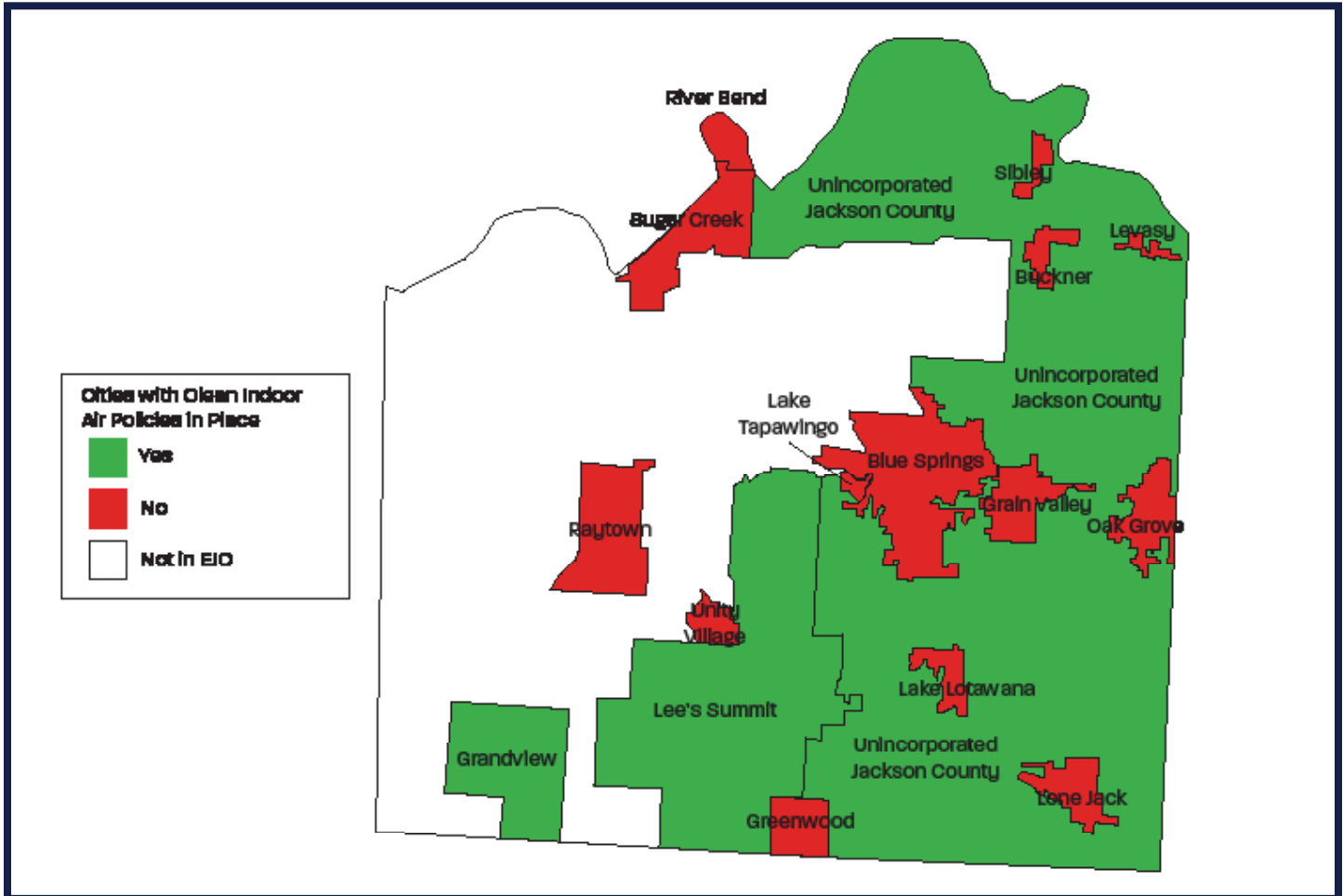
### What is it?

Clean indoor air policies prohibit smoking in indoor spaces and designated public areas.<sup>143</sup>

### Why is it important?

Clean indoor air policies are essential to protect non-smokers from the harmful side effects of secondhand smoke, while simultaneously reducing smokers' consumption of tobacco. According to the World Health Organization, smoke-free policies do not harm businesses but in some cases may even improve revenues.<sup>143</sup>

## POLICY: TOBACCO 21



### What is it?

Tobacco21 policies raise the minimum age of purchase and sale of tobacco products from 18 to 21.<sup>144</sup>

### Why is it important?

Tobacco21 policies prevent youth from using tobacco products and reduce their risk of becoming addicted smokers. Nearly 95% of adult smokers report beginning the habit before the age of 21. Delaying the purchase age to 21 could contribute to a substantial reduction in tobacco use and addiction, while only decreasing tobacco retailer sales by approximately 2%.<sup>144</sup>

## POLICY PERSPECTIVES: STAKEHOLDERS

Over 150 stakeholders serving every community in EJC were surveyed as to their opinions on policy questions and perceptions on community health. Sixty-eight stakeholders responded for a response rate of 45%. These stakeholders represent many different sectors including business, education, faith-based, government, healthcare, non-governmental organizations, and public service.



**71%**

**OF EJC STAKEHOLDERS SAID THAT SAFE AMOUNTS OF FLUORIDE SHOULD BE ADDED TO PUBLIC DRINKING WATER.**



**79%**

**OF EJC STAKEHOLDERS SAID THAT RESTAURANTS SHOULD BE RANKED OR GRADED BASED ON THEIR FOOD INSPECTION SCORES.**



**98%**

**OF EJC STAKEHOLDERS SAID THAT TOBACCO PRODUCTS, LIKE CIGARETTES, SHOULD NOT BE ALLOWED TO BE USED INSIDE ALL PUBLIC PLACES AND WORKPLACES.**



**86%**

**OF EJC STAKEHOLDERS SAID THAT THE MINIMUM AGE OF PURCHASE AND SALE FOR TOBACCO PRODUCTS SHOULD BE 21 YEARS OF AGE.**



**56%**

**OF EJC STAKEHOLDERS SAID THAT THEIR CITY SHOULD LIMIT THE NUMBER OF TOBACCO AND ALCOHOL RETAILERS.**



**79%**

**OF EJC STAKEHOLDERS SAID THAT ELECTRONIC CIGARETTES SHOULD NOT BE ALLOWED INSIDE PUBLIC PLACES.**

## POLICY PERSPECTIVES: COMMUNITY

Nearly 11,000 citizens representing every community in EJC were sent a survey as to their opinions on perceptions of community health, health behaviors, and policy. In response, 988 citizens completed the surveys for a response rate just above 9%.



**56%**

OF EJC CITIZENS SAID THAT SAFE AMOUNTS OF FLUORIDE SHOULD BE ADDED TO PUBLIC DRINKING WATER.



**81%**

OF EJC CITIZENS SAID THAT RESTAURANTS SHOULD BE RANKED OR GRADED BASED ON THEIR FOOD INSPECTION SCORES.



**83%**

OF EJC CITIZENS SAID THAT TOBACCO PRODUCTS, LIKE CIGARETTES, SHOULD NOT BE ALLOWED TO BE USED INSIDE ALL PUBLIC PLACES AND WORKPLACES.



**83%**

OF EJC CITIZENS SAID THAT THE MINIMUM AGE OF PURCHASE AND SALE FOR TOBACCO PRODUCTS SHOULD BE 21 YEARS OF AGE.



**44%**

OF EJC CITIZENS SAID THAT THEIR CITY SHOULD LIMIT THE NUMBER OF TOBACCO AND ALCOHOL RETAILERS.



**66%**

OF EJC CITIZENS SAID THAT ELECTRONIC CIGARETTES SHOULD NOT BE ALLOWED INSIDE PUBLIC PLACES.



# QUALITY OF LIFE

## WHAT IS IT?

Quality of life looks at the whole person and the community they live in. While health can be a significant contributor to how one perceives their quality of life, other components like employment, housing, and a sense of safety in the community can all play a role.

## WHY IS IT IMPORTANT?

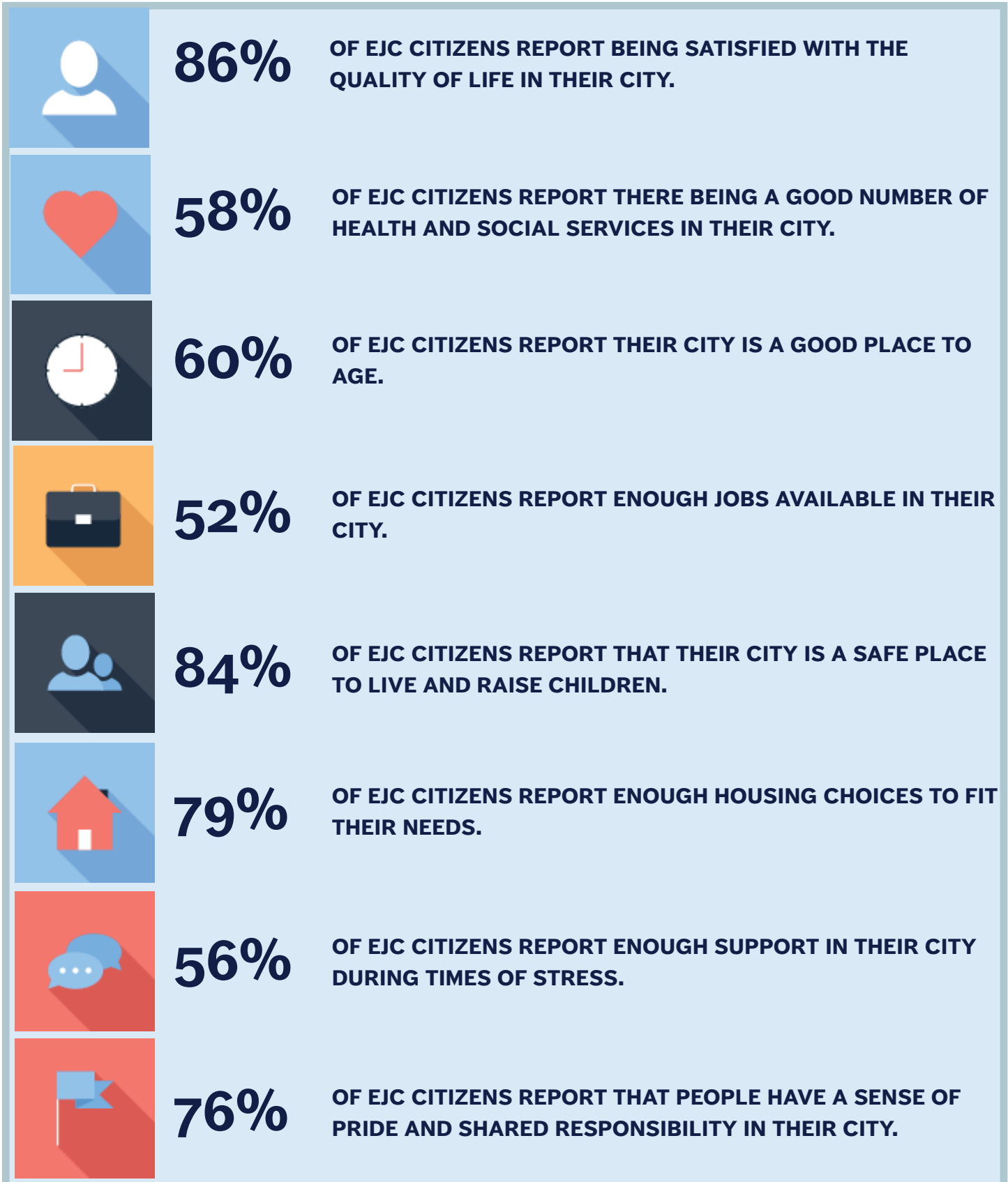
Since quality of life takes into consideration many different components of daily life it can help link individuals to resources they may need or identify areas in which interventions, programs, or policies could improve quality of life.

## KEY FINDINGS

- Eastern Jackson County survey respondents are overall satisfied with their quality of life.
- Blue Springs, Grandview, and Lee's Summit had the highest counts of arrests in 2016.
- Grandview, Lee's Summit, and Sugar Creek had the highest counts of arrests related to forms of assault in 2016.
- In EJC, the assault injury rate was 38 per 100,000 which was lower than Independence and Kansas City.
- Only 30% of EJC survey respondents reported being satisfied with their access to public transportation.
- Seventy-six percent of EJC survey respondents stated their neighborhoods are safe enough to walk.



## City Satisfaction

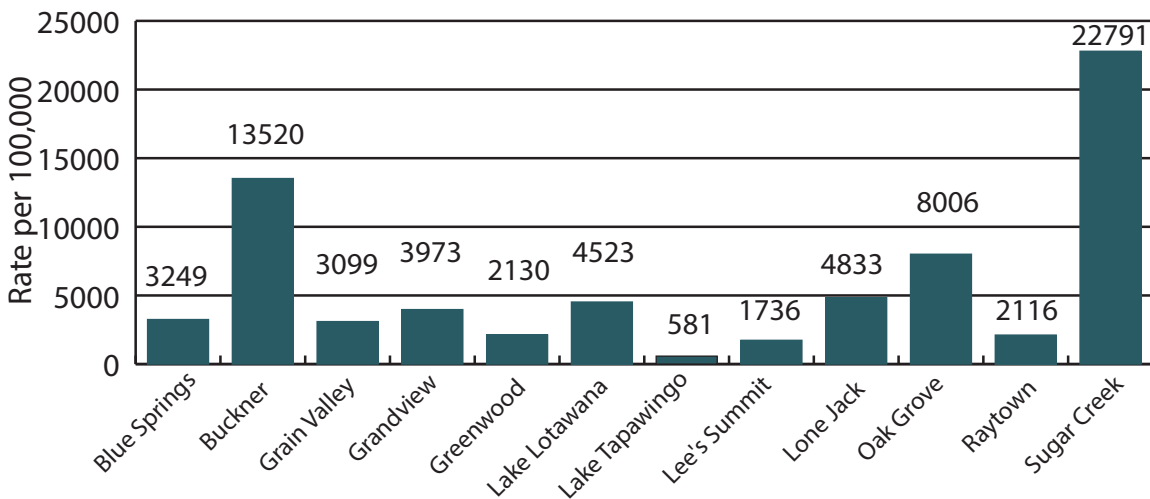


## Crime and Safety

Both the level of crime in a community and an individual's sense of safety play a role in their overall quality of life. In some communities, violence and other forms of crime were identified by community members as a top health concern.

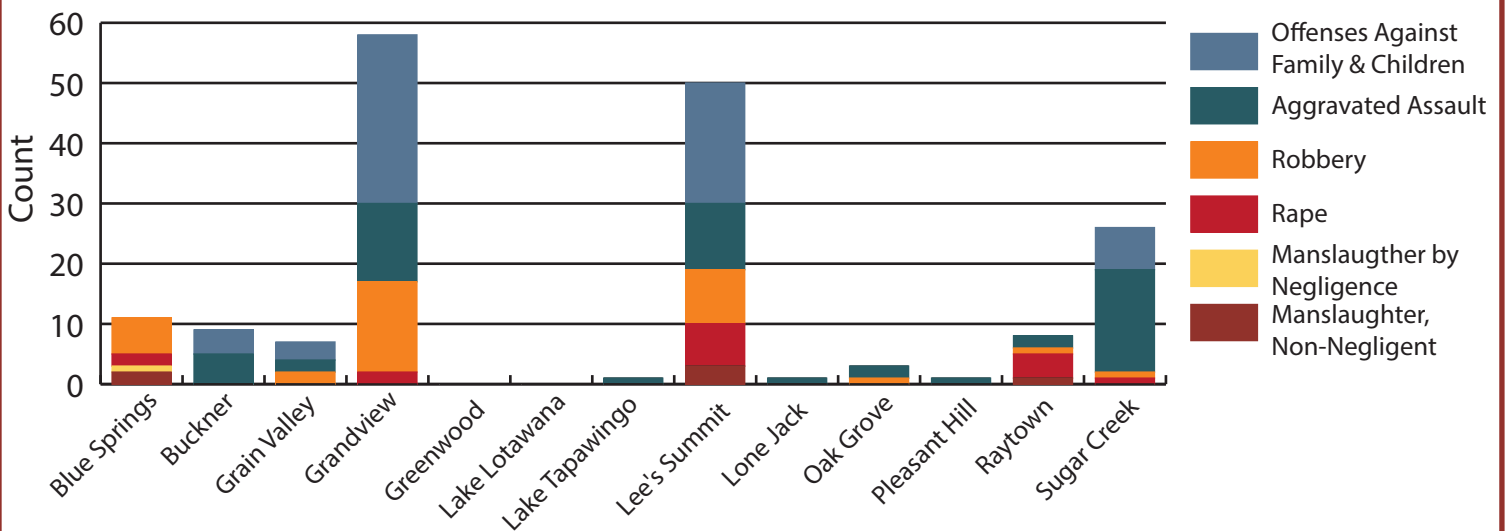
The U.S. Department of Justice through the Bureau of Justice Statistics measures crime in two distinct ways, violent and property crime.<sup>145</sup> Violence in the U.S. is a growing public health concern for many reasons. Many victims survive violence they may suffer from physical, mental, or emotional health problems throughout their lives.<sup>146</sup>

**Figure 62: Arrest Rates per 100,000 by City in EJC, 2016 (MSHP, UCR, 2016)**



Total arrests vary by city in EJC with larger cities seeing proportionally larger number of arrests.

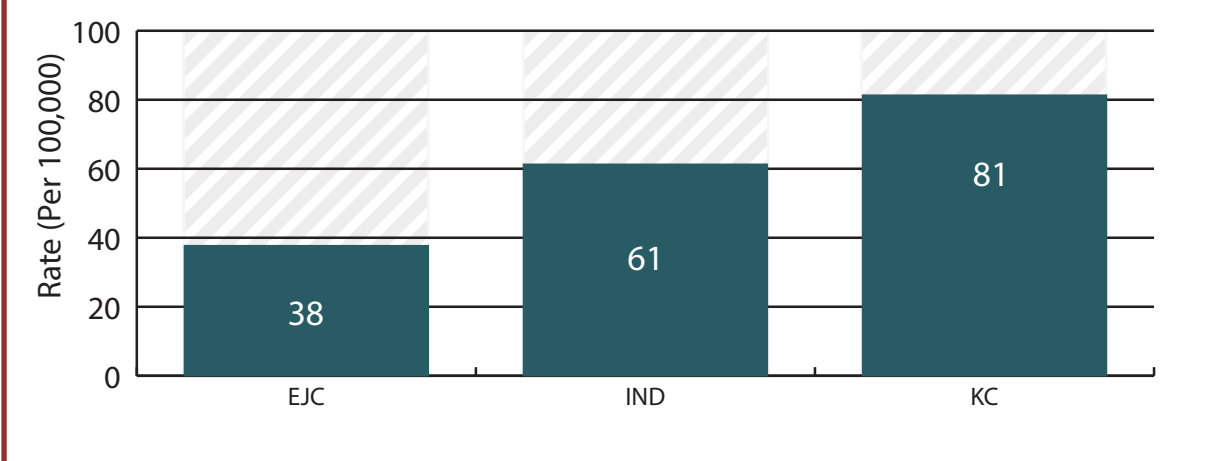
**Figure 63: Assault-Related Arrest Type by City in EJC, 2016 (MSHP, UCR, 2016)**



Arrests related to offenses against family and children represent some of the highest numbers in relation to other offenses.<sup>147</sup>



**Figure 64: Assault Injury Rates per 100,000, 2005-2014 (DHSS, MICA, 2017)**



## Transportation

Quality and accessible transportation is often an important factor for an individual’s overall quality of life within the community he or she lives. Developing and maintaining safe sidewalks, trails, and bike lanes can have many benefits to a community. It encourages individuals to be more physically active thus reducing rates of obesity. When sidewalks and bike lanes are connected to notable destinations it can also help individuals have access to potential resources while encouraging healthy behaviors. In EJC, 60% of residents are satisfied with sidewalk quality while 59% of residents are satisfied with bike lanes, trails, and playgrounds. In addition to sidewalk quality, 76% of EJC residents feel that their neighborhoods are safe enough to walk.

Public transportation also can have many benefits to a community. The availability of public transportation can help reduce the number of vehicles on the roadways which in turn may decrease the amount of pollution being released into the air. Access to public transportation can also increase individuals’ access to resources like stores or healthcare offices when otherwise they may not be as accessible.



In EJC,  
**30%**  
of residents  
are satisfied with  
public transportation.



# FOCUS GROUPS

## WHAT IS IT?

Community Focus Groups work in conjunction with primary data collected from the 2017 Community Health Survey, data from the 2017 Stakeholder Survey, and secondary data sources in order to provide an accurate description of the health status of EJC. The health department conducted focus groups with the following populations: teens, rural communities, mental health providers, and daycare providers.

## WHY IS IT IMPORTANT?

Focus groups allow further understanding of specific populations so that barriers preventing people from being healthy can be adequately addressed. In addition, information gathered from focus groups can help fill the gaps in regard to special populations who are typically underrepresented because of traditional surveying methods.

## KEY FINDINGS

- Improved collaboration amongst organizations and agencies was seen as a possibly solution to improving health across all focus groups.
- Generational Poverty, Access to Care, and Mental Health were seen as a challenge across all four focus groups.
- Each population listed challenges and barriers to health that were specific to that group.

## 2017 Community Conversation on Health Focus Groups

While the primary method of data collection was the 2017 Community Health Survey, JACOHD recognized the value of community conversations to gain a more in-depth understanding of specific issues from community members who may have been less likely to respond to the survey. During August and September 2017, JACOHD conducted Community Conversations on Health with the following pre identified groups: Teens, Rural Residents, Children’s Health (Daycare-Aged), and Mental Health Providers and Advocates.

The conversations were built around questions that pertained to what makes a healthy community, concerns about health, resources, and barriers to receiving health. Focus group participants not only responded to questions asked they went on to discuss a wide range of topics that related to public health.

### Methodology

In order to remain impartial during qualitative analysis, JACOHD followed a strict protocol for analysis of the focus groups. During the time of each focus group, conversations were recorded and later transcribed by JACOHD staff. The transcription was later coded into themes and sub themes with supportive statements and assembled into a codebook. Each focus group has an accompanying codebook.

Participants’ identities remain anonymous to encourage openness and candor and each participant received a \$20 dollar gift card for their participation.

### 2017 Community Conversation on Health Focus Groups

#### Teens

August 2nd  
Independence, MO

#### Rural Populations

August 28th  
Buckner, MO





#### Mental Health

September 25th  
Kansas City, MO

#### Children’s Health (Daycare-Aged)

September 28th  
Independence, MO

### Focus Group Demographics

	# Males	# Females	Total
 Teens	2	7	9
 Rural Health	1	5	6
 Mental Health	5	11	16
 Children’s Health	0	7	7

## Group: Teens

Date: August 2, 2017



### Healthy Eating Active Living

#### Concerns & Gaps:

Eating a balanced diet and being active is an important factor for being a healthy teenager; however, barriers exist that limit those healthy behaviors. These barriers include financial constraints, a lack of time to cook, lack of access to healthy foods near schools, and a lack of proper physical education in schools.

#### Quotes:

*"It's really hard to eat healthy when you are on a really tight budget. You can get so many ramen noodles for the price of broccoli."*

*"The gas station sells fruit for 5 dollars for a little thing when I could get, you know, chips for a dollar. I understand that is horrible for me, but I can't afford to buy that fruit."*

*"PE literally stands for physical education and going to the class and playing volleyball for an hour, that's not teaching me anything about my body and not teaching me anything practical to take home."*



### Alcohol and Drug Use

#### Concerns & Gaps:

There is a growing concern with alcohol and drug use among youth. The concerns revolve around why youth choose to use drugs in regards to peer pressure, the normalcy of drugs in schools, and managing stress. These substances, although illegal for the group, are easy to come by and punishments are not always taken seriously or are effective at addressing the issue. There currently is not enough being done in terms of treating and preventing substance use and more education and counseling services may be needed.

#### Quotes:

*"At my school I'd just pull up to the parking lot or wherever and see people smoking in their cars."*

*"People offer it [drugs] on social media like every week on Facebook I will see someone who's selling like a gram of weed for \$20 or whatever and there will be like a billion people commenting like I want it."*

*"A lot of times adults in our lives do the stuff we are told not to do. They'll say don't do this and then they'll turn around and do it themselves."*

*"I feel like there is a disconnect between adults and the students that get caught doing drugs. It's never going to be solved because it's just harsh punishment and no empathy."*

*"They need maybe like counseling or an understanding of why they [teens] feel the need to resort to doing things like that [use drugs/alcohol]."*



## Mental Health

### Concerns:

It's important for teenagers to maintain balance in their lives with school, home life, and work and to have positive relationships with adults to help manage the stress and pressure teenagers have figuring out their future. Youth today feel pressured from the high expectations that many adults have on them which may result in overloading schedules and not quitting when overwhelmed. Perceptions of others is something that is important to youth to make sure that they appear stronger and better than what they actually may be feeling inside. Concerns from youth should be taken seriously by the adults in their lives so youth feel like they have safe space to talk. Lastly, youth need better access to counseling services at school before a crisis happens.

### Quotes:

*"Mental health and the stress that teenagers have in their life is often overlooked."*

*"The adults in our lives expect a lot from us so it's hard to balance one thing out from the others."*

*"You are kind of expected to do so much. You want to make people happy so you load your schedule and you just get more and more overwhelmed. You can't just quit something because... you don't want to disappoint somebody."*

*"Struggling with feelings and communication problems also adds a lot of stress. It makes you have bad relationships with a parent or teacher because you just can't communicate with them very well."*

*"My school has like a thousand kids and three counselors and they are always so busy with other people and bigger problems like someone's schedule is messed up but they are always going to put issues like that ahead of your stress."*



## School Health

### Health Requirements:

Health education in school is not taken seriously by students and has minimal requirements. Classes in health for youth should be taught in a beneficial and practical way.

### Quotes:

*"[Health Education] is just kind of in one ear and out the other. They say drugs are bad, eat all your vegetables, don't get an STD and that's health in a nutshell and it's just been said so much it's not helpful anymore."*

*"I think it goes back to who is creating the policy within our government and like trying to reach out to them to try to figure out how we can work to make this beneficial to us so that we can be more productive in society."*

### Sex Education:

Youth today receive an abstinence-based education in schools but desire to have a more science-based class. Youth recognize that some of their classmates are already sexually active and that if youth were taught how to have sex safely the numbers of youth having sex wouldn't change; however, the number of STDs and pregnancy would go down.

### Quotes:

*"I feel like sex education is really bad. No one wants to talk about it or no one wants to teach about it but I learn more about the way frogs reproduce than we do."*

## Group: Rural Population

Date: August 28, 2017



### Community Concerns

#### Poverty:

There is an issue revolving around poverty in the rural communities and issues like homelessness and hunger are a growing problem.

#### Quotes:

*“There are a lot of kids that are labeled as homeless in this community, especially in the school district; it’s a very high number.”*

*“People who have lived off of Medicaid and food stamps their entire life and they just don’t see a way out of it, I mean that’s just their future and that’s their kids future.”*

#### Relationships and Involvement:

In rural communities it is important to have positive relationships and be involved throughout the community in order to be healthy.

#### Quotes:

*“Building healthy relationships within the community, with the people you are working with but also all the agencies. So, you understand what each person brings and you work together as a partner.”*

*“It’s that first name basis thing. Whether it be ourselves or a client that we are helping. It’s eliminating the cold call person.”*

#### Illegal Substances:

There are concerns with illegal substances.

#### Quotes:

*“Buckner is a pass through town because of the highway into the city and so there are so many illegal substances that pass through this town and sometimes get left in this town.”*

#### Living Conditions:

There are environmental concerns with the current living conditions in some homes in the communities that include exposure to cigarette smoke, hoarding and garbage, and pest infestations.

#### Quotes:

*“I know that the big thing for me is smoking around the kiddos that second and now they are coming out with this third hand smoke that is extremely unhealthy for kids and creates issues long down the road.”*

*“One of the things we do see is the hoarding aspect of unhealthy homes....we are seeing more and more of that where garbage just piled.”*

*“They are wanting mattresses because they’ve got bed bugs well we won’t give them a mattress if they aren’t having it treated because it’s not going to do any good, but they don’t have the money to treat.”*

#### Trust in Civic Government:

It is important to have an active civic government that creates positive relationships with community members. The visibility of police in children’s lives and the perceptions police may have among the population can affect that trust.

#### Quotes:

*“Trust in civic government [makes a healthy community] and that includes the police force and the fire department.”*

*“Children here are taught you fear the police department and that’s unfortunate.”*

*“The only interaction they [youth] have with the police is when they are coming to take mom or dad...or remove the child from the home.”*





## Barriers to Optimum Health

### Lack of Resources:

Additional resources are needed to assist with community members living and their sustainability, and when resources are available more promotion and clarification is needed to help community members understand what services are available to them.

### Transportation:

In the rural community some health resources are not readily available to community members and when receiving care outside of the community there is no transportation or easy way to get to where the resources are. Healthy food is not always easily accessible which limits food options for those without transportation.

### Coordination Among Providers:

There is a lack of communication and coordination among providers and agencies.

### Pride and Stigma:

Pride and stigma often influence decision making in a community. People, including kids, are less likely to reach out for help if they think that people will judge them for it.

### Quotes:

*“I have a gentleman that I’m working with right now that is wanting help and wanting to get better and wanting to just improve his situation, but he can’t, there’s just no resources and there are resources but no resources that fit him.”*

*“We don’t have enough communication to let people know what is going on.”*

*“I have heard so many people say it’s not for me. They can’t help me or it doesn’t work for me and so that’s super concerning because it’s like it absolutely does work for you and nobody is turned away for that or they think that they cost so it’s just I think it is a huge marketing issue.”*

### Quotes:

*“There’s a lot of kiddos that have to leave for their mental health sessions counseling and a lot of them are Medicaid kiddos and when they leave they don’t ever make it back to school because of transportation so they’re missing a whole day of school, sometimes every week in order to make it to those appointments. So being able to have some additional mental health resources available especially for the kiddos but I know it’s needed for adults as well.”*

*“If a drug abuse or substance abuse were to occur which we know it does in this town they would have to travel out of their realm out of their community to receive any help. And so you know that people don’t like to travel outside of their four walls for services and so we all know it’s big to bring the services here and that’s one that has never been here.”*

*“Sidewalks are always a concern for the ability to walk, the park is phenomenal and the main 24-Highway has gotten much better but you know your main you other passer-through street doesn’t have any sidewalks so it’s extremely dangerous which creates unhealthy behaviors.”*

### Quotes:

*“I hear so many times that you know I just bought that for that family and I’m like wait you are part of our network and you know our network has access to this so if we can get you the shampoo to provide to the family that is what we want to do and then you can take those financial resources and either give it back to us or give them to somebody else who would need them, don’t purchase the shampoo that we have for free.”*

### Quotes:

*“People won’t reach out due to fear, because people see them getting handouts and they don’t want to be known as that but what you know it’s there for a reason it’s there for a purpose.”*

*“I mean it starts so early, I mean who would think a third or fourth grader wouldn’t want to take a backpack full of food home...I just feel like it’s just stigma.”*

## Group: Mental Health Providers

Date: September 25, 2017



### Barriers to Individual Care

#### Lack of Resources:

A lack of funding, staff, and facilities all contributed to barriers for individuals to receive proper mental health care.

#### Quotes:

*"The need is growing and the funds are decreasing."*

*"You finally get talking to someone about help for their mental health problem or their substance abuse disorder and it can take a while for them to finally want to get help and when they do, there is nowhere for them to go."*

*"There's usually one social worker split between several schools and that's just not realistic if you're going to be addressing issues before they become a crisis."*

#### Perception of Mental Health:

Perceptions about mental health disorders, services, and treatments may limit people from seeking or utilizing beneficial treatment. This may include other people's views or their own views.

#### Quotes:

*"There's a huge stigma attached to it. There's a stigma attached to having a mental health problem and also of getting help for a mental health problem."*

*"You have to worry about what the other kids are going to say because your kid has to go to a special class or your kid has to stay with the teacher extra time. That's a fear I feel like parents have."*

*"They're [parents] willing to accept the diagnosis. They're willing to accept the medication. What they struggle with is putting in the work for all of the other pieces that are going to be tools that help that child."*

#### Access to Care:

Clients may find clinic hours, the financial burden associated with treatment, transportation, and navigating the mental health system all prohibitive to accessing care.

#### Quotes:

*"There's some serious issues related to the parity component of the Affordable Care Act still not being enforced...access to mental health services such as substance use disorders is not on par with primary care."*

*"Women with small children have a real challenge as far as it comes to receiving treatment services in recovery. There's virtually nowhere where a woman who is actually caring for small children can reside and get the help she needs."*

*"One of the challenges for this population [youth] is accessible services and getting them outside of those treatment hours from 8 to 5 which is really what they need. They need nights and they need weekends."*



### Complex Trauma

#### Complex Trauma:

An important component in mental health is complex trauma and the growing importance of continuing the effort of recognizing trauma.

#### Quotes:

*"I think we have done a better job of recognizing and understanding or including trauma as being a mental health issue but even though we have done better recognizing the effects that trauma has on mental health it doesn't always transfer to us putting it into action as well as we could."*

*"Generational poverty is traumatic. It is traumatic to be poor. It is traumatic not to know when you are going to eat."*

*"A lot of youth are trained very well not to talk about what's going on if someone takes the time to ask. Sadly, people aren't taking the time to ask because then it's just one more problem kid."*





## Community Collaboration

### Strategic Collaboration:

There is a definite need for more strategic collaboration among providers, organizations, and communities.

### Quotes:

*“There needs to be a meeting that would offer strategic planning process to bring all of these players together to then work towards change.”*

*“I’ve learned that getting to know the people in the community helps a lot because you build that trust from the start. You invest in that community.”*

### Collaboration for Care:

Better collaboration amongst providers in the mental health field could improve client’s pursuit, access, and continuity with mental health care.

### Quotes:

*“I don’t think there is enough communication or connections between agencies. There’s a lot of movement in the right direction but I still think there is a lot of disjointness within the continuing of care.”*

*“A lot of these things really could be answered with better collaboration from different providers working with each other...I’m not going to make you go in and repeat your whole story over again to feel yet again failed, so instead what I’m going to do if I’m not the right fit is I’m going to hand you off. Not give you a referral, but walk you over and hand you off to the appropriate place.”*



## Data Concerns

### Measuring the Issue and Sharing Data:

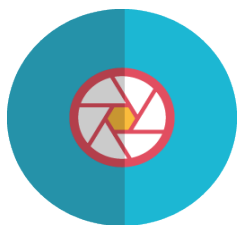
There are many complex issues when measuring mental health variables and collecting reliable data for this service area. It may be beneficial for agencies to continue to share what data and information they can and to collaborate on data collection methods.

### Quotes:

*“What we don’t do is we don’t document those people we don’t provide services to so even whenever you’re in group homes they aren’t documenting the number of people they are turning away. They are documenting people who they care for.”*

*“What is a successful client? How do you quantify that? The hospitals could say recidivism is a really good way of measuring whether or not this hospital is successful and we can’t do that because if somebody comes back to see us that doesn’t indicate that they aren’t successful in their recovery, it just means they are following up.”*

*“We could do better at collaborating and sharing our data and being able to show real outcomes, positive or negative, that we can get a better of capture of what is going on in the community.”*



## Shifting Focus in Mental Health Field

### Recognition of Need:

There has been a lot of work at reducing stigma and educating the population on mental health which has resulted in more utilization of services and the growing need of expanding the services provided into other fields (teachers, police, etc.).

### Quotes:

*“I think teachers would say the same things as law enforcement finding more of their job being about social workers and dealing with the burden that there aren’t enough [mental health] services.”*

*“It’s a large number of our calls that we are getting are dealing with mental illness and it’s growing and growing. It’s almost to where we’re getting 40% of our calls are more mental health issues.” (Police Officer on call caseload)*

*“How can you build on or empower what services they have already been given to get them to that self-sustaining piece...we enable, we don’t empower.”*

*“How I would like their life to be and the potential I see for it may not be something they’re interested in at all and so that’s important to recognize too and that especially in regards to the mental health community.”*

## Group: Children's Health

Date: September 28, 2017



### Barriers to Optimum Health for Children

#### Financial Burdens: Quotes:

There are financial barriers to provide and receive services including the cost of programs, the restrictions on qualifying to receive assistance, and not having insurance.

Pride can also serve as a barrier if parents are too embarrassed to ask for help.

*"One of the biggest problems that affect children in this community is poverty and not having insurance."*

*"I think it's more difficult for the middle class. When you're in the middle, you make too much money for help but not enough to live.... They have this assistance for you but the minute you start bettering yourself it's automatically gone and you are back to zero."*

*"I know some [programs] cost money every month or every week. Ten dollars to some of us in nothing but to somebody else it could be the difference between paying a bill or not."*

*"Some parents will be kind of embarrassed about that [accessing resources]."*

#### Access to Health Care and Resources:

There is a lack of access to resources due to time, long waitlist, and lack of public transportation. When dealing with children, income or insurance shouldn't be a factor for accessing resources.

#### Quotes:

*"One of the problems when it comes to health is transportation."*

*"They don't have transportation. They don't have a car. You have to depend on people to take them here or there, and most people might want money and they don't have money."*

*"The time it takes to access [resources]. It takes forever. You are there for hours and hours and I mean some people can't take off work to go and do that for hours."*

*"I don't think it should be low income or high income. If you are sick and you need to go to the doctor, everyone should be accepted."*

*"I think there should be free healthcare for all children regardless of income or insurance or whatever."*



### Resources Supporting Children in Communities

#### Resources:

Various resources exist in communities in EJC that support children which include places like WIC, schools, community centers, churches, clinics, and food pantries.

#### Quotes:

*"The clinics are free to low income. I mean they have to pay a co-pay or they have Medicaid... There's programs through Swope or Truman Medical Centers. All the clinics in the neighborhood and community [support children's health]."*

*"Food pantries like Harvesters are good... They have a diaper program too."*

*"Churches are important... they host things like supply drives for children."*

*"I think schools are a resource... They help with physicals and can tell you where to go [for services]."*



## Community Concerns for Children's Health

### Basic Needs for Children:

All children need to have their basic needs met in order to be happy and healthy and that isn't always the case.

### Quotes:

*"They need to have access to clean clothes and be well groomed...hair washed and brushed."*

*"Kids should not come in with yesterday nights diaper."*

*"Not everybody has access to a washer or dryer. To have clean clothes you have to go to the laundromat and then you have to have money in order to pay to get them washed and dried."*

### Community Environment:

The environment where children live can have an impact on the health of the child. Some of the negative factors include drugs, violence, lack of positive activities, and bullying behaviors.

### Quotes:

*"I would say the environment or like where in the community we live. Some areas are a lot worse than others with a lot of crime, drugs, or violence."*

*"Communities that support children's health would have no drugs and low crime rates."*

*"Even at the schools kids bully each other. I mean there's cyber bullying. It's everywhere."*

*"[Communities would have] places that are positive environments for children so they stay out of trouble and create less crime and less drug use."*

### Healthy Eating and Active Living:

There is a growing concern with the type of food children are eating and the lack of exercise. In addition, the unhealthy food choices parents or caregivers are making, the lack of food overall, and less active children are all contributing to the issue.

### Quotes:

*"Some of our parents are bringing their kids in with food like M&Ms or donuts. They are making poor choices in food for the kids."*

*"You also see kids coming in with donuts or like those little packages of donuts you can buy at the gas station are 75 cents versus you know what a good meal would cost."*

*"On the other end you have kids coming in who want 6 bowls of cereal because they are starving."*

*"I think there are a lot of kids who are not doing a whole lot of exercise at home. They are sitting on computers."*

### Lack of Parental Involvement and Support for Healthy Children:

Some parents don't receive proper guidance or education on what's best for the children. Also, some parents may not have the time or motivation to constantly engage with their children. An important factor for children's health is having a stable and supportive home.

### Quotes:

*"Another problem that affects children's health is absent parents."*

*"They don't have a stable home...they don't know if they're going to wake up in the same house or who is going to be taking care of them...One day it could be grandma and the next day an aunt. They're bounced caregiver to caregiver."*

*"Unless you educate the parents, there's nothing anybody can do."*

*"If you don't have the money to spend on [toys] then it's just easier to hand your child your phone then it is to go buy them something to play with. Computers are the babysitters."*

*"They [parents] are too busy. They got to get to work on time or they're tired. They just don't put their kids in their schedule. The child should be the top priority instead they take a backseat to many other things."*



## 2017 Community Health Survey - Tabular Data

### 1. How would you rate your city?

	Number	Percent
Very Unhealthy	20	2.1%
Unhealthy	80	8.3%
Somewhat Healthy	372	38.8%
Healthy	431	44.9%
Very Healthy	57	5.9%

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

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
I am satisfied with the quality of life in my city.	1.8%	11.6%	52.0%	33.7%	0.9%
There are a good number of health and social services in my city.	5.5%	20.7%	42.8%	15.2%	15.8%
My city is a good place to age.	6.7%	23.1%	39.7%	20.1%	10.4%
There are jobs available in my city.	9.1%	27.5%	39.5%	12.2%	11.7%
I feel my city is a safe place to live and raise children.	2.7%	9.8%	45.2%	38.7%	3.6%
I have enough housing choices to fit my needs in my city.	3.6%	11.5%	49.4%	29.4%	6.1%
If I need help or assistance during times of stress, there is support in my city.	4.8%	17.5%	40.7%	15.2%	21.8%
People who live in my city have a sense of pride and shared responsibility in our city.	3.3%	14.8%	46.7%	29.6%	5.6%

### 3. How satisfied are you with the following in your city?

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Don't know
Access to fruits, vegetables and other healthy foods	26.1%	53.5%	13.0%	5.5%	1.9%
Sidewalks	11.0%	49.0%	25.3%	11.2%	3.5%
Bike trails, lanes and paths	14.0%	44.9%	23.0%	10.3%	7.8%
Parks, trails and playgrounds	23.0%	56.6%	12.0%	5.2%	3.2%
Health and recreational programs	12.7%	48.4%	19.3%	6.7%	12.9%
Public transportation	4.2%	25.7%	31.3%	17.0%	21.8%
Protection from secondhand smoke	20.1%	53.3%	10.9%	5.7%	10.0%
Access to dental care	18.8%	55.0%	12.7%	6.8%	6.7%
Access to health care	18.9%	51.8%	16.2%	7.4%	5.7%



4. In the following list, what do you think are the top “Health Concerns” in your city?

	Number	Percent
Air Pollution	60	6.4%
Alcohol/Drug Use	331	35.3%
Animal Control	97	10.4%
Availability of Health Care	132	14.1%
Bullying	113	12.1%
Cancer	109	11.6%
Child Abuse/Neglect	91	9.7%
Clean Water/Water Pollution	54	5.8%
Dental Problems	43	4.6%
Diabetes	97	10.4%
Distracted Driving	386	41.2%
Domestic Violence	76	8.1%
Gun Violence	153	16.3%
Heart Disease and Stroke	67	7.2%
Mental Health	127	13.6%
Overweight/Obesity	355	37.9%
Respiratory/Lung Disease	26	2.8%
Teenage Pregnancy	28	3.0%
Tobacco Use	134	14.3%
Violence/Other Crime	194	20.7%
Other	46	4.9%

5. In the following list, what do you think are the 3 most important factors for a “Healthy City”?

	Number	Percent
Access to Health Care	283	29.8%
Affordable Housing	168	17.7%
Arts and Cultural Events	22	2.3%
Clean Environment	211	22.2%
Excellent Race/Ethnic Relations	92	9.7%
Good Jobs and Healthy Economy	307	32.3%
Good Place to Raise Children	246	25.9%
Good Schools	397	41.8%
Healthy Behaviors and Lifestyles	146	15.4%
Low Adult Death and Disease Rates	13	1.4%
Low Infant Death and Disease Rates	10	1.1%
Low Levels of Child Abuse	28	2.9%
Quality of Parks and Recreation	99	10.4%
Religious or Spiritual Values	142	14.9%
Safe Neighborhoods/Low Crime	459	48.3%
Strong Family Life	207	21.8%
Other	10	1.1%

**6. How would you rate your general health?**

	Number	Percent
Excellent	128	13.2%
Very Good	357	36.8%
Good	368	38.0%
Fair	92	9.5%
Poor	24	2.5%

**7. Are you in any way limited in activities because of physical, mental, or emotional problems?**

	Number	Percent
Yes	229	23.8%
No	735	76.2%

**8. In the last 30 days, how many days were you in poor physical health?**

	Number	Percent
0	627	64.8%
1-2	164	17.0%
3-5	78	8.1%
6-10	36	3.7%
11 or more	62	6.4%

**9. In the last 30 days, how many days did you feel emotionally “out of sorts”, stressed, depressed, and/or anxious?**

	Number	Percent
0	420	43.6%
1-2	301	31.2%
3-5	120	12.4%
6-10	65	6.7%
11 or more	58	6.0%

**10. How long has it been since you last had your teeth cleaned by a dentist or dental hygienist?**

	Number	Percent
Never	16	1.7%
Within the Past 6 Months	561	58.1%
Within the Past Year	130	13.5%
Within the Past 2 Years	77	8.0%
2 or More Years Ago	137	14.2%
I Do Not Know	45	4.7%

**11. Should safe amounts of fluoride be added to your public drinking water?**

	Number	Percent
Yes	541	56.1%
No	218	22.6%
I Do Not Know	205	21.3%



**12. In the past 30 days, how often have you used the following substances?**

	Never Used	Did Not Use in the Past 30 Days	1-2	3-5	6-9	10-19	20-29	30
Cigarettes	71.4%	16.4%	1.4%	0.3%	0.3%	1.2%	1.0%	8.0%
Electronic Cigarettes	91.4%	6.5%	0.3%	0.2%	0.2%	0.3%	0.1%	1.0%
Cigars and Cigarillos	88.1%	10.0%	1.2%	0.2%	0.1%	0.1%	0.1%	0.2%
Hookah	94.2%	5.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Chew, Snus and/or Snuff	92.3%	5.6%	0.4%	0.1%	0.0%	0.2%	0.0%	1.4%

**13. Should the minimum age of purchase and sale for tobacco products be 21 years of age?**

	Number	Percent
Yes	796	82.9%
No	131	13.6%
I Do Not Know	33	3.4%

**14. Should tobacco products, like cigarettes, not be allowed to be used inside all public places and workplaces?**

	Number	Percent
Yes	793	82.5%
No	141	14.7%
I Do Not Know	27	2.8%

**15. Should electronic cigarettes not be allowed to be used inside all public places?**

	Number	Percent
Yes	634	66.0%
No	221	23.0%
I Do Not Know	105	11.0%

**16. Should your city limit the number of tobacco and alcohol retailers?**

	Number	Percent
Yes	418	44.1%
No	396	41.8%
I Do Not Know	134	14.1%

**17. During the past 30 days, on the days when you drank alcohol, about how many drinks did you drink on the average?**

	Number	Percent
I Do Not Drink Alcohol	412	43.0%
1-2	424	44.2%
3-4	87	9.1%
5 or more	31	3.2%
I Do Not Know	5	0.5%

18. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks for men or 4 or more drinks for women?

	Number	Percent
0	784	82.0%
1-2	99	10.4%
3-5	40	4.2%
6-10	14	1.5%
11 or more	12	1.3%
I Do Not Know	7	0.7%

19. In the past 12 months, have you taken any prescription pain relievers such as oxycodone (OxyContin) or hydrocodone (Vicodin) that have been prescribed to you?

	Number	Percent
I have not been prescribed pain relievers	411	42.6%
Yes	174	18.0%
No	373	38.7%
I Do Not Know	6	0.6%

20. When you took prescription pain relievers in the past, did you ever (even once) take more than was prescribed to you?

	Number	Percent
I have not been prescribed pain relievers	239	24.8%
Yes	31	3.2%
No	690	71.5%
I Do Not Know	5	0.5%

21. In the past 12 months have you ever (even once) taken a prescription pain reliever such as oxycodone or hydrocodone that was not prescribed for you?

	Number	Percent
Yes	19	2.0%
No	943	97.8%
I Do Not Know	2	0.2%

22. Should restaurants be ranked or graded based on their food inspection scores?

	Number	Percent
Yes	784	81.5%
No	79	8.2%
I Do Not Know	99	10.3%





23. On a typical day, how many servings of fruit do you eat?

	Number	Percent
None	82	8.5%
1	433	45.0%
2	311	32.3%
3	105	10.9%
4	21	2.2%
5 or more	10	1.0%

24. On a typical day, how many servings of vegetables do you eat?

	Number	Percent
None	21	2.2%
1	322	33.4%
2	376	39.0%
3	179	18.6%
4	46	4.8%
5 or more	19	2.0%

25. Please indicate your level of agreement with the following statement. I often worry or stress about having enough to buy nutritious meals.

	Number	Percent
Strongly Agree	81	8.4%
Agree	174	18.1%
Disagree	369	38.4%
Strongly Disagree	305	31.7%
I Do Not Know	32	3.3%

26. How often do you use seat belts when you drive or ride in a car?

	Number	Percent
Never Drive or Ride in a Car	3	0.3%
Always	878	91.4%
Usually	56	5.8%
Sometimes	17	1.8%
Never	7	0.7%

27. How many times per week did you participate in any moderate physical activities for at least 30 minutes each time?

	Number	Percent
I Don't Participate	123	12.8%
1 – 2	341	35.4%
3 – 4	273	28.4%
5 – 7	225	23.4%

28. How many times per week did you participate in any vigorous physical activities for at least 25 minutes each time?

	Number	Percent
I Don't Participate	411	42.7%
1 – 2	319	33.2%
3 – 4	143	14.9%
5 – 7	89	9.3%

29. Do you use city parks or trails?

	Number	Percent
Yes	632	65.9%
No	321	33.5%
I Do Not Know	6	0.6%

30. Do you feel it is safe to walk or run in your neighborhood?

	Number	Percent
Yes	732	76.3%
No	201	21.0%
I Do Not Know	26	2.7%

31. Why do you feel it is not safe to walk or run in your neighborhood? Please check all that apply.

	Number	Percent
Fear of Crime	93	46.3%
Loose Animals	71	35.3%
No Sidewalks	119	59.2%
Sidewalks in Bad Condition	39	19.4%
Motor Vehicle Traffic	89	44.3%
Poor Street Lighting	82	40.8%
Other	23	11.4%



## Demographics

	Number	Percent
64014	49	5.1%
64015	100	10.3%
64016	52	5.4%
64029	77	8.0%
64030	80	8.3%
64034	79	8.2%
64050	6	0.6%
64053	8	0.8%
64054	39	4.0%
64055	3	0.3%
64057	4	0.4%
64058	72	7.4%
64063	24	2.5%
64064	28	2.9%
64065	7	0.7%
64066	8	0.8%
64070	46	4.8%
64075	55	5.7%
64080	4	0.4%
64081	21	2.2%
64082	23	2.4%
64086	58	6.0%
64088	30	3.1%
64105	2	0.2%
64126	6	0.6%
64129	3	0.3%
64133	82	8.5%
64138	2	0.2%

	Number	Percent
Blue Springs	108	11.2%
Buckner	55	5.7%
Grain Valley	75	7.8%
Grandview	84	8.7%
Greenwood	72	7.5%
Independence	67	7.0%
Kansas City	6	0.6%
Lake Lotawana	32	3.3%
Lake Tapawingo	40	4.2%
Lee's Summit	115	12.0%
Levasy	6	0.6%
Lone Jack	46	4.8%
Oak Grove	54	5.6%
Pleasant Hill	5	0.5%
Raytown	80	8.3%
River Bend	1	0.1%
Sibley	28	2.9%
Sugar Creek	56	5.8%
Unity Village	0	0.0%
Other- please specify	31	3.2%

## What is your age?

	Number	Percent
18 – 25	19	2.0%
26 – 50	289	30.3%
51 – 75	530	55.6%
76 – 100	116	12.2%

## How many people currently live in your household?

	Number	Percent
1	180	19.1%
2	427	45.2%
3	157	16.6%
4	113	12.0%
5	47	5.0%
6	14	1.5%
7 or More	6	0.6%

## What is the primary language spoken at home?

	Number	Percent
English	961	99.7%
Spanish	1	0.1%
Other	2	0.2%

## What is your gender identity?

	Number	Percent
Female	588	64.2%
Male	321	35.0%
Prefer Not to Say	7	0.8%

## Do you identify as transgender?

	Number	Percent
Yes	5	0.6%
No	788	98.0%
Prefer Not to Say	11	1.4%

## Do you consider yourself to be:

	Number	Percent
Heterosexual or Straight	917	96.0%
Homosexual or Lesbian or Gay	7	0.7%
Bisexual	8	0.8%
Prefer Not to Say	20	2.1%
I Do Not Know	3	0.3%

## Marital Status:

	Number	Percent
Married	622	64.7%
Domestic Partners	29	3.0%
Divorced	133	13.8%
Never Married	65	6.8%
Separated	9	0.9%
Widowed	92	9.6%
Other	12	1.2%

## Your highest education levels:

	Number	Percent
Less than High School	23	2.4%
High School/GED	180	18.7%
Some College	363	37.8%
Bachelor's Degree	242	25.2%
Master's Degree	153	15.9%

**Current Employment Status:**

	Number	Percent
Employed, Full-Times	421	44.0%
Employed, Part-Time	86	9.0%
Unemployed, Seeking Work	18	1.9%
Unemployed, Not Seeking Work	34	3.5%
Unemployed, Full-Time Students	6	0.6%
Retired	352	36.8%
Other	40	4.2%

**How do you describe yourself?**

	Number	Percent
White	866	91.1%
Asian	2	0.2%
Black or African American	39	4.1%
Native Hawaiian/Pacific Islander	2	0.2%
American Indian/Alaskan Native	3	0.3%
Hispanic or Latino	18	1.9%
Multiple Races	16	1.7%
Other	5	0.5%

**During the past 12 months, what was the total combined income of all members of your household before taxes?**

	Number	Percent
Less than \$10,000	17	1.9%
\$10,000 - \$14,999	28	3.1%
\$15,000 - \$24,999	68	7.5%
\$25,000 - \$34,999	94	10.3%
\$35,000 - \$49,999	136	14.9%
\$50,000 - \$64,999	125	13.7%
\$65,000 - \$74,999	91	10.0%
\$75,000 - \$99,999	142	15.6%
\$100,000 or More	209	23.0%

## 2017 Stakeholder Survey - Tabular Data

### 1. How would you rate Eastern Jackson County (EJC)?

	Number	Percent
Very Unhealthy	0	0.0%
Unhealthy	14	22.2%
Somewhat Healthy	40	63.5%
Healthy	7	11.1%
Very Healthy	2	3.2%

### 2. From the following list, what do you think are the top 5 “Health Concerns” in EJC? Please select only 5.

	Number	Percent
Air Pollution	1	1.6%
Alcohol/Drug Use	34	54.0%
Animal Control	5	7.9%
Availability of Healthcare	20	31.8%
Bullying	8	12.7%
Cancer	16	25.4%
Child Abuse/Neglect	14	22.2%
Clean Water/Water Pollution	2	3.2%
Dental Problems	10	15.8%
Diabetes	19	30.2%
Distracted Driving	21	33.3%
Domestic Violence	12	19.1%
Gun Violence	13	20.6%
Heart Disease and Stroke	17	27.0%
Mental Health	33	52.4%
Overweight/Obese	41	65.1%
Respiratory/Lung Disease	8	12.7%
Teenage Pregnancy	2	3.2%
Tobacco Use	16	25.4%
Violence/Other Crime	18	28.6%
Other	5	7.9%

### 3. If you wish, please provide additional comments on why those are the top “Health Concerns” in EJC.

*“Many of the items listed are extremely important, but the reason I chose the ones I did is that I believe Mental Health is the driver of most of the other health concerns listed.”*

*“I don’t think that we do a very good job with education and prevention services and that results so habits like drug/alcohol use, smoking and poor eating habits end up causing larger problems. Access to both physical and behavioral health doesn’t meet the demand.”*

*“We see at least one attempted Suicide at St. Mary’s each day. Most of the time it is related to alcohol or drug abuse or a mental illness.”*

*“Dental care is very difficult to find for uninsured as is mental health and without long waits.”*

4. From the following list, what do you think are the 5 most important factors for a “Healthy Community”?

	Number	Percent
Access to Healthcare	41	65.1%
Affordable Housing	21	33.3%
Arts and Cultural Events	4	6.4%
Clean Environment	19	30.2%
Emergency Preparedness	6	9.5%
Excellent Race/Ethnic Relations	11	17.5%
Good Jobs and Healthy Economy	40	63.5%
Good Place to Raise Children	16	25.4%
Good Schools	27	42.9%
Healthy Behaviors and Lifestyles	36	57.1%
Low Adult Death and Disease Rates	5	7.9%
Low Infant Death and Disease Rates	6	9.5%
Low Levels of Child Abuse	4	6.4%
Quality Parks and Recreation	18	28.6%
Religious or Spiritual Values	8	12.7%
Safe Neighborhoods/Low Crime	34	54.0%
Strong Family Life	18	28.6%
Other	1	1.59%

5. If you wish, please provide additional comments on why those are the most important factors for a “Healthy Community”.

*“All of these factors are important. I had a hard time trying to pick the top, but I tried to pick the ones which were basic needs. I wanted to pick 6 because I think affordable housing is important as well as excellent race/ethnic relations.”*

*“Safe, inviting Livable/Complete Streets facilitate “Healthy Behaviors and Lifestyles” which contribute to “Low Adult Death and Disease Rates.”*

6. Please indicate if you agree with each of the followings statements:

	Agree	Disagree	I Do Not Know
Safe amounts of fluoride should be added to the public drinking water in EJC.	71.4%	9.5%	19.1%
The minimum age of purchase and sale for tobacco products should be 21 years of age for cities in EJC.	85.7%	12.7%	1.6%
Tobacco products should not be allowed to be used inside all public places and workplaces in EJC.	98.4%	1.6%	0.0%
Electronic cigarettes should be allowed to be used inside public places in EJC.	7.9%	79.4%	12.7%
The number of tobacco and alcohol retailers should be limited in EJC.	55.6%	27.0%	17.4%
Restaurant inspections should be ranked or graded based on their food inspection scores.	79.4%	3.2%	17.4%

## 7. What other additional programs or policies would you or your organization like to see implemented in EJC?

*“Consistent, county-wide non-smoking regulations”*

*“Livable/Complete Streets policies in each jurisdiction. (Built environment impacts public health).”*

*“Cannot advocated for the 21 year old tobacco purchase thing. If one can go to war and one can vote they should be old enough to make that decision and not have the government interfere.”*

*“Limited paperwork would be helpful for small business.”*

*“Mental health clinics”*

*“Smoking (including e-cigs) should not be permitted in restaurant outdoor areas, within 25 ft. of doorways and other building openings, also not in public transit waiting structures.”*

*“Intensive focus on creating jobs”*

## 8. Do you live in Jackson County?

	Number	Percent
Yes	53	84.1%
No	10	15.8%

## 9. Where do you live?

	Number	Percent
Blue Springs	8	12.7%
Buckner	1	1.6%
Grain Valley	4	6.4%
Grandview	4	6.4%
Greenwood	1	1.6%
Independence	2	3.2%
Kansas City	7	11.1%
Lake Lotawana	0	0.0%
Lake Tapawingo	0	0.0%
Lee’s Summit	17	26.9%
Levasy	0	0.0%
Lone Jack	1	1.6%
Oak Grove	2	3.2%
Raytown	5	7.9%
River Bend	0	0.0%
Sibley	0	0.0%
Sugar Creek	4	6.4%
Unity Village	0	0.0%
Other	7	11.1%



## 10. Which option most describes your organization?

	Number	Percent
Business	0	0.0%
Education	6	9.5%
Faith-Based	2	3.2%
Government	27	42.9%
Healthcare	10	15.9%
Non-Governmental Organization	3	4.7%
Public Service	5	7.9%
Other	10	15.9%

## 11. Which cities in Jackson County does your organization mostly serve?

	Number	Percent
All cities in Jackson County	22	34.9%
Blue Springs	15	23.8%
Buckner	4	6.4%
Grain Valley	13	20.6%
Grandview	10	15.9%
Greenwood	7	11.1%
Independence	8	12.7%
Kansas City	6	9.5%
Lake Lotawana	4	6.4%
Lake Tapawingo	4	6.4%
Lee's Summit	15	23.8%
Levasy	2	3.2%
Lone Jack	6	9.5%
Oak Grove	6	9.5%
Raytown	12	19.1%
River Bend	1	1.6%
Sibley	2	3.2%
Sugar Creek	7	11.1%
Unity Village	2	3.2%
Other	2	3.2%

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