
# 2017 Regional Health Assessment Greater Kansas City Region

The health status of Kansas City area residents is important to track on a regular basis. The health of our residents affects the region's economy as employees in poor health are less productive in meeting their job responsibilities or are unable to work, affecting earning potential; students in poor health are not able to learn and fully engage in their education; residents are unable to fully participate in the civic life of the community; and demands for increased public funding to support health needs take away from other important community priorities.

Community health outcomes are influenced by specific behaviors, socio-economic circumstances and the environment in which people live, as well as their access to quality health care. Comparing trends over time and disparities by geography and race or ethnicity can help communities identify and address health issues.

Three principal findings emerged from health data compiled by the Mid-America Regional Council on behalf of the REACH Healthcare Foundation in 2017:

1. The region is getting healthier. Death rates for many diseases are declining.
2. Despite this overall improvement, vulnerable populations tend to have disproportionately poorer health outcomes. Rapid growth in vulnerable populations — particularly those in poverty and racial/ethnic minorities — makes addressing these disparities critical for continued improvement in regional health.
3. Implementation of the federal health insurance exchange has significantly reduced the number of uninsured in the region.

## Secondary findings:

- There are improvements in many medical categories; however, that is not the case for obesity and diabetes, where prevalence remains high. These conditions are often complicating factors for a host of other poor health outcomes.
- Mental health remains an issue with an increase in the number of poor mental health days reported for every county examined except Ray over the past five years, and an increase in incidence and deaths from suicide.
- The number of patients served by Federally Qualified Health Centers (FQHCs) has increased by over 33 percent since 2012. Two-thirds of all FQHC patients are over 18 years old, 62.5 percent are persons of color and most are at or below the poverty line. Forty-three percent of patients are uninsured.
- Since 2015, the region has seen an increase in the number of locations for the delivery of safety net services. The decrease in the number of uninsured has allowed many safety net clinics to provide services to patients with Medicaid, Medicare or private insurance. The demand for services, however, continues to increase.

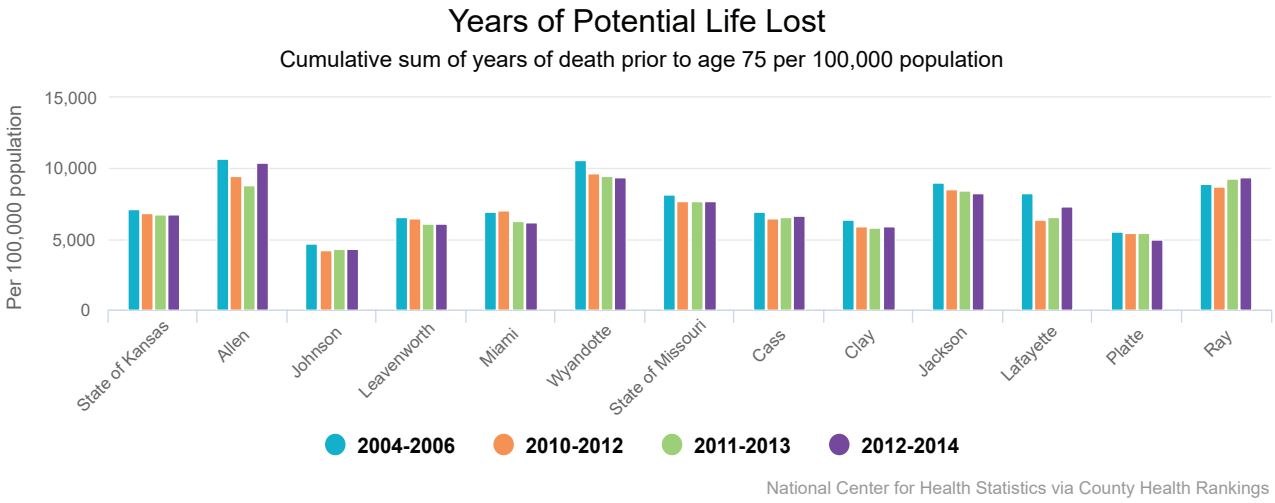
The Regional Health Assessment data cover two overlapping geographies — the six-county REACH Healthcare Foundation service area and the MARC region. Combined, this area encompasses 11 counties: Cass, Clay, Jackson, Lafayette, Platte and Ray in Missouri, and Allen, Johnson, Leavenworth, Miami and Wyandotte in Kansas.

The assessment data focus on medically vulnerable populations — people who, because of income, race or ethnicity, lack of health insurance, age, disability, or limited English, may be more likely to experience health issues or have difficulty accessing quality health care.

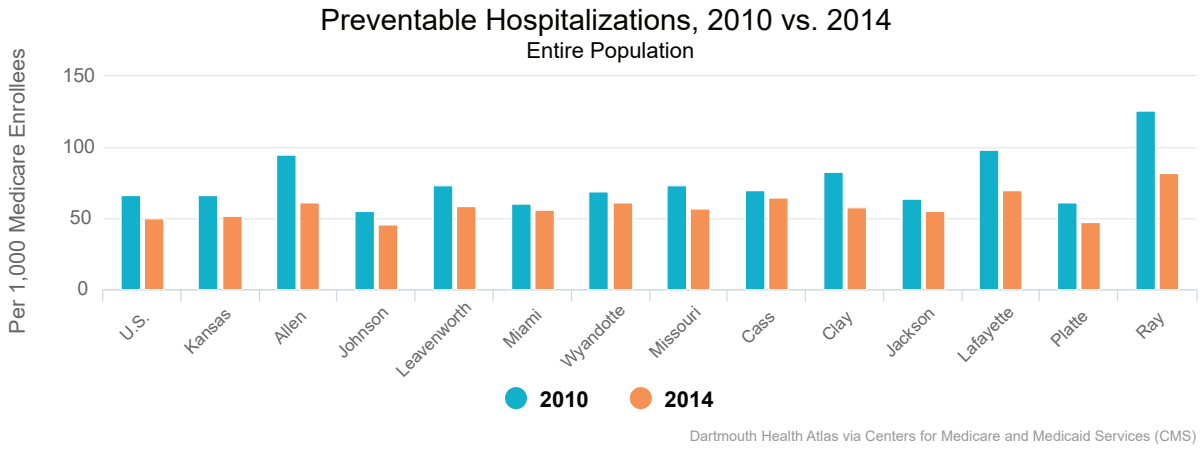
The individual county health profiles and regional data may be viewed at www.marc2.org/healthdata/.

## The Region Is Getting Healthier

There is improvement in several of the Kansas City region's key health indicators over the last decade. A good stand-in for general health is Years of Potential Life Lost (YPLL), which is a measure of premature death. This indicator measures how many years of life are lost prior to the age of 75 for every 100,000 in population. The chart below shows that each state and every county, except Ray, have shown a decline in YPLL from 2004-2006 to 2012-2014. This indicates that fewer persons are dying from premature death due to a wide variety of causes, including chronic disease. In particular, death rates for heart disease, stroke and cancer have declined significantly over the last decade and a half.




Another measure of community health is preventable hospitalizations. These are hospitalizations for diseases that if properly managed should not result in hospitalizations. Such diseases include heart disease, diabetes and respiratory disease. Data based on Medicare patients indicate that there has been a significant decline in preventable hospitalizations between 2010 and 2014. The largest declines have been in rural areas (Ray and Allen counties). The declines may indicate a reduced incidence of chronic diseases and/or better management of the diseases, including better access to care.

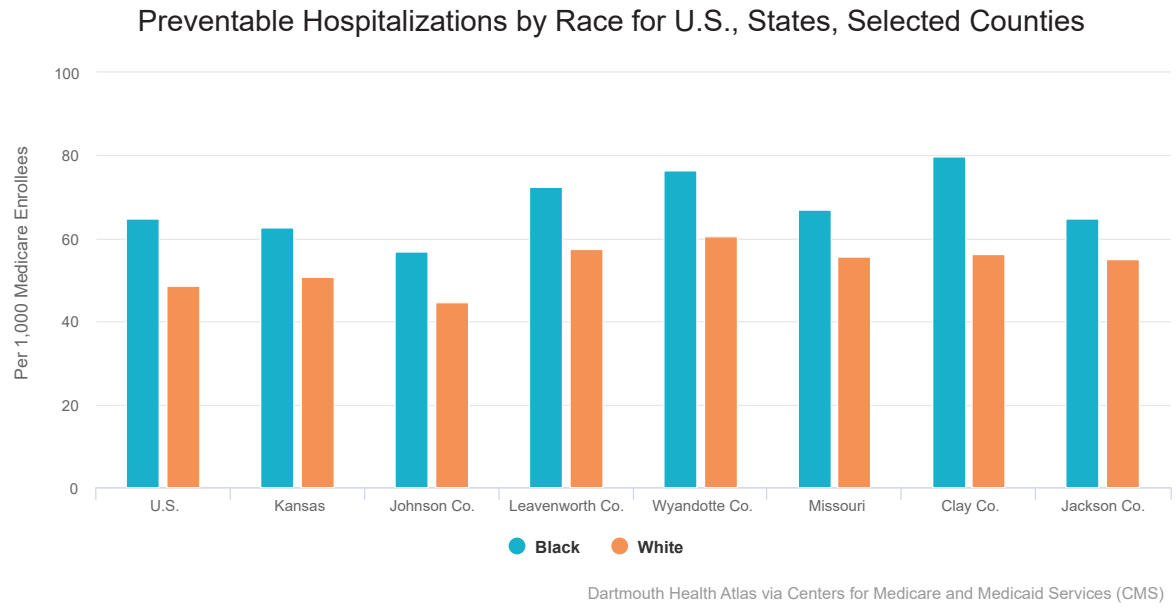



## But Not Everyone Is Benefiting

There are sharp disparities in health outcomes with vulnerable populations often having significantly poorer health outcomes than the population as a whole. One area of evidence of this disparity can be seen in outcomes based on geography. Years of Potential Life Lost shows this geographic disparity. Rural communities and urban communities often have YPLLs double that of adjacent suburban communities. The chart at the top of the page illustrates this disparity in YPLL. Urban counties have the greatest concentration of people of color and low income residents while rural counties have greater concentrations of the elderly and poor access to health providers.

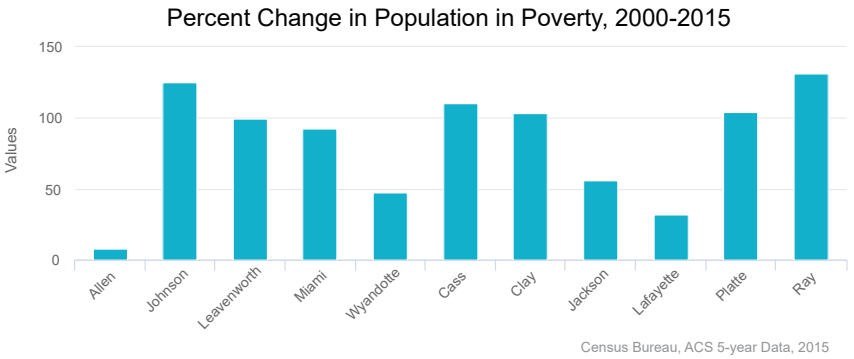
Much of the geographic disparity, as evidenced in the YPLL chart, is a reflection of the concentrations of vulnerable populations. Vulnerable populations include people of color, low income residents, those who are elderly or young, those with disabilities, those who do not fluently speak English, and those without health insurance. Frequently, these vulnerable conditions overlap and compound the health challenges. Generally, vulnerable populations have less access to both healthy lifestyles, such as nutritious foods and opportunities for exercise, less access to quality health care, and often greater exposure to health hazards. These conditions play out in different ways for different populations. An elderly person in a rural area may be experiencing increased health issues due to age and also have difficulty accessing health services. A poor family in the urban core may have limited access to healthy foods, live in a substandard home with asthma hazards, and not have health insurance that allows them access to quality and timely health services.

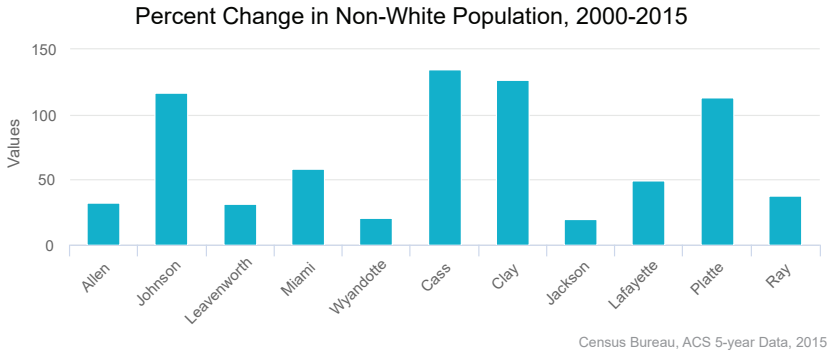
The chart below shows consistently higher preventable hospitalizations for Black Medicare enrollees than White enrollees. According to the Centers for Disease Control and Prevention (CDC) 2015 data, diabetes deaths are two to three times as likely among Blacks as Whites, and deaths are significantly higher for Hispanics than Whites.




Between 2010 and 2030, the older adult population (those over 65) is anticipated to double in relative terms, becoming almost 20 percent of the population. This population has particular health issues and, especially in rural areas, issues of access to care.

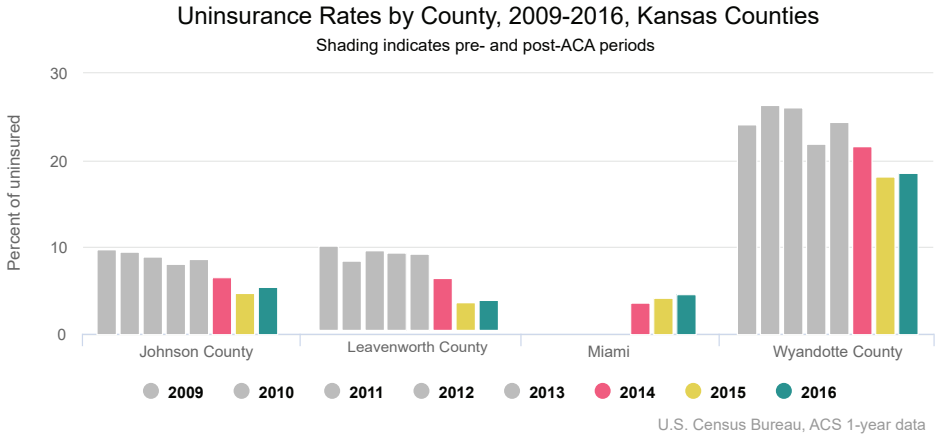
Vulnerable populations are experiencing poorer health outcomes than the population as a whole, a problem that is growing along with these populations. For example, every county has seen a growth in the number of those in poverty, some dramatically. Poverty has more than doubled in the last 15 years in Johnson, Cass, Clay, Platte and Ray Counties. Similarly, all counties saw double-digit increases in minority populations, with Johnson, Cass, Clay and Platte's minority populations more than doubling. Vulnerable populations are increasing in absolute and relative terms, so these health issues will become an increasing issue if not addressed.

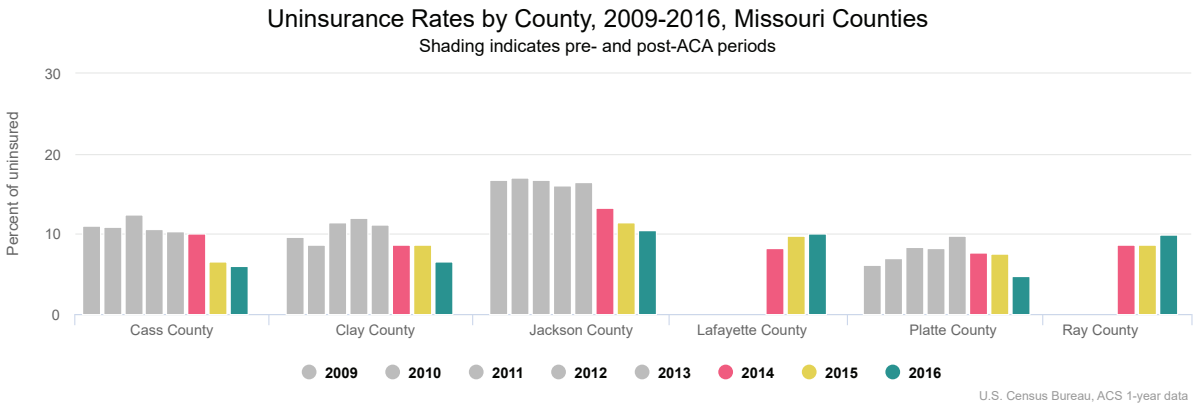



## The Percent Uninsured Has Declined

The chart below shows rates of the uninsured from one-year American Community Survey (ACS) data, 2009-2016. (Note: counties with populations below 65,000 are not included in 1-year ACS data prior to 2014, and no 1-year data is available for counties below 20,000 population.) Enrollment in the ACA-authorized Federal Health Care Marketplace began in October 2013, with plan coverage beginning in January 2014.



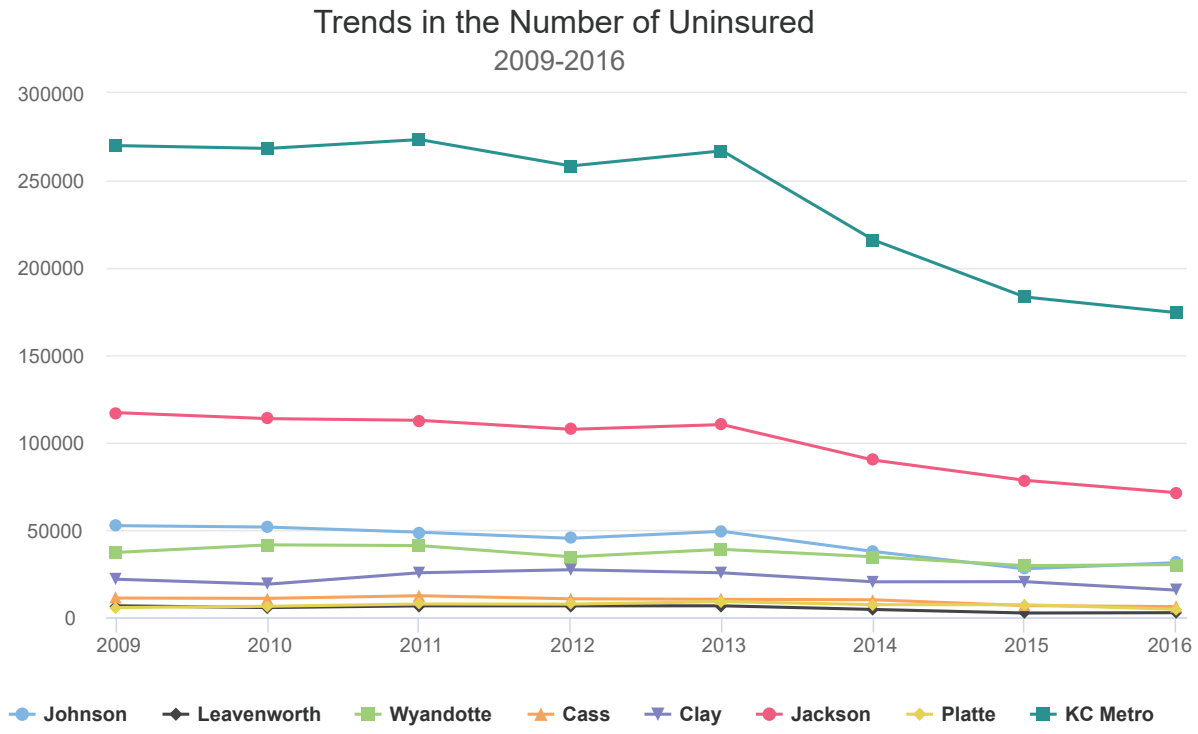



During the five years prior to the start of ACA coverage, the percentage of residents without health insurance held stable at just over 13 percent. Individual counties showed more fluctuation but little discernible movement except for Platte County, which saw its uninsurance rate rise from 6 percent to nearly 10 percent. Since the passage of the ACA, all counties experienced a significant drop in the percentage of residents without health insurance. As a result, the metro uninsurance rate dropped nearly 5 percentage points, from 13.2 percent in 2013 to 8.4 percent in 2016.

Of some concern is that between 2015 and 2016, all of the Kansas counties examined experienced small increases in their uninsurance rates. These increases are well within the margins of error of the estimates and so are not statistically significant. However, the uniformity of the pattern is worrisome.

By contrast, nearly all Missouri counties reviewed saw a decline in the proportion of people who were uninsured between 2015 and 2016, some substantially. For example, Clay saw a 2.2 percent reduction in the last year, and Platte saw a 2.9 percent reduction. In both cases, however, this was after almost no reduction the prior year.

Perhaps more impressive than the reductions in rates of uninsured are the actual reductions in the number of people without health insurance. The number of Kansas City metropolitan area residents who are uninsured held fairly steady in the years leading up to ACA enrollment and in 2013 numbered nearly 267,000. By 2016, that figure had dropped to about 174,000, a 93,000 reduction.



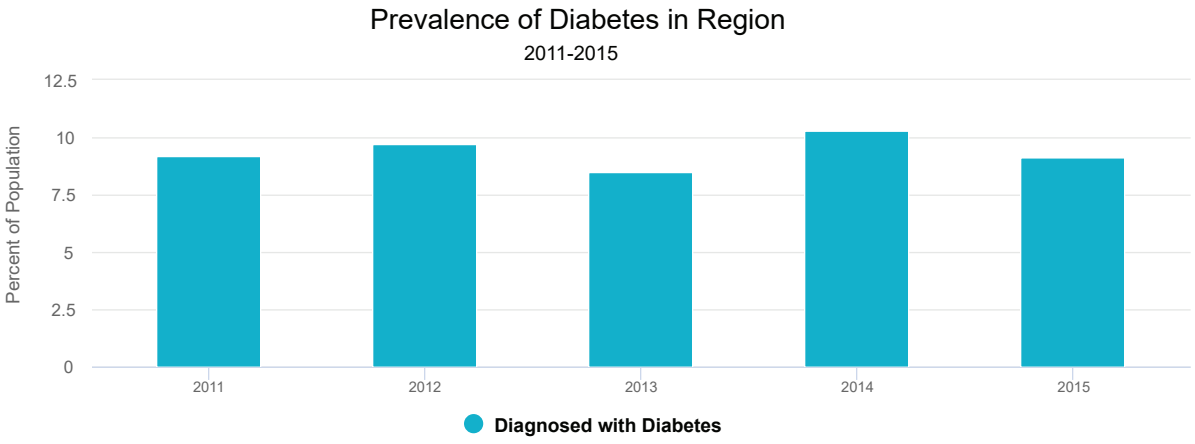

Note: data is not available for counties with populations below 65,000.

Census Bureau, ACS 1-year Data, 2016

## Healthier Region — A Couple of Caveats

While the region's health is improving as indicated by several measures, there are a couple of areas where this improvement has not been evident. The first is in diabetes and obesity — chronic conditions that can contribute to a host of health issues. The charts below show that the percent of the population that is overweight or obese has increased slightly from 2011 to 2015, and diabetes prevalence has remained constant. The percent of the metro area population that is overweight or obese represented almost one-third of all persons. The distribution of obesity and diabetes by census tract in Kansas City, Missouri, and Kansas City, Kansas, indicate significant disparities in those neighborhoods with concentrations of households in poverty and persons of color.

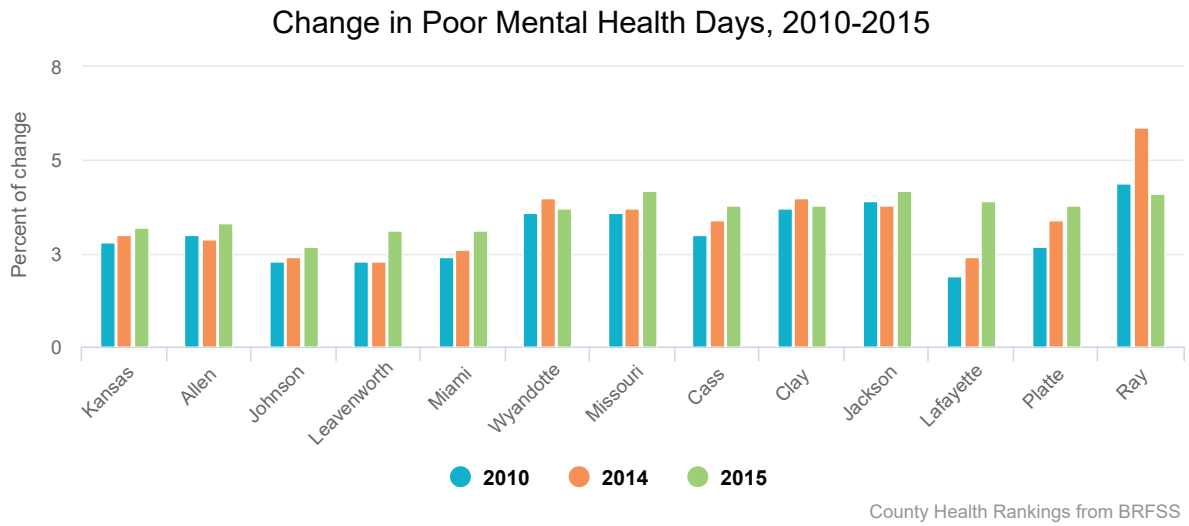

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data

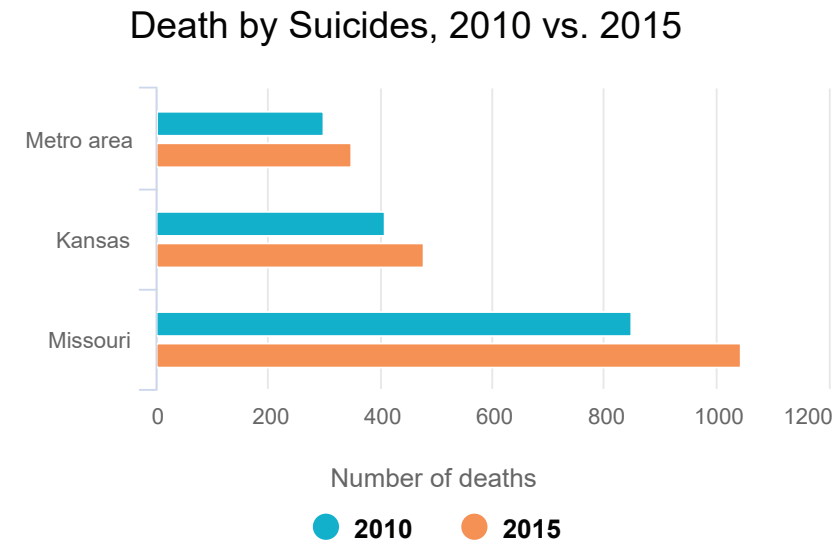



Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data

Another area of concern is mental health. Self-reporting of poor mental health days increased between 2010 and 2015 in every metro county except Ray, as indicated in the chart below. Again there are significant disparities when looking at severe mental health issues as measured by those reporting 14 days per month or more of poor mental health. When looking at mental health data in Kansas City, Missouri, and Kansas City, Kansas, by census tract, there are clear concentrations of those with mental health challenges in areas of with concentrations of those in poverty and people of color.

In addition, there was a 16.8 percent increase in the number of suicides between 2010 and 2015 in the metro area. Suicides increased by 23 percent in the state of Missouri and by 17 percent in the state of Kansas.

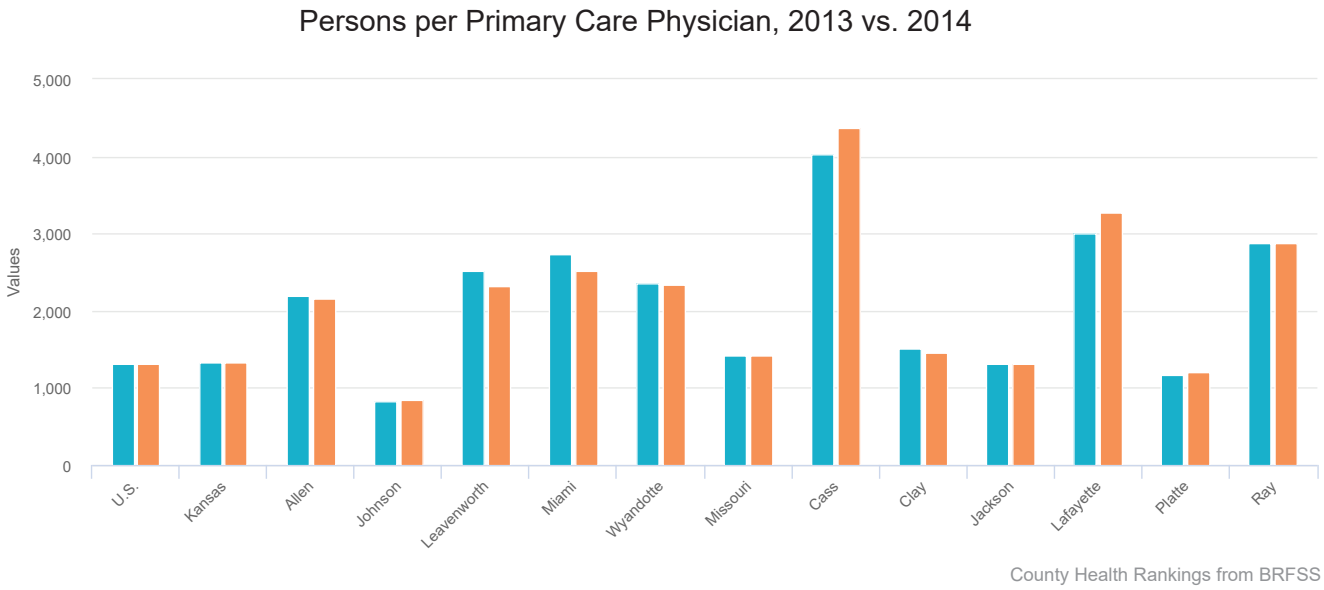


Nine comprehensive mental health centers in the Kansas City region reported over 70,000 patients receiving behavioral health services in 2016. Of those patients, 28 percent were uninsured, 42 percent had Medicaid coverage, and 23 percent had Medicare or private insurance coverage. For those centers reporting data in 2015, patients for mental health services increased by 8 percent. In 2016, one-fourth of the services were delivered in Wyandotte County, 46 percent in Jackson County, and 13 percent in Johnson County.

## Access to Care

Many residents, particularly in rural counties, have limited access to health care and health professionals. Rural areas have fewer health care professionals per capita than suburban and urban areas. Poor access in rural areas is compounded by relatively longer distances to travel and fewer transportation options. Urban areas in Wyandotte and Jackson counties have relatively robust availability of health professionals, many of whom are associated with large hospitals. Yet, vulnerable populations in urban areas may have difficulty accessing medical care.

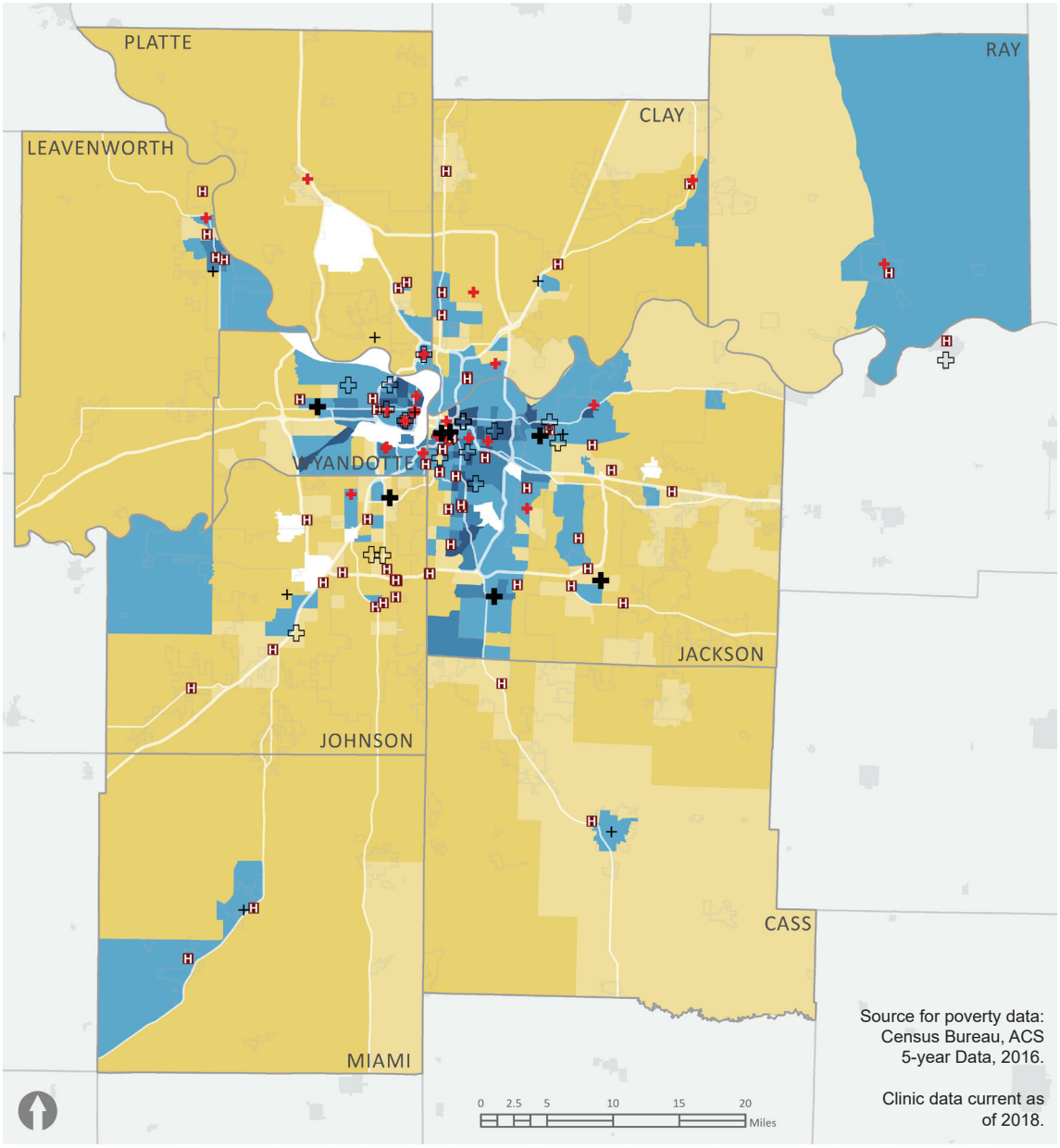



Federally Qualified Health Centers (FQHCs) are becoming an increasingly important provider of health care to vulnerable populations. In 2012, there were three FQHCs in the metro area providing medical services to 67,404 patients. These same three FQHCs provided services to 80,003 patients in 2016, an 18.7 percent increase. Two additional FQHCs have been designated since 2012. This adds an additional 10,865 patients to the 2016 total. It is anticipated that additional FQHCs will be designated over time, increasing access to care for those with limited or no health insurance.

Sixty-nine percent of patients served by FQHCs are below the poverty level and 94 percent are below 200 percent of poverty. Those who are uninsured comprise 43 percent of patients. While the number of uninsured stayed constant for the three FQHCs operating in 2012, the total uninsured patients increased by 5,003 when adding the new FQHCs.

The map below shows areas of the region where there are concentrations of lower income residents. Federally Qualified Health Centers are represented with this symbol: ✙. Safety net clinics are designate by red crosses (✚). Health departments, hospitals and mental health facilities are also represented (see legend.) There are areas with concentrations of households in poverty that are well served by safety net clinics and other areas where access to care is limited.

## Distribution of Poverty in Relation to Location of Health Facilities




Health Facilities

- ✙ Federally Qualified Health Clinics
- \+ Health Departments
- H Hospitals
- ✚ Mental Health Facilities
- ✚ Safety Net Clinics

Poverty Rate

- 40% - 73.7%
- 30% - 39.9%
- 12.7% - 29.9%
- 8.1% - 12.6%
- 0% - 8%

◀ Regional Poverty Rate: 12.7%