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## For Additional Information:

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For questions, comments, opportunities for partnership or to request data, send an email to communityplanning@cmh.edu.

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## TABLE OF CONTENTS

<b>Executive Summary</b>		Special Therapy	28
· ·		Written Intervention Plan	28
Background	10	Health Conditions	28
Overview of Children's Mercy Hospital Kansas	10	Allergies	28
Purpose of Assessment	11	Asthma	28
Community Definition	11	Lead Exposure	29
Methods	12	Low Birthweight	30
Determining Significance	16	Obesity	30
Limitations	16	Other Conditions	3
Community Social, Economic and Physical Context	18	Mental and Behavioral Health	32
Demographics/Characteristics	18	Mental Health Status	33
Poverty, Income and Employment	19	Demand for Mental Health Services	33
Education	20	Inpatient Hospitalizations	33
Housing and Transportation	21	Mental Health Prescriptions	34
Home Ownership	22	Mortality	34
Age of Housing	22	Infant Mortality	34
Transience	22	Leading Causes of Infant Mortality	35
Cost of Housing	23	Child and Adolescent Deaths	35
Condition of Home	23	Leading Causes of Child and Adolescent	35
Built Environment/Environmental Conditions	24	Deaths	
Neighborhood Safety	24	Pediatric Health Care Utilization	36
Neighborhood Characteristics	25	Usual Source of Care	37
Health and Health Conditions	26	Receipt of Routine Medical Care	37
Top Health Issues	26	Type of Place Used for Medical Care	37
Health Status	27	Emergency Department Utilization	38
Activity Limitations	27	Urgent Care Utilization Centers/Walk-In	38
Prescriptions	28	Clinic Utilization	
		Specialty Care Utilization	38

Dental Care	39	Improving Child Health: Key Informant	56
Vision and Hearing Care	40	Recommendations	
Telehealth and Telemedicine	41	<b>Priority-Setting Process of Significant</b>	60
Health Insurance Coverage	42	Health Issues	
Barriers to Services	44	2013-2015 Implementation Plan Update	66
Children and Adolescents: at Home, School and in Community	46	Appendix	
Adverse Childhood Experiences	46	Appendix 1: Organizations Represented in Focus Groups, Key Informant Online Survey and Child	68
Adolescent Sexual Activity	47	Health Summit	
Breastfeeding	48	Appendix 2: Lead Screening Results Maps	70
Bullying	48	Appendix 3: Resources Available to Address	72
Home Visits	49	Significant Health Needs	
Injury and Safety	49	Appendix 4: Notes to Readers	76
Car Seat and Seatbelt Use	50		
Helmet Use	50		
Child Maltreatment	50		
Nutrition and Access to Healthy Food	50		
Family Meals	51		
Fruit and Vegetable Consumption	51		
Fast Foods	51		
Food Insecurity	51		
Parent Support	52		
Physical Activity	53		
School Absence	53		
Technology	53		
Screen Time	53		
Internet Access	53		
Tobacco Exposure	54		



## Introduction

Children's Mercy Hospital Kansas is a free-standing community children's hospital that serves a growing breadth of pediatric diagnoses for children from birth through 21 years of age. In 1997, Children's Mercy opened Children's Mercy South (now known as Children's Mercy Hospital Kansas), in Overland Park, Kansas. It was, and is, the only pediatric hospital in the state of Kansas. Improving the health status of children is a key component of Children's Mercy's mission and strategic plan. The State of Children's Health: 2016 Community Health Needs Assessment for the Kansas City Region (2016 CHNA) is the second assessment since the Patient Protection and Affordable Care Act of 2010 (ACA) required hospitals to conduct a triennial community health needs assessments. In addition to fulfilling the ACA requirements and subsequent IRS Section H/Form 990 mandate, the 2016 CHNA process is undertaken:

- to examine the current health status of children and identify unmet health needs in Children's Mercy service area
- to identify the current health priorities—as well as new and emerging health concerns among children and families within the larger social context of their community
- to explore community strengths, resources and gaps in services in order to guide future programming, funding and policy priorities for Children's Mercy
- to provide community health advocates and providers insight into the health and wellbeing of the Kansas City region's children and families.

While Children's Mercy serves children from across the states of Kansas and Missouri, the largest proportion of its population comes from the Kansas City region, Johnson and Wyandotte counties in Kansas and Clay and Jackson counties in Missouri. The 2016 CHNA focuses on this region.

#### Methods

Children's Mercy approached the 2016 CHNA through a four-part process. To support the administration of surveys and the data collection and analysis, Children's Mercy partnered with Professional Research Consultants, Inc. (PRC). With support from Healthy Housing Solutions, Inc., additional questions related to housing and social determinants of health were added to the data tools.

- In Fall 2015, PRC conducted a telephone interview survey to better understand children's health and safety needs. The sample design was a stratified random sample of 1,000 families living in Johnson and Wyandotte counties in Kansas and Clay and Jackson counties in Missouri. The sample was weighted in proportion to the child population distribution.
- PRC conducted focus groups and fielded an online survey to gather input on health concerns and to identify challenges and service gaps. Public health professionals, elected officials, representatives from community-based organizations, health care providers and business leaders participated in the groups and the survey.
- In an effort to develop a social, economic and health portrait of the region, PRC and Children's Mercy reviewed existing data drawn from national, state and local sources.

4. On March 11, 2016, Children's Mercy convened more than 160 individuals from the Kansas City region at a Children's Health Summit. Participants reviewed the 2016 CHNA data and defined priorities. In addition, more than 250 Children's Mercy staff reviewed the 2016 CHNA data and rated the priorities.

## **Key Findings**

The following provides a brief overview of key findings that emerged from this assessment:

- About 411,000 children live in the four counties making
   up 25.6 percent of the population.
- Nineteen percent of children across the region live below the federal poverty line—36.7 percent in Wyandotte County.
- Close to 235,000 children are enrolled in K-12 public schools and of these 42.3 percent participate in the
   Free and Reduced Price School Meals program.
- More than 6,900 K-12 children enrolled in the public school districts across the region were considered homeless.
- More than 80 percent of parents rated their children's health status as "excellent" or "very good."
- Since 2012, more children are experiencing activity
   limitations, anxiety, ADHD and depression.
- Close to 14 percent of children missed five or more school days and of these 3.8 percent missed 10 or more days.

- Financial strife was the most frequently experienced
   Adverse Childhood Experience (ACE) by children in
   the region as reported by parents and caregivers.

   Just over 37.6 percent of children have endured at

   least one ACE, 24 percent of children (0-5 years) have

   experienced one ACE and 8 percent (0-17 years) have

   experienced three or more ACEs in their lifetime.
  - Wyandotte County has the highest proportion of children enduring at least one ACE, with nearly one-half experiencing one or more ACEs.
  - Clay County has the highest proportion of children enduring three or more ACEs.
- Clay, Jackson and Wyandotte County families
   experience food insecurity and insufficiency at
   higher rates than their respective state averages.
- Only 13.7 percent of families ever received services
  from a home visit program during the first three
  years of their child's life. Of those that never
  received a home visit, 56.4 percent would have
  liked to have received such a service if offered.
- During the past year, 16.1 percent of all children experienced bullying while at school—20 percent in Clay County.
- About 50 percent of low-income families in the region live in housing that was built before 1950.
   This leaves them at risk for potential environmental exposures including mold and lead.
- Close to 44 percent of all families state that they "sometimes" or "always" worry about

- paying the monthly mortgage or rent.
- Far too many children live in neighborhoods with:
  - vacant housing properties
  - poorly kept housing
  - high levels of vandalism
  - litter and loose garbage.
- The usual source of care for 68.6 percent of children is a physician's office.
- Across the region, 32 percent of all families
   experienced difficulties or delays in receiving a child's
   needed health care over the past year—38.8 percent
   in Wyandotte County and 44.6 percent in Clay County.
  - Just over 16 percent of families reported needing mental health services over the past year and of these, 14.2 percent were unable to receive counseling or treatment.
  - Access to specialty care remains a challenge for many families—25.2 percent had a moderate to major problem receiving specialty care. In Clay County this number rose to 36.9 percent and 31.6 percent in Johnson County.
- Inconvenient office hours, scheduling an appointment, finding a doctor, lack of transportation and cost of prescriptions and/ or visits were identified as barriers to care.
- One in four parents (24.8 percent) reports that their child has had three or more meals from "fast food" restaurants in the past week.

- A total of 70.4 percent of school-age children living in the region spent two or more hours/day on screen time.
- Infant mortality remains a challenge in Wyandotte
  County and across the region. The non-Hispanic
  black infant mortality rate is more than double
  the rate of non-Hispanic white infants.

**Significant Health Needs** 

The 2016 CHNA data was presented to over 160 representatives from the region. Eleven key priorities influencing children's health resulted: poverty,

employment, violence, parent support, access to health care, mental/behavioral health, housing, obesity, food insecurity, early education and infant mortality. Children's Mercy staff reviewed the priorities and examined which of these the hospital could most impact. Over the next three years, Children's Mercy will strategically address mental behavioral health, infant mortality, parent support, access to health services and obesity/food insecurity.





## **Overview of Children's Mercy Kansas City**

Children's Mercy Hospital Kansas is a free-standing community children's hospital located in Overland Park, Kan., that serves a growing breadth of pediatric diagnoses for children from



birth through 21 years of age. In 1997, Children's Mercy opened Children's Mercy South (now known as Children's Mercy Hospital Kansas), in Overland Park, Kansas. It was, and is, the only pediatric hospital in the state of Kansas. Children's Mercy Hospital Kansas offers dozens of pediatric specialty clinics, an imaging center, in-house laboratory, chapel and more. Surgery also is provided in patient beds. There are no intensive care beds or services; the emergency room is not a trauma center. Clinics are also offered in a nearby medical office building and in 2013, Children's Mercy Blue Valley opened in Overland Park, offering sports medicine and urgent care services. In addition, Children's Mercy serves the western side of the metro through Children's Mercy West-The Cordell D. Meeks, Jr. Clinic, a primary-care clinic for children from birth to age 18.

Children's Mercy has received national recognition from U.S. News & World Report in all 10 pediatric specialties. The hospital was the first in Missouri and Kansas to receive Magnet Recognition for excellence in nursing services from the American Nurses Credentialing Center, and has been re-designated three times.

Children's Mercy Hospital Kansas continues the Children's Mercy legacy of caring for children and their families.

## **Purpose of the Assessment**7

The State of Children's Health: 2016 Community Health
Needs Assessment for the Kansas City Region (2016
CHNA) provides a comprehensive look into the health
status of children and adolescents in the Kansas
City region. The goals of the assessment are:

- to examine the current health status of children and identify unmet health needs in the Children's Mercy leading service area—Clay and Jackson counties in Missouri and Johnson and Wyandotte counties in Kansas
- to identify the current health priorities—as well as new and emerging health concerns—among children and families within the larger social context of their community
- to explore community strengths, resources and gaps in services in order to guide future programming,
   funding and policy priorities for Children's Mercy
- to provide community health advocates and providers insights into the health and well-being of the Kansas City region's children and families.

To conduct this assessment, Children's Mercy contracted with Professional Research Consultants, Inc. (PRC). In addition, Children's Mercy received funding from Healthy Housing Solutions, Inc., to support the addition of data and questions related to housing and environmental exposures.

## **Community Definition**

The study area for the 2016 CHNA includes each of the residential zip codes principally associated with Johnson and Wyandotte counties in Kansas and Clay and Jackson counties in Missouri. The majority of the patients are from Johnson County. The definition of community was based on patient origination. From July 1, 2014 through June 30, 2015, approximately 75 percent of all encounters at Children's Mercy were from the four counties illustrated in the following map. For the purpose of this study, this area is called the Total Service Area (TSA).

## COMMUNITY HEALTH NEEDS ASSESSMENT SERVICE AREA, 2016



## **Methods**

The 2016 CHNA incorporates data from quantitative and qualitative sources. Quantitative sources include primary research (the 2015 PRC Child & Adolescent Health Survey-Kansas City version) and secondary research (vital statistics and other existing health-related data). Qualitative sources include primary research gathered through an online survey and focus groups. The following describes each of these tools in more detail.

PRC Child & Adolescent Health Survey: The PRC Child & Adolescent Health Survey-Kansas City is a random digit dial phone survey of adult parents and caregivers of children ages 0-18 years implemented from October through November 2015. The survey questionnaire and methodology are modeled after a similar survey PRC conducted in Kansas City three years earlier. For the 2016 CHNA, Children's Mercy worked with PRC to make modifications and add questions related to housing,

Saturday and Sunday, C.S.T. If an interview could not be completed in a single session, at least one callback was attempted within the same month, no more than three days after the first session. The average interview was 40 minutes in length. Both landlines and cell phones were contacted. The survey was offered in English and Spanish.

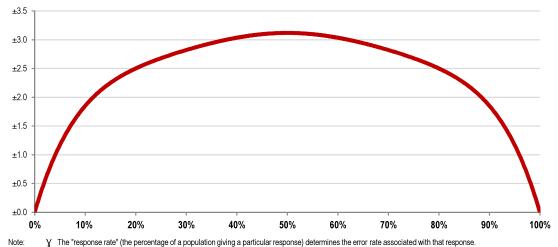
The sample design consisted of a stratified random sample of 1,000 parents/caregivers of children under 18 years in the Children's Mercy service area. A total of 200 interviews were conducted in Clay County, Missouri, 350 in Jackson County, Missouri, 250 in Johnson County, Kansas, and 200 in Wyandotte County, Kansas. The interviews were weighted in proportion to the child population distribution.

For statistical purposes, the maximum rate of error associated with a sample size of 1,000 respondents is  $\pm 3.1$  percent at the 95 percent level of confidence.

parenting and other social determinants of health. PRC administered the survey and managed the data collection and analysis.

Telephone administration of the survey was conducted from 9 a.m. to 9 p.m., Monday through Friday and 10 a.m. to 9:30 p.m.,

## **Expected Error Ranges for a Sample of 1,000 Respondents at the 95 Percent Level of Confidence**



A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: Y If 10% of the sample of 1,000 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% (10% " 1.9%)

of the total population would offer this response.

Y If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% (50% " 3.1%) of the total population would respond "yes" if asked this question.

Survey respondents were adults 18 years and older who have children residing in the household for whom they are a health care decision-maker. For households with more than one child under 18 years, most questions were asked about a randomly selected child in the household, determined by which child has had the most recent birthday. This random selection process allows for the best representation of

PRC strives to minimize bias by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (post-stratification), so as to eliminate any naturally occurring bias. Specifically,

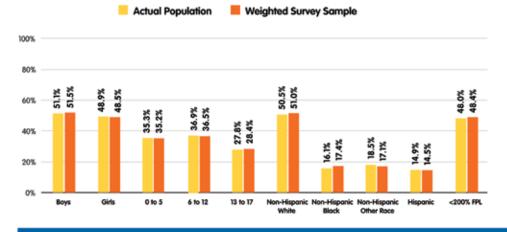
children by age and gender.

once the raw data are gathered, respondents are examined by key demographic characteristics (namely the child's gender, age, race/ethnicity and household poverty status) and a statistical application package applies weighting variables that produce a sample that more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose child's demographic characteristics may

have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the TSA sample for key child/adolescent demographics, compared to actual population characteristics revealed in census data.

## Population & Survey Sample Characteristics (Total Service Area, 2015)



Total Service Area = Clay and Jackson Counties in Missouri and Johnson and Wyandotte Counties in Kansas Sources:
Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
2015 PRC Child & Adolescent Health Survey-Kansas City Region, Professional Research Consultants, Inc.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total child and adolescent population of the TSA with a high degree of confidence.

Key Informant Online Survey: For the Key Informant
Online Survey, Children's Mercy staff, with support
from the Greater Kansas City Local Investment Support
Corporation (LISC), developed a list of participants.
The list of 99 included elected officials, physicians,
other health professionals, social service providers,
and business, neighborhood, housing and community
leaders (see table below and Appendix 1).

Key informants were contacted by an email that provided a link to the survey. In all, 46 completed the survey. The survey asked key informants to rate the degree to which various children's health issues are a problem in their community and to rate

the degree various issues impact children's health. For each identified issue respondents provided detail on how to address the issue. Results of the ratings, as well as comments, are included throughout this report.

Focus Groups: Five geographically-specific focus groups (two for Jackson County, one for Clay County, one for Wyandotte County and one for Johnson County) that included 46 individuals representing public health, physicians, health professionals, social service, and neighborhood, housing and community leaders, were held on Aug. 4 and 5, 2015 (see table below and Appendix 1). The list of invitees (225 invitees) was developed by Children's Mercy with support from LISC.

Key Informant Online Survey Participation					
Key Informant Type	Number Invited	Number Participating			
Physician	1	0			
Other Health Professional	28	13			
Social Service Provider	27	12			
Neighborhood, Housing,					
Community Leader	43	21			
Total	99	46			

Focus Group Participation					
Key Informant Type	Number Invited	Number Participating			
Physician	27	2			
Public Health Representative	18	9			
Other Health Professional	44	5			
Social Service Provider	77	22			
Neighborhood, Housing,					
Community Leader	55	8			
Total	222	46			

participation. Follow-up phone calls reminded invitees to register and confirmation calls were placed the day before the focus group was scheduled. Audio from the focus group sessions was recorded and transcribed. Comments and key themes are reflected throughout this report.

Secondary Data Sources: Secondary data were obtained from the following sources (specific citations are included throughout the report):

- Centers for Disease Control & Prevention, Office
   of Public Health Science Services, Center for
   Surveillance, Epidemiology and Laboratory Services,
   Division of Health Informatics and Surveillance
   (DHIS) and the National Center for Health Statistics
- Children's Mercy Trauma Registry
- Community Commons
- Geolytics Demographic Estimates & Projections
- Kansas City Missouri Health Department of Health
- Kansas Department of Elementary
   and Secondary Education
- Kansas Department of Health and Environment:
   Children and Families, Prevention and
   Protection Services; Bureau of Epidemiology
   and Public Health Informatics
- Missouri Department of Elementary and Secondary Education
- Missouri Department of Health and Senior Services:
   Missouri Information for Community Assessment

- Missouri Hospital Industry Data
- U.S. Census Bureau: American Community Survey;
   Decennial Census; Population Estimates
- U.S. Department of Health & Human
   Services: Healthy People 2020



#### Benchmark Data:

- Trending. A similar survey was administered in 2012 by PRC on behalf of Children's Mercy. Trending data, comparison to 2012 results, are provided throughout this report whenever available.
- National Data. National survey data, provided in comparison charts, are taken from the 2014 PRC

  National Child & Adolescent Health Survey; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the population of American children and youth with a high degree of confidence.



Healthy People 2020. When available,
 comparisons were made to Healthy People
 2020. Healthy People 2020 objectives provide
 evidence-based,10-year national objectives
 for improving the health of all Americans.

## **Determining Significance**

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5 percent variation from the comparative measure.

## **Limitations**

While this assessment is comprehensive, it cannot measure all possible aspects of child and adolescent health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs. The focus groups and online survey provide valuable insights, but the results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size.

As is the case with all survey data, the PRC Child & Adolescent Health Survey-Kansas City has limitations. First, the data are based entirely on parent or caregiver-reported information and may be subject to reporting errors, including inaccurate recall, and non-response bias (i.e., respondents who answer a question represent a different population from respondents who decline to answer a question). Second, the phone interview format excludes families who do not live in cell phone or landline-equipped households (e.g., households without telephones, homeless families). Third, children living in institutional settings were not included in the sample. Finally, the survey was only conducted in English and in Spanish; thus, non-English and non-Spanish-speaking parents and caregivers were excluded from participating.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of children and adolescents in the overall community.

However, there are certainly a great number of health and community conditions that are not specifically addressed.

Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.



## **Demographic Characteristics**

The four counties in the Children's Mercy service area house a total population of 1,652,781; of these 411,888 or 25.9 percent are children. Within the TSA, Wyandotte County has the greatest

Population Under Age 18 by County and Ethnicity, 2013					
County	White	Black	Other	Hispanic	
Clay	47,141	3,646	6,770	5,300	
Jackson	92,274	46,744	23,451	21,517	
Johnson	119,949	6,982	17,003	15,295	
Wyandotte	25,361	11,643	7,792	16,778	

Source: U.S. Census Bureau, American Community Survey-http://www.census.gov/acs.

proportion of children under
18 and Jackson County has
the smallest proportion, but
largest in absolute number. In
the TSA 7.0 percent of the total
population were children 0-4
years of age, 7.2 percent are
ages 5-9 years; another 7.0

Total Population (All Ages) and Percent Population Age 0 -19 Years by Area 2014					
Area	Total Population	Percent (%) Population- Age 0-19 years*			
Clay County	233,682	25.6%			
Jackson County	683,191	24.3%			
Johnson County	574,272	26.0%			
Wyandotte County	161,636	28.3%			
TSA	1,652,781	25.5%			
Missouri	6,063,589	23.5%			
Kansas	2,904,021	25.3%			
United States	318,857,056	23.7%			

Sources: U.S. Census 2014 Population Estimates and \*U.S. Census Bureau American Community Survey 5-year estimates (2009-2013), retrieved December 2015 from http://factfinder.census.gov.

percent are 10-14 years old, while 6.5 percent are 15-19 years of age. Overall, one-fourth (25.9 percent) of the population is under 18 years.

As the overall child population of the TSA increased between 1980 and 2013, the make-up of that population was shifting. In 1980, black, Hispanic or other ethnicities comprised 21 percent of the region's under- 18 populations; and in 2013, 36 percent of the region's under 18 population made up these groups.

## Poverty, Income and Employment

Key Informant Rating: Income and Poverty						
Issue	Major Impact	Moderate Impact	Minor Impact	No Impact at All		
Poverty	97.6%	2.4%	0.0%	0.0%		
Employment/ Income	85.7%	1.9%	2.4%	0.0%		

According to the 2014 census estimates, the TSA median family income was \$68,993; that is higher than the median family income for Kansas, Missouri and the nation.

Johnson County has twice the median family income of Wyandotte or Jackson counties.

Focus group participants agreed that poverty negatively affects child and adolescent health in their community.

Another facet of poverty is what focus group participants termed as the "new" or "secret" poor, who may feel more shame related to their limited income and likely

"There's a lot of data on toxic stress associated with growing up in a house that's in poverty. It can create all kinds of other challenges, as well."

--- Wyandotte County Key Informant



"I think it all stems from poverty. All the problems stem from you not having enough resources to have control of your own life and have choices."

—Jackson County Key Informant

"The rate of poverty has gone up dramatically since 2000-across the board and including children-but the infrastructure to respond to those needs hasn't grown proportionately. I think that's a big issue."

—Johnson County Key Informant

will not seek services available for their children.

Some participants observe that as the rate of poverty is increasing, safety net and school-based services are declining, or becoming more difficult to access.

The total population poverty rates vary widely across the TSA from a low of 6.5 percent in Johnson County to a

Percent of Families Led by a Single Mother Living in Poverty, 2010-2014					
Area	2010	2014	Percent (%) Change		
Clay	20.8%	22.4%	1.6%		
Jackson	30.9%	33.7%	2.8%		
Johnson	20.5%	21.0%	0.5%		
Wyandotte	42.9%	53.1%	10.2%		
TSA	26.8%	29.2%	2.4%		
Missouri	30.8%	32.1%	1.3%		
Kansas	36.6%	40.2%	3.6%		

Source: U.S. Census Bureau, American Community Surveyhttp://www.census.gov/acs.

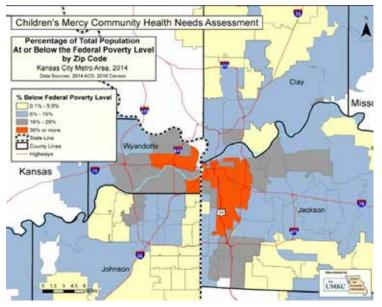
high of 23.9 percent in Wyandotte County. In 2014, across the region, 19 percent of all children live in poverty; 37.6 percent of children in Wyandotte County live in poverty.

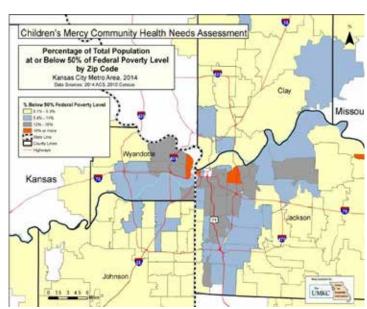
Between 2000 and 2013, the poverty rate grew, both across the nation and in every TSA county. The percent change in the population living in poverty was 134 percent in Johnson County, 103 percent in Clay County, 50 percent in Jackson County and 45 percent in Wyandotte County.

Of all Kansas City area families led by a single mother, 29.2 percent are living in poverty. Jackson County and especially Wyandotte County have considerably more families led by a single mother living below the federal poverty level.

## **Education**

Focus group participants see education as having a major impact on children's health. Concerns ranged from absenteeism among young children to high school dropout rates. In addition, participants mentioned the increased





Key Informant Rating: Education					
Issue	Major Impact	Moderate Impact	Minor Impact	No Impact at All	
Early Childhood Education	90.7%	9.3%	0.0%	0.0%	
Education/Schools/Graduation	83.7%	16.3%	0.0%	0.0%	
After-School Programs	55.8%	34.9%	9.3%	0.0%	
Health Education	51.2%	39.5%	9.3%	0.0%	

need for schools to provide behavior management, mental health and social services. Stakeholders indicated that access to quality early childhood education is of utmost importance and affects the entire lifespan.

Data from the Kansas and Missouri Departments of Education show that for the 2014-15 school year, 230,569 children in TSA school districts were enrolled in K-12 public education. According to 2013 U.S. Census data, 21.8 percent of the Wyandotte County population 26 years or greater has less than a high school education.

Schools and school districts were recognized as important partners for health and community providers. Focus group participants viewed schools as the best institutions to reach children and adolescents with health education programs. Unfortunately, participants mention that there are a number of barriers to providing health education programs in schools, such as schools not having the time or resources.

Health educators face barriers when attempting to implement school-based sex education programs. A general health class is a curriculum requirement, but focus group respondents mentioned that programs that delve into sexual health issues are often met with resistance on the part of both schools and parents.

## **Housing and Transportation**

Key Informant Rating: Housing and Transportation						
Issue	Major Impact	Moderate Impact	Minor Impact	No Impact at All		
Housing	88.1%	11.9%	0.0%	0.0%		
Transportation	51.4%	37.8%	10.8%	0.0%		

Housing and transportation issues emerged as a concern among focus group and key informant participants.

Transportation was seen as a major barrier across the region in terms of accessing health care services.

Participants shared that high housing costs are consuming many families' incomes, leaving little to cover the cost of other basic needs, such as food

"We have a site in Raytown... They would have to go through five exchanges to get into Kansas City. So you're on the bus for 1.5-2 hours before you can even get to work or to child care. You have a bus system, but it's really not a system."

—Jackson County Key Informant

"In southern JoCo we have families that struggle to find adequate transportation to appointments."

-Johnson County Social Services Provider

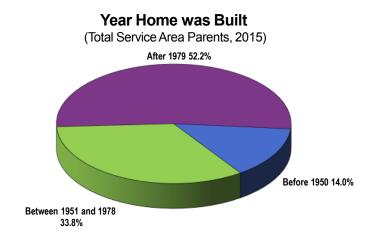
and transportation. Households earning less than a living wage are at a risk for meeting the health needs of their family. When parents are spending a larger portion of their income on housing and transportation, many of their children's needs may go unmet.

#### **Home Ownership**

Three-fourths (75.7 percent) of surveyed TSA parents own their current residence. Ownership was lowest in Wyandotte County (65.8 percent) and highest in Johnson County (80.9 percent). TSA children are more likely to live in a home not owned by their parents and include younger children, black children, followed by Hispanic and other race children, and those in low or very low-income households.

#### Age of Housing

PRC Survey results show that 47.8 percent of TSA children live in properties that were built before 1978. Of these 14 percent live in homes built before 1950 and 46.7 percent of very low-income households live in homes



2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 344]

built before 1950. Boys and children ages 0 to 4 years are more likely to live in a home built before 1950.

#### **Transience**

Without a stable home environment, focus group participants think the likelihood of having stability in one's health-related behaviors is much less likely.

Over 16 percent of families in the TSA reported moving residences at least once in the past year. Since 2012, the number of families who reported moving residences at least once in the past year increased from 11.2 percent to 16.2 percent. Children 0-4 years old and those living in low-income households are more likely to have moved residences in the past year. By race, black children and other race children have higher relocation rates than white or Hispanic children.

During the 2014-15 school year, 6,917 K-12 students in TSA school districts met the McKinney-Vento Homeless

## Ten Districts with Most Homeless-K-12 Students in KC Region (Clay, Jackson, Johnson and Wyandotte Counties) 2014-15 School Year

District	# Homeless Students
Kansas City-MO	1,824
Kansas City-KS	1,096
Independence-MO	938
Shawnee Mission-KS	418
Olathe-KS	412
North Kansas City-MO	292
Hickman Mills-MO	225
Excelsior Springs-MO	166
Hogan-MO	154
Della Lamb-MO	123
Total for the 10 Districts	5,648

Source: Kansas State Department of Education and Missouri Department of Elementary and Secondary Education; McKinney-Vento **Homeless Education Assistance data.** 

Education Act homeless definition (see Appendix 4). The 10 districts with the most students meeting the McKinney-Vento definition, are located in all four of the region's counties.

## **Cost of Housing**

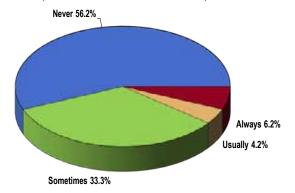
Across the TSA 43.7 percent of parents "sometimes," "always" or "usually" worried about having the money to pay their rent or mortgage. This is higher in Jackson County and particularly low in Johnson County. Black and Hispanic children, and those living in lower income households are more likely to have parents that worry about paying the rent or mortgage.

#### **Condition of Home**

The majority (58.1 percent) of TSA children live in properties in which carpeting covers most of the floors. A total of 6.1 percent of children in the TSA have lived without electricity, water, or heating in the past year.

## **How Often Worried or Stressed** about Having Money for Rent or Mortgage Payment

(Total Service Area Parents, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 343]
Notes: • Asked of all respondents.

Households with low incomes and those with black or Hispanic children are more likely to have gone without these services sometime in the past year.

In the TSA, 8.9 percent of children live in homes that have peeling paint on the interior or exterior. This is highest in Jackson and Wyandotte counties. Black children are more likely to live in homes that have peeling paint. In addition, 14.5 percent of children live in a house that has had a water leak or flooding in the past six months. Recent water leaks or flooding in homes is most prevalent in Clay County. Teenagers, children in very low-income households, and black children are more likely to live in a home that has had water leaking or flooding in the past six months.

Among TSA children, 9.3 percent live in a house that in the past six months contained a stale odor that lasted for at least 30 minutes. This situation was most prevalent in Jackson County. Black and Hispanic children, and those living in low-income households are more likely to live in a home that has recently contained a long-lasting stale odor.

More than 14 percent of children in the TSA live in a house in which signs of outdoor rodents have been spotted in the past six months. Recent signs of rodents in homes are most prevalent in Jackson County.

# Built Environment/Environmental Conditions

Key Informant Rating:
Built Environment; Environmental Conditions;
Crime and Violence

Issue	Major Problem	Moderate Problem	Minor Problem	No Problem at All
Built				
Environment	32.4%	38.2%	29.4%	0.0%
Environmental				
Conditions	21.6%	45.9%	27.0%	5.4%
Crime and				
Violence	54.1%	35.1%	10.8%	0.0%

Focus group participants emphasized the need for sidewalks and safe places for physical activity.

## **Neighborhood Safety**

Several key informants felt that expenditures on violence prevention would be money well spent. Jackson County has programs working toward safe neighborhoods.

Respondents from Clay, Johnson and Wyandotte counties did not feel there are enough violence prevention resources.

While most TSA families live in "extremely safe" or "quite safe" neighborhoods, 11.8 percent live in neighborhoods they consider only "slightly safe" or "not at all safe." The prevalence of "slightly/not at all safe" responses was highest in Jackson and Wyandotte counties. Parents of children 5-17 years old, those with black or Hispanic children, and those who are low income or very low income are much more likely to live in neighborhoods they consider "slightly/not at all safe." Perceptions of neighborhood safety have significantly improved since 2012.

## **Neighborhood Characteristics**

In the TSA, a total of 13.5 percent of survey respondents reported that there is usually litter or loose garbage on the street or sidewalk. This was more frequently reported in Jackson County and Wyandotte County

A total of 16.2 percent of TSA respondents reported that there is poorly kept or rundown housing in their neighborhood.

This was highest for respondents living in Jackson County.

A total of 9.0 percent of TSA respondents reported vandalism, such as broken windows and graffiti in their neighborhood. Boys, black and Hispanic children are more likely to live in neighborhoods with signs of vandalism. This was highest for in Wyandotte County; lowest in Clay County.

Children more likely to live in a neighborhood with litter and loose garbage include boys, black or Hispanic children, children 0-4 years old and children in very low-income households.

Between 2009 and 2013, 9.6 percent of all the TSA housing properties (close to 80,000 properties) were vacant. Jackson and Wyandotte Counties have the highest number of vacant properties.

"The sheer number of vacant lots and homes provides easy breeding grounds for criminal activity from illegal dumping to drug activity and everything that comes with that."

—Jackson County Key Informant

"If you don't have a safe neighborhood, you don't walk outside, and you don't walk to the bus."

—Jackson County Key Informant





## **Top Health Issues**

Parents were asked to indicate what they felt was the number-one health issue facing infants, children and adolescents in their community. Parents named one health issue for each of the following age groups: 0–5 years; 6 -11 years; and 12-17 years. The question was open-ended.

Colds/flu was identified as the top health issue for infants and children 0-5 years old and children 6–11 years old. For adolescents 12-17 years old, mental health, specifically depression and suicide, was identified as the top health issue.

Parents' Response of the Number-One Issue Facing Children in the Kansas City Region, by Age Top 10 Health Issues, in Order of Priority							
Age	0-5 years of age	6-11 years of age	12-17 years of age				
	Colds/Flu	Colds/Flu	Mental Health				
	Allergies	Obesity	Colds/Flu				
es	Nutrition	Nutrition	Nutrition				
Top Health Issues	Asthma	Allergies	Obesity				
p Heal	Vaccinations	Asthma	Illegal Drugs				
욘	Respiratory Issues	Access to Care	Peer Pressure				
	Obesity	Lack of Insurance	Allergies				
	Exercise	Exercise	Sex Education				

## Availability of Resources to Address Health Issues.

Respondents were asked to identify their perceptions of the community's availability of resources to address the identified number-one concern. Respondents reporting colds/flu as the number-one health issue for infants, children and adolescents largely perceive existing community resources as sufficient or more than sufficient.

Community resources were seen as insufficient (or non-existent) by nearly one-half (46.4 percent) of those who identified obesity, nutrition or exercise as the top health issue for children 6-11 years old and by the majority of those who identified obesity,

nutrition or exercise as a top issue for adolescents.

Findings suggest the same for those reporting mental health as the number-one concern for adolescents.

### **Health Status**

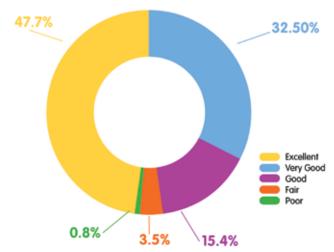
Most TSA parents rate their child's overall health as "excellent" (47.7 percent) or "very good" (32.5 percent).

More children in Wyandotte County are reported to be in "good," "fair" and "poor health." Parents of black children more often reported their children as experiencing "fair/poor" health.

## **Activity Limitations**

A total of 8.8 percent of TSA children are limited or prevented in some way in their ability to do things most children of the same age can do because of a medical,

## Child's Health Status (Total Service Area, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: • Asked of all respondents about a randomly selected child in the household.

behavioral or other health condition. There is a higher prevalence of activity limitations among boys, children under 5 years old and over 12 years old, children living in very low-income households and white and black children.

## **Prescriptions**

A total of 35.3 percent of TSA children have a condition that requires prescription medication(s) (not counting vitamins).

Those more likely to have a condition that requires prescription medication include boys, children 13 years and older, black children and children living in poverty.

## **Special Therapy**

A total of 11.6 percent of TSA children have a condition that requires special therapy. The highest prevalence was in Johnson County and the lowest was in Wyandotte County. Conditions that require special therapy are more frequently reported among boys, white children, children under 13 years old, and children in very low-income households.

#### **Written Intervention Plan**

A total of 16.2 percent of TSA children have a health condition for which they have a written intervention plan called an Individualized Family Service Plan or an Individualized Education Program. Plans are most common in Johnson County and least common in Jackson and Wyandotte counties. Boys and white children are more likely to have a written intervention plan for a health condition than their demographic counterparts.

## **Health Conditions**

More than one-half (55.9 percent) of TSA children (0-17 years old) are found to have special health needs. Children with special health needs include those reported to have one or more of the disease conditions listed in the survey. The following provides data on specific health conditions among Kansas City region children. Chronic physical, emotional and behavioral conditions can influence a child's total development and general childhood experience.

### **Allergies**

Prevalence of Respiratory Allergies: More than one in five TSA children (21.1 percent) suffers from respiratory allergies. Children more likely to have a respiratory allergy include boys, white or black children and those in very low-income households

Prevalence of Food Allergies: A total of 8.3 percent of TSA children have some type of food allergy.

Food allergies were highest in Clay County and lowest in Johnson County. Girls and black children were more likely to have a food allergy.

## **Asthma**

Focus group participants are concerned about the incidence of child and adolescent asthma in the community. Secondhand smoke and housing conditions were seen as potential contributing factors. In addition, respondents noted the interplay of having the required equipment or services for asthma against barriers such as transportation and cost.

A total of 12.6 percent of TSA children 0-17 years old currently have asthma. The TSA prevalence was similar to that from the national PRC survey. Jackson County had the highest prevalence while Johnson County was the lowest. In the TSA, boys, older children and black children are more likely to have asthma.

Asthma-Related Care: Two in five TSA children with asthma (40.6 percent) have had one or more emergency room or urgent care visits because of asthma at least once in the past year. Among TSA children with asthma, a total of 2.8 percent were hospitalized overnight in the past year because of asthma. This is statistically comparable to national findings. With data from the Hospital Industry Data Institute for the 2014 calendar year, the number of asthma-related emergency room visits are displayed by zip code in the following map.

Children's Mercy Community Health Needs Assessment

Number of Asthma Emergency
Room Visits by Zip Code
Children 0-17 years of age
Oct. 1, 2013 - Sept. 30, 2014
Missourin + 4017
Date Source ER admissions for all participaliny
Date Source ER admissions for all participaliny
Represents ER admissions for all participaliny
Spatials in the KC region

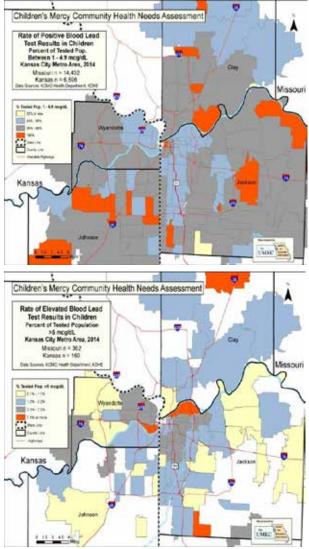
Wyandotte

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Missed School Days Due to Asthma: Among TSA schoolaged children with asthma, 36.5 percent missed school on one or more days in the past year because of asthmarelated problems. In fact, 6.1 percent missed five-plus school days because of their asthma in the past year.

## **Lead Exposure**

Though the majority of focus group participants described neurological conditions as a minor issue in the community, several participants mentioned lead exposure in older homes and how exposure can affect learning and brain development in children.



See Appendix 2 for additional maps related to lead exposure.

Parents reported that 2.2 percent of TSA children have had lead poisoning or elevated levels of lead in their blood.

Using lead testing data from the Kansas Department of Health and Environment and the Missouri Department of Health, the positive results were aggregated by zip code of residence. This representation is provided in the previous maps. We suspect that this under reports the potential cases that exist. A recent Missouri Department of Health report states that in Jackson County, only 20 percent of all children are screened for lead.

### **Low-Birthweight**

A total of 7.4 percent of 2011-13 TSA births were low-birthweight (LBW). This was statistically higher in Jackson and Wyandotte counties than in Clay and Johnson counties. LBW births are most prevalent among non-Hispanic blacks (12.3 percent), followed by non-Hispanic Asians/Pacific Islanders (8.5 percent). The proportion of LBW births in the TSA has changed little since 2007; echoing both statewide and nationwide trends.

#### **Obesity**

Based on the heights/weights reported by surveyed parents, 37.2 percent of TSA children 5-17 years old are overweight or obese (≥85th percentile). This is a statistically significant increase over the past three years. School-age children who are more likely to be overweight or obese include children 5-12 years old, Hispanic children and those in households with very low incomes. Further, one-fifth (20.4 percent) of TSA children 5-17 years old are obese

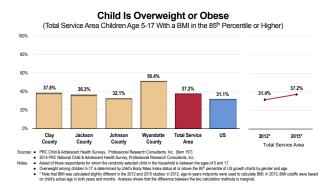
(≥95th percentile). This percentage exceeds the Healthy People 2020 target (14.5 percent or lower).

Obesity is higher among TSA children who live in

Wyandotte County (31.5 percent), children 5-12 years old

(25.4 percent) and 13-17 years old (15.1 percent), and those

living in very low-income households (43.0 percent).



Among parents of children 5-17 years old who are overweight or obese (based on BMI), nearly one-half or more see their child as being at "about the right weight."

- Close to 35 percent of parents with an overweight (not obese) child perceive their child as "somewhat overweight" or "very overweight."
- Only 7.8 percent of parents with an obese child consider that child to be "very overweight."

A clear majority (82.5 percent) of parents with overweight or obese children have not been told in the past year by a school or health professional that their child is overweight.

## **Other Health Conditions**

Condition  Prevalence (a 15A)  ADHD or ADD*  ADHO or ADD*  ADHO or ADD*  ADHO or ADD*  Anemia or Sickle-Cell Disease  1.0%  Anxiety*  9.5%  Anxiety*  9.5%  More prevalent among children in mid/high-income households, whites and other races.  Autism*  4.0%  Autism*  4.0%  Autism*  4.0%  Autism*  4.0%  Behavioral/Conduct Disorders*  3.8%  Autism in liqury/Conduct Disorders*  3.8%  Brain Injury/Concussion  Cerebral Palsy  Cerebral Palsy  Chronic Ear Infections (3+ or more in life)  Depression*  - Spean of Depression*  - Signs of De	Specific Health Condi	tions: Diagnoses of	f Children, Ages 0-17 as Reported by Parents
ADHD or ADD* Anemia or Sickle-Cell Disease 1.0% Highest in Wyandotte County. More prevalent armong children in mid/high-income households, whites and other races. Stratistically increased over the past three years. Boys and those in very low-income households are more likely to be autistic. More prevalent armong teenagers and children in lower income households.  Behavioral/Conduct Disorders* 3.8% Older children are more likely to suffer from bone, joint, Muscle Problems 6.4% bone, joint or muscle problems. Brain Injuny/Concussion 3.2% Concer 0.1% Cerebral Palsy 0.2% Children over 4 years old and those living in mid/high-income households are more likely to have chronic ear infections. Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Chronic Ear Infections (3+ or more in life) 15.7% Children over 4 years old and those living in mid/high-income households are more likely to have been diagnosed with depression. More Jackson County teens and children in mid/high-income households are more likely to have been diagnosed with high blood pressure.  Beops and children over 4 years old are more likely to have been diagnosed with high blood pressure.  Boys and children over 5 years old are more likely to have been diagnosed with high b	Condition		Notes
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			survey where the prevalence was 10.7 percent. Speech and language problems are more prevalent among: boys, white
		14.5%	children and children in very low-income households.

## Mental and Behavioral Health

Focus group participants noted several barriers that children and adolescents encounter relative to mental and emotional health in the community.

Participants feel that mental health issues among children and adolescents are growing worse in the region. In particular, the nature of bullying has changed, and respondents feel that youth are under more strain than ever, not to mention the impact of trauma on their mental health.

Throughout the focus groups, participants agreed that trauma is an especially important factor in child and

Key Informant:  Mental and Emotional Health & Cognitive  and Behavioral Conditions							
Issue	Major Problem	Moderate Problem	Minor Problem	No Problem at All			
Mental and Emotional Health	75.6%	24.4%	0.0%	0.0%			
Cognitive and Behavioral Conditions	45.0%	45.0%	10.0%	0.0%			

adolescent health, as it affects current and future health outcomes and well-being. Many respondents felt that trauma-informed services are needed for children and adolescents. In addition, participants discussed a need for education to better understand the effects of trauma.

It is difficult to reduce barriers associated with mental health treatment when there simply are not adequate resources available. The existing resources are at capacity, contributing to long wait times for treatment. This appears to be true throughout the region; however, in terms of child and adolescent mental health, it is especially relevant in schools, which may lack counselors or funding to support any on-site mental health services.

Group participants believe that child and adolescent mental health issues co-occur with several other health factors, such as substance abuse, risky sexual behaviors, violence and poverty.

To improve access to mental health services, focus group participants and key informants suggested the following: providing community mental health programs, especially school-based mental health programs and screening; increasing access to culturally appropriate as well as mental health services in Spanish; assisting families entering and navigating the system; and increasing the availability of programs to reduce mental health stigma. In addition, respondents mentioned the importance of

"I believe schools having greater access to mental health providers to meet with students at school would address some of the access and transportation issues."

-Other Health Provider

addressing Adverse Childhood Experiences and other social determinants of mental health.

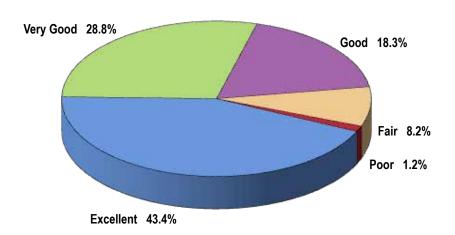
#### **Mental Health Status**

Most (72.2 percent) TSA parents of children age 5-17 years old rate their child's mental health—which includes stress, depression, and problems with emotions—as "excellent"

any type of mental health treatment or counseling. The reasons stated were not knowing where to go for help and not knowing why services weren't sought out. More children of lower incomes needed mental health services in the past year, as well as children living in Wyandotte County (19.8 percent), followed by Clay County (18.2 percent).

## **Child's Mental Health Status**

(Total Service Area Children Age 5-17, 2015)



Sources:

- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 90]
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

(43.4 percent) or "very good" (28.8 percent). Teenagers are more often reported to have "fair/poor" mental health than children age 5-12 years old.

#### **Demand for Mental Health Services**

A total of 16.1 percent of TSA parents report that their child (5-17 years old) has needed mental health services in the past year. Among the parents with children needing services, 14.2 percent report that their child did not receive

## **Inpatient Hospitalizations**

In 2013, 63.0 per 10,000 Clay County residents under 15 years were discharged from a hospital where they were being treated for a mental disorder. During the same time period, 94.4 per 10,000 Jackson County residents under

"We're seeing increasing rates of mental health issues in the child and adolescent population." age 15 were discharged from a hospital where they were being treated for a mental disorder.

In 2013, 4.9 per 10,000 Johnson County residents under 15 years were discharged from a hospital after being diagnosed with a mental disorder. The Wyandotte County data is unreliable as it is based on less than 20 events.

"The fetal and infant mortality rate in Wyandotte County is one of the worst in the nation. And overall health and wellness outcomes are very poor in this county. That starts in adolescence and childhood."

---Wyandotte County Key Informant

## **Prescriptions for Mental Health**

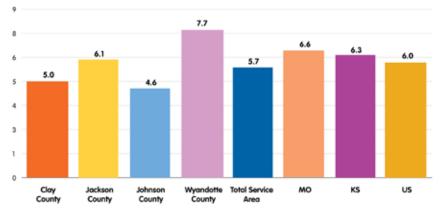
A total of 7.2 percent of TSA parents report that their child (5-17 years old) has taken prescribed medication for their mental health. Teenagers and white children are more likely to have taken prescription medication for their mental health than their demographic counterparts.

## **Mortality**

## **Infant Mortality**

Infant mortality is perceived to affect Wyandotte County much more than any of the surrounding counties in the region, especially in the non-Hispanic black population. Between 2011 and 2013, there was an annual average of 5.7 infant deaths per 1,000 live births in the TSA that is less than the Healthy People 2020 target of 6.0 per 1,000 live births. The Wyandotte County infant mortality rate is 7.7 infant deaths per 1,000 live births and in Jackson County 6.1 infant deaths per 1,000 live births. The infant mortality rate is nearly two times higher among births to non-Hispanic black mothers (10.6 infant deaths per 1,000 live births) than mothers in other race/ethnic categories.





- . CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and
- CDC WORDER Online Query system. Centers for Disease Control and Hervertion, Epidemiology Program Office, Division of Public Health Science Informatics. Data extracted December 2015.

  US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3] Infant deaths include deaths include deaths include deaths include deaths and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3] Infant Services is relevant because high rates of Infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

### **Leading Causes of Infant Deaths**

Between 2009 and 2013, the number-one leading cause of infant mortality in the TSA was low birthweight and short gestation period (142 deaths). Congenital conditions (congenital malformations, deformations or chromosomal abnormalities) caused 132 deaths followed by unintentional injury (72), maternal factors (40) and sudden infant death syndrome (38).

#### **Child & Adolescent Deaths**

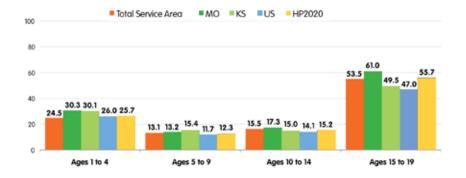
Between 2011-2013, the TSA reported an annual average of 24.5 child deaths (1-4 years) per 100,000 population. This rate is similar to the Healthy People 2020 target of 25.7 child deaths per 100,000 population. With regard to children 5-9 years old, the TSA crude death rate was 13.1 per 100,000 population (2011-2013 data). This rate fails to satisfy the Healthy People 2020 goal of 12.3 child deaths per 100,000 population.

## **Leading Causes of Childhood Deaths**

The predominant cause of death from 2009-2013 for TSA children 1-4 years old and age 10-14 years old was unintentional injuries. Cancer (mostly brain or central nervous system) was the number-one leading cause of death for TSA children 5-9 years old and homicide (over 95 percent with firearms) was the number-one leading cause of death for those 15-19 years old. Other leading causes of death for children 1-4 years old included homicide, congenital conditions, cancer and heart disease. Unintentional injuries were the second leading cause of death for TSA children 5-9 years old. For children 10-14 years old, suicide followed unintentional injuries as the leading cause of death. Unintentional injuries (especially motor vehicle crashes) and suicide, followed homicide as the leading causes of death for TSA teens (15-19 years old).

## Child & Adolescent Mortality Rates by Age Group

(Annual Average Child Mortality per 100,000 Population; 2011-2013)



- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2015.

  US Department of Health and Human Services. Healthy Repel 2020. December 2010. http://www.healthypeople.gov. (Objective.NICH-3.1) Rates are crude rates, representing the number of deaths of children in each age group per 100,000 population.



Key Informant Rating: Access to Health Services						
Issue	Major Problem	Moderate Problem	Minor Problem	No Problem at All		
Access to Health						
Services	58.5%	34.1%	7.3%	0.0%		

According to TSA parents, 16.6 percent of children in the community are perceived to need or use more medical care, mental health care, or educational services than is usual for most children of the same age. Boys and children living in very low-income households are more likely to be seen as using more services. A total of 32 percent of TSA parents report some type of difficulty or delay in obtaining health care services for their child in the past year. This denotes a statistically significant increase from 27.5 percent in 2012 to 32 percent in 2015. The indicator reflects the percentage of parents experiencing problems accessing health care for their child in the past year, regardless of whether they needed or sought care. Difficulties or delays in receiving a child's needed health care over the past year were especially high in Clay County (44.6 percent) and Wyandotte County (38.8 percent).

Those more likely to report difficulties accessing health care services for their child include parents of boys, children 0-4 years old and black or Hispanic children. More than 50 percent of parents in very low-income households experienced difficulties or delays in receiving care.

(See chart on following page)

#### **Usual Source of Care**

A total of 97.6 percent of TSA children were determined to have a usual source of medical care, such as a specific doctor's office or clinic. Children in very low-income households are least likely to have a usual source of medical care. The proportion of TSA children having a usual source of care has significantly increased since 2012. All Johnson County respondents reported that their child has a usual source of medical care, which meets the Healthy People 2020 target (100 percent).

#### Receipt of Routine Medical Care<sup>1</sup>

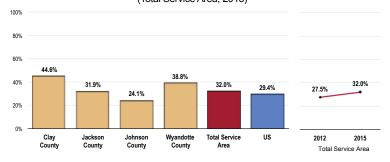
A total of 90.4 percent of TSA children have had a routine check-up in the past year; least favorable in Clay County (82.1 percent); most favorable in Johnson County

(95.1 percent). Recent routine medical care for children has increased from 87.4 percent in 2012 to 90.4 percent in 2014. Nonetheless, TSA adolescents satisfy the Healthy People 2020 target (75.6 percent or higher) for their age group. Routine check-ups are higher among children under 5 years old and those in very low-income households.

#### Type of Place Used for Medical Care

When asked where they take their child if they are sick or need advice about their health, the greatest share of respondents (68.6 percent) identified a particular doctor's office, followed by those using some type of clinic (11.9 percent). A total of 8.8 percent say they usually go to an urgent care center, while 4.2 percent rely on a hospital emergency room, and 0.6 percent use a health department for their child's medical care.

#### **Experienced Difficulties or Delays of Some Kind** in Receiving Child's Needed Health Care in the Past Year (Total Service Area, 2015)



PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 176]
2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Asked of all respondents about a randomly selected child in the household.
Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 mo

## Particular Place Utilized for Child's Medical Care (Total Service Area, 2015) 2.4% 0.6% 3.5% 4.2% 68.6% 8.8% 11.9% Dr's Office Clinic Urgent Care Hospital ER Health Department Somewhere else Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. | Items 27-28)

. Asked of all respondents about a randomly selected child in the household

<sup>&</sup>lt;sup>1</sup> A routine check-up can include a well-child check-up or general physical exam, but does not include exams for a sports physical or visits for a specific injury, illness or condition.

## **Emergency Department Utilization**

A total of 14.2 percent of TSA parents report taking their child to a hospital emergency room (ER) more than once in the past year. This denotes a statistically significant increase from 10.1 percent in 2012 to 14.2 percent in 2015. The ER use was highest for children that live in Wyandotte County. Those more likely to have used a hospital ER more than once in the past year include: boys; black children; children 0-4 years old and children in very low-income households.

Among TSA parents of children whose most recent ER visit resulted in a hospital admission, 74.2 percent say the visit was for an emergency, and 19.7 percent needed care after hours or on the weekend. Other reasons included physician referral, convenience, and not having insurance.

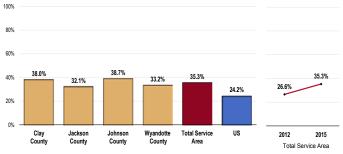
## Urgent Care Centers/Walk-In Clinics Utilization

A total of 42.5 percent of TSA children visited an urgent care center or other walk-in clinic at least once in the past year. Of these, 8 percent visited an urgent care center three-plus times in the past year. Urgent care center visits are particularly high in Clay County (52.1 percent); lowest in Wyandotte County (31.9 percent). Utilization of urgent care/walk-in clinics has significantly increased since 2012, from 38.2 percent to 42.5 percent in 2015. The proportion of children who have sought care at an urgent care/walk-in clinic in the past year is higher among younger children, those living above the federal poverty line and white, black or other race children.

## **Specialty Care Utilization**

A total of 35.3 percent of TSA children are reported to have needed to see a specialist at some point in the past year.

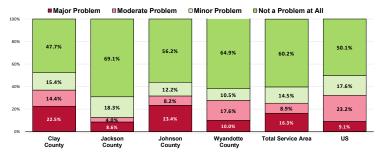
#### Child Needed a Specialist in the Past Year (Total Service Area, 2015)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 30]
• 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

## **Evaluation of Difficulty Getting Specialty Care for Child in the Past Year**

(Total Service Area Parents of Children Needing to See a Specialist in the Past Year)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 31]

Notes: • Asked of respondents for whom the randomly selected child in the household has needed to see a specialist in the past year.

This denotes a statistically significant increase over the past three years. White and black children, and those in households at either end of the income spectrum, are more likely to have needed to see a specialist in the past year.

Parents of children needing specialty medical care in the past year were further asked to evaluate the difficulty of getting the needed care; in all, four out of 10 expressed "major," "moderate" or "minor problem" difficulty.

Of these, 8.9 percent had "moderate problems" getting their child's specialty care, and 16.3 percent had "major problems."

By county, the prevalence of "major/moderate problem" responses is highest in Clay and Johnson counties, and lowest in Jackson County.

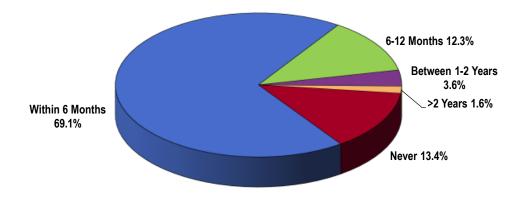
### **Dental Care**

Focus group participants agree that dental care/oral health is a concern across the four-county region. Of particular concern is the lack of available services, especially for younger children. Furthermore, Jackson County children with serious dental problems have limited options for services, making it difficult to be seen within a reasonable time period. Johnson County participants feel that access challenges for dental care is much worse than for other health care. Other participants mentioned that some towns in the region (i.e., Independence, Mo.) do not allow fluoride in the drinking water.

In all, 81.4 percent of TSA children 2-17 years old have visited a dentist or dental clinic (for any reason) in the past year. Children age 2-17 who are less likely to have visited a dentist or dental clinic in the past year include: those

## **Child's Most Recent Dental Visit**

(Total Service Area Children Age 2-17, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 46]
Notes: • Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.

children ages 2-4 years old; those living in lower-income households and white, black or Hispanic children. The Healthy People 2020 target is 49.0 percent or higher.

## **Vision and Hearing**

Vision Care: Jackson County focus group participants mentioned availability and lack of vision care as an issue for children and adolescents. While the schools continue to provide screenings, these services are not meant to diagnose and fix all issues. One participant noted that parents are not making outside appointments to follow up, even for those children and adolescents with vision insurance. As a result, the unmet need of vision care can directly impact learning.

When parents were asked about the timing of their children's most recent eye exams, 17.5 percent of TSA children have never had an eye exam and only 67.4 percent of children living in Clay County have had an eye exam, the lowest in the TSA. Children 0-4 years old, those

"Not all the FQHCs [Federally-Qualified Health Centers] in town have vision... Vision's a big, big problem. You can't learn if you can't see."

—Jackson County Key Informant

in low-income households and Hispanic or other race children are less likely to have received an eye exam in the past three years, however, the prevalence of TSA children



ages 0-5 years old who have had an eye exam in the past year (46.9 percent) is statistically similar to the Healthy People 2020 target (44.1 percent or higher) for their age group.

Hearing Tests: Over 65 percent of TSA children of TSA parents indicate that their child has had a hearing test in the past year. Just over 11 percent of children in the TSA have never had a hearing test. Childhood hearing tests are less prevalent among: boys; children under 5 years old; children living in low-income households and other race children. The prevalence of hearing tests among TSA adolescents 12-17 years old (86.3 percent) is statistically similar to the Healthy People 2020 target (87.2 percent or higher) set for those 12-19 years old.

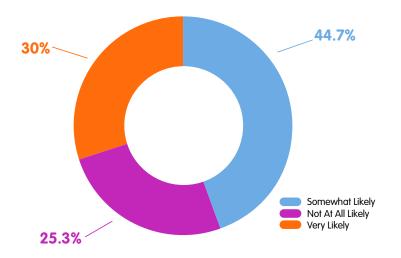
## **Telehealth & Telemedicine**

Three-fourths (74.7 percent) of TSA parents would be "somewhat likely" or "very likely" to use telehealth.

The proportion of TSA parents likely to participate in a telehealth visit has decreased since 2012. Teenagers and Hispanic children are less likely to have a parent that would be willing to participate in a telehealth visit.

One-fourth (25.3 percent) of TSA parents say they would be "not at all likely" to use a telehealth visit for health care. A total of 51.1 percent of these respondents would not use telehealth because they prefer face-to-face visits, and 18 percent perceive telehealth visits as less accurate or not as thorough.

## Likelihood of Using TeleHealth Visits as a Health Care Option (Total Service Area, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 334-335]

Notes: • Asked of respondents.

A "tele-health visit" is an option offered through "tele-medicine" in which a patient uses electronic or communications technology (ie computer or Smartphone) to communicate with a physician in real time without going into a doctor's office; it is a possible forum for follow-up visits.



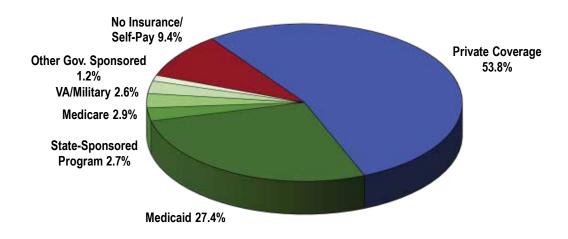
A total of 53.8 percent of parents report having health care coverage for their child through private coverage. Another 36.8 percent of parents report coverage through a government-sponsored program (e.g., Medicaid, Medicare, state-sponsored program, military benefits). On the other hand, 9.4 percent of TSA parents report having no insurance coverage for their child's health care expenses, through either private or public sources.

The Healthy People 2020 target is universal coverage (100 percent insured). The prevalence of uninsured children across the TSA has shown a statistically significant increase since 2012.





## Health Care Insurance Coverage for Child (Total Service Area, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 160]

 Asked of all respondents. Notes:



Overall, focus group participants feel that health care services are available for children and adolescents; that, in itself, is not generally a barrier toward seeking health care services. Access to specialty care for children and adolescents does appear to be an issue across the region.

Participants noted that some areas across the TSA do not have the services others do, or it is not as simple to get there as it is for others elsewhere. Recently, many areas have changed drastically in terms of population and demographics, leading to new access problems. Wyandotte County, in particular, was mentioned as having greater challenges in terms of access and available services.

For parents who work during the day, evening and weekend appointments might be easier to access. However, some respondents feel that even if expanded times were offered, some parents would still not seek these services. An issue related to hours of operation is the no-show rate. Some focus group participants noted that providers are hesitant to schedule multiple family members at once because it upends the entire schedule if the family does not show. One participant suggested increasing the number of walk-in appointments to lessen this problem.

To better understand
health care barriers, survey
participants were asked
whether any of the seven

"The access is the big issue here, not necessarily the services... Overall, the services are out there."

—Clay County Key Informant

types of barriers to access prevented their child from seeing a physician or obtaining a needed prescription in the past year. Again, these percentages reflect all children, regardless of whether medical care was needed or sought. Of the tested access barriers, difficulty getting a doctor's appointment impacted the greatest share of TSA children (11.8 percent of parents say that lack of appointment availability prevented them from obtaining a visit to a physician for their child in the past year).

#### By County:

- Parents living in Clay County reported a significantly higher prevalence of difficulties due to inability to schedule an appointment, inconvenient office hours, cost of doctor's visit, lack of transportation and language or cultural differences.
- Jackson County exhibited significantly lower percentages for difficulties due to cost (of doctor's visit or prescriptions), but a relatively high percentage for inconvenient office hours.
- Parents in Johnson County make up the highest proportion hindered by the cost of prescriptions, but the lowest proportion impacted by difficulty scheduling a doctor's appointment, inconvenient office hours, difficulty finding a physician, lack of transportation and cultural/language differences.
- Wyandotte County reported the highest proportion of parents impacted by difficulty scheduling a doctor's appointment and lack of transportation, while they

- are the lowest proportion impacted by the cost of a doctor's visit.
- For most of the tested barriers, the proportion of TSA
   children impacted was statistically lower than or
   similar to nationwide findings except for the barriers
   dealing with cost (of doctor's visit and of prescriptions).
- For half of the tested barriers, the proportion of TSA
   children impacted was statistically similar to or better
   (lower) than 2012 findings; however, the prevalence of difficulty scheduling an appointment and cost barriers
   (prescription and doctor) have increased over time.

Note that 82.3 percent of respondents feel that it is most convenient for them to visit a clinic or doctor's office on weekdays, with 39.6 percent preferring early evening hours.

"Getting children access to the increased services and testing is really a challenge. We'll wait six months to one year for a child to be seen by a specialist, and I think that's a real frustration in our community."

—Jackson County Key Informant

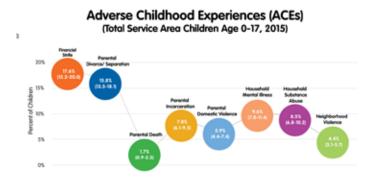


Key Informant Ratings: Home, School and in the Community				
Issue	Major Problem	Moderate Problem	Minor Problem	No Problem at All
Access to Parks/Green Spaces/Recreation Opportunities	13.9%	52.8%	33.3%	0.0%
Adolescent Sexual Activity	33.3%	48.7%	17.9%	0.0%
Child Maltreatment	39.0%	48.8%	12.2%	0.0%
Food Security/Access to Healthy Foods	51.4%	40.5%	8.1%	0.0%
Injury	13.2%	55.3%	28.9%	2.6%
Substance Use	37.2%	60.0%	2.5%	0.0%
Tobacco Use/Exposure	22.5%	45.5%	32.5%	0.0%

## **Adverse Childhood Experiences**

The following shows how many children have experienced Adverse Childhood

Experiences (ACE) by type of ACE. Among the experiences defined as an ACE, financial



strife was most
frequently experienced
by children in the TSA
as reported by parents
and caregivers.

In the TSA, 37.6 percent of children have endured at least one ACE, including 8.0 percent that have experienced three or more ACEs in their lifetime.

- Wyandotte County has the highest proportion of children enduring at least one ACE, with nearly one-half experiencing one or more ACEs.
- Clay County has the highest proportion of children enduring three or more ACEs.
- Johnson County has the lowest proportion of children enduring one or more ACEs, with a relatively low proportion experiencing multiple ACEs.

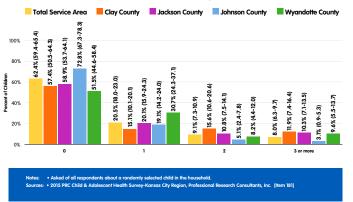
When viewed by age group, there is no statistical difference in the proportion of children experiencing

any ACEs, though children 15-17 years old are more likely than younger children to experience multiple ACEs and 24 percent of TSA infants and children 0-5 years old have experienced at least one ACE.

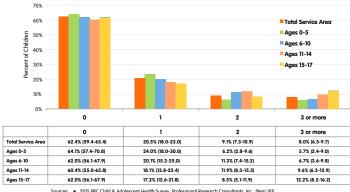
## **Adolescent Sexual Activity**

Adolescent sexual health was widely discussed in the focus groups and by key informants. Participants discussed their perceptions of the increase in sexuallytransmitted diseases, adolescent dating violence and teen pregnancy rates. Between 2011 and 2013, 7.1 percent of all TSA live births were to a mother under the age of 20. Overall, the proportion of teen births in the TSA has

#### **Total Number by County of Adverse** Childhood Experiences (ACEs) (Total Service Area Children Age 0-17, 2015)



#### **Total Number of Adverse Childhood Experiences (ACEs)** (Total Service Area Children Age 0-17, 2015)



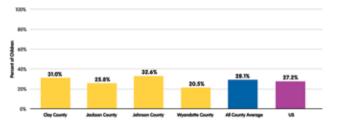
:es: • 2015 PRC Child & Adoles nt Health Survey, Professional Resear significantly decreased. Teen births were highest in

Jackson and Wyandotte counties. By race and ethnicity,
non-Hispanic blacks exhibit the highest proportions
of teen births in the TSA, followed by Hispanics.

## **Breastfeeding**

A total of 72.3 percent of TSA children age 0-17 were ever breastfed or fed using breast milk (regardless of duration) and 28.1 percent of all TSA children (as infants) were fed breast milk exclusively for the first six months of life. Exclusive breastfeeding for the first six months is more common among white and Hispanic children,

#### Child Was Exclusively Breastfed for at Least 6 Months (Clay and Jackson Counties - MO & Johnson and Wyandotte Counties - KS, 2015) Healthy People 2020 Target = 25.5% or Higher





and children living in higher income households. The percent of breastfed children was higher in Johnson County and the lowest in Wyandotte County. The Healthy People 2020 target is 81.9 percent or higher.

Nearly two-fifths of all breastfed children (39.3 percent)
were less than one month old when they were fed
something other than breast milk. A total of 33.2 percent

## Age of Child When Introduced to Foods Other Than Breast Milk

(Among Parents of US Children Who Were Ever Fed Breast Milk, 2014)



Sources:

• 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 135]

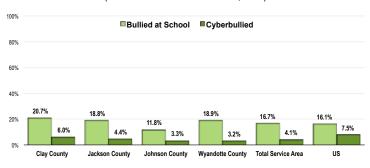
• Asked of those respondents with a randomly selected child who was fed breast milk as an infant.

were exclusively breastfed until they were 1-5 months old, whereas others (22.1 percent) were 6-12 months old. Still, 5.4 percent of children were not introduced to other foods until sometime after their first birthday.

## **Bullying**

Among parents of school-age children (5-17 years old),
16.7 percent report that their child has been bullied in
the past year on school property; 4.1 percent report that
their child has been cyberbullied. Children 5-12 years old,
those living in low-income households, and Hispanics
are more likely to be bullied on school property. Bullying
on school property is less prevalent in Johnson County
and most prevalent in Clay County. Parents' reports of
cyberbullying are highest among girls and teenagers.

#### Child Was Bullied in the Past Year (Total Service Area Children 5-17, 2015)



## **Home Visits**

A total of 13.7 percent of the TSA received a home visit between the time the mother was pregnant with the child up until the time of the survey. Among the respondents who were never visited by someone from a program for babies and mothers, more than one-half (56.4 percent) say that they would have used such a program if it had been offered. Parents with children age 5-17 years old are more likely to have been offered help from a program for babies and mothers, showing that these types of programs were more common in earlier years than in recent years.

**Injury and Safety** 

While parents report that most TSA children were not injured seriously in the past year, 10.1 percent sustained injuries serious enough to require medical treatment. Among those reporting childhood injuries, 86.2 percent stated that their child was seriously injured just once in the past

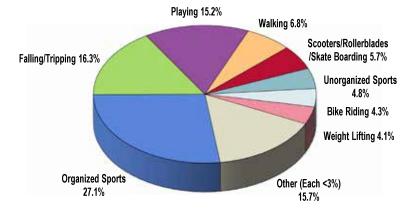
year. However, 9.7 percent reported two incidents, and 4.1 percent said their child needed medical treatment for an injury three or more times in the past 12 months. TSA children more likely to have sustained a serious injury in the past year include teenagers, white or black children and those in mid/high-income households.

When asked what the child was doing when the injury occurred, parents mentioned organized sports (27.1 percent), falling or tripping (16.3 percent) and playing (15.2 percent). Other activities included walking (6.8 percent), scootering/rollerblading/skate boarding (5.7 percent), unorganized sports (4.8 percent), bike riding (4.3 percent) and weight lifting (4.1 percent).

When asked where they sought help for the child's injury, 52 percent of parents mentioned a hospital emergency

## Child's Activity When Most Seriously Injured in Past Two Years

(Total Service Area Children Seriously Injured in the Past Year, 2015)



Sources: Y 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 80]

Notes: Y Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

room, followed by a family physician (18.5 percent), an urgent care center (13.9 percent), or a specialist (11.6 percent). Various other sources were each mentioned by less than 2.0 percent.

#### **Car Seats & Seat Belts**

Nearly all, 97.5 percent of TSA parents report that their child (0-17 years old) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a motor vehicle. This marks a statistically significant increase since 2012.

#### **Helmet Use**

Bicycles: A total of 46.1 percent of TSA children ages 5-17 years are reported to "always" wear a helmet when riding a bicycle (denominator reflects only those who ride bikes).

Among children (ages 5-17 years), those less likely to "always" wear a bike helmet include: boys, teenagers, black or Hispanic children

Skateboards, Scooters, Skates & Rollerblades: A total of 35.0 percent of TSA children ages 5-17 years are reported to "always" wear a helmet when riding a skateboard, scooter, skates, or rollerblades (denominator reflects only those who engage in these activities). Boys and teenagers are less likely to "always" wear helmets while engaging in these activities over the past six years, following the state and national trends

#### **Child Maltreatment**

While additional data was not accessible, focus group participants and key informants see child maltreatment as an important issue for the region. More than 39 percent of key informants rated child maltreatment as a major problem, while 48.7 percent saw child maltreatment as a moderate problem.

"While child abuse and neglect can and do happen anywhere, it is most prevalent in those areas of communities in which poverty and high crime occur. The 64130 and adjacent zip codes have Jackson County's highest incidences of children being removed from their homes in order to be safe. Similar connections can be made in zip codes in which children are growing up in crushing poverty and violent neighborhoods."

-Social Services Provider

## Nutrition and Access to Healthy Food

Access to and affordability of healthy foods was discussed at length in the focus groups. Some community residents are surrounded mostly by fast food and convenience stores, and it is difficult for them to reach a grocery store

or farmers' market; others have a grocery store that is lacking an abundance of healthy foods, or the food is of poor quality. Focus group respondents mentioned existing programs that attempt to increase access and affordability of healthy foods at farmers' markets, yet community residents are still faced with the barrier of getting to the farmers' market. School-age kids, too, might also find it difficult to access healthy foods at school.

A lack of nutrition education and food preparation is one part of the problem and the ability or self-efficacy to utilize that knowledge. Several nutrition education programs are available for children and adolescents in the community, as well as for parents. However, access barriers may impede a young person's ability to attend the programs. Group respondents feel that online information or a phone app may work best for educating younger generations, but not necessarily other age groups.

#### **Family Meals**

A total of 72.9 percent of parents report sharing meals as a family on average at least once a day (seven or more times in the past week). Teenagers are less likely to have shared seven or more family meals in the past week.

#### **Fruit & Vegetable Consumption**

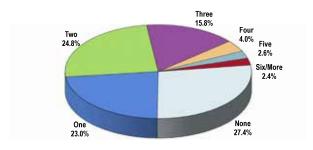
To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods their child eats on a typical day. A total of 11.1 percent of TSA parents report that their child eats

fruits and/or vegetables five or more times per day. Fewer children living in Wyandotte County ate fruits and/or vegetables five or more times per day than children living in the other counties.

#### **Fast Food**

A total of 49.6 percent of TSA children 2-17 years old had two or more "fast food" meals in the past week. In fact, one in four parents (24.8 percent) report that their child has had three or more meals from "fast food" restaurants in the past week. Fast food consumption is more prevalent among white children, black children, those living in mid/high-income households, and older children.

#### Number of Fast Food Meals for Child in the Past Week (Total Service Area Children Age 2-17, 2015)



Sources: Y 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]

Notes: Y Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

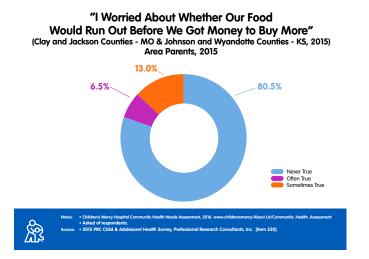
#### **Food Insecurity**

In the past year, one-fifth (19.5 percent) of parents "often" or "sometimes" worried that their food would run out.

More than 25 percent of respondents in Clay County,

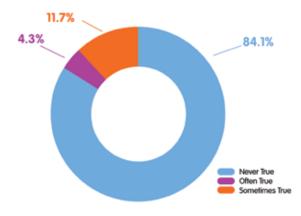
25.7 percent of respondents in Jackson County and 36.9 percent of Wyandotte County respondents worried that

their food would run out as compared to only 3.3 percent of Johnson County respondents. Also, children who are black, Hispanic, or other race are more likely to have parents who worry about having enough food.



A total of 16 percent of TSA parents "often" or "sometimes" ran out of food and did not have money to buy more. This was most prevalent in Wyandotte County and notably least prevalent in Johnson County. Children without a consistent food supply at home include: those living below the federal poverty line and black, Hispanic or other race children.

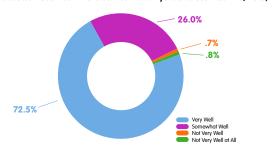




## **Parent Support**

Most TSA parents believe that they cope with the demands of raising a child "very well" (72.5 percent) while more than 27 percent cope "somewhat well," "not very well" or "not very well at all." Girls and older children are more likely to have a parent who is struggling with the demands of raising a child.

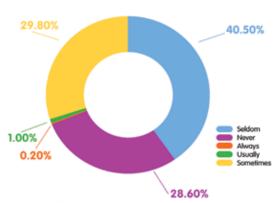
Perceived Level of Coping with the Demands of Raising a Child (Clay and Jackson Counties - MO & Johnson and Wyandotte Counties - KS, 2015)





A total of 29.8 percent of TSA parents were "sometimes," "always," or "usually" angry with their child in the past month. TSA teenagers have the highest proportion of parents who have been "always" or "usually" angry with them in the past month.

#### How Often you Felt Angry With Your Child in Past Month (Total Service Area Parents, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey-Kansas City, Professional Research Consultants, In

Notes: • Asked of all responde

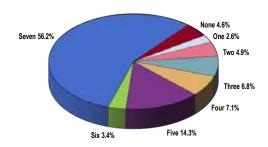
## **Physical Activity**

Some parts of the region are more conducive to outdoor physical activity than others. Initiatives in Wyandotte County, are working to create safe places to be physically active, including sidewalks and trails.

A majority (56.2 percent) of TSA children ages 2-17 years had 60 or more minutes of physical activity on each of the seven days preceding the interview (one-plus hours per day). Only, 12.1 percent had two or fewer days in the past week with adequate physical activity.

### **School Absence**

Number of Days in the Past Week on Which Child Was Physically Active for One Hour or Longer (Total Service Area Children Age 2-17, 2015)



Sources:

• 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 124]

Notes:

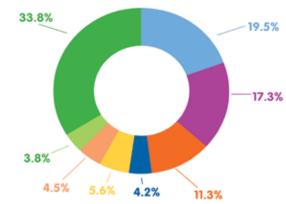
• Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

"We do have a really good park system in Johnson County, and a good trail system, as well. So there are opportunities for physical activity pretty much across the county."

—Johnson County Key Informant

While most TSA school-age children (5-17 years old) missed two or fewer school days in the past year due to illness or injury, 3.8 percent reported to have missed 10 or more.

#### Number of School Days Missed in the Past Year Due to Illness or Injury (Total Service Area Children Age 5-17, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 111] Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5 to 17.

## **Technology**

#### **Screen Time**

A total of 41.7 percent of TSA school-age children spend three or more hours per day on screen time (whether television, computer, video games, etc.).

"Lack of insurance is one reason kids don't enroll in sports in school, because their parents are afraid their kid is going to get hurt. And so it is a major barrier for children for kids to play in organized sports.

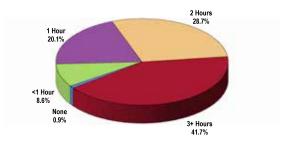
—Johnson County Key Informant

#### **Internet Access**

A very high proportion of respondents (96.3 percent) have access to the Internet. Internet access has increased over the past three years. It is highest in Johnson County; lowest in Wyandotte County (89.9 percent), especially among the very low income. Households with girls, black children, Hispanic children, or children of other race are less likely to have access to the Internet.

Among TSA parents, 90.1 percent have a smartphone on which he/she can download apps or games and visit social media sites. This is highest in Johnson County; lowest in Wyandotte County. Smartphone ownership has increased significantly since 2012—from 72.4 percent to 90.1 percent. Parents of white children are more likely to own a smartphone.

#### Hours per Weekday of Total screen Time (TV, Computer, Video Games, etc.) (Total Service Area Children Age 517, 2015)

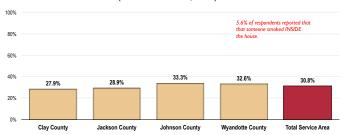


ources. Y 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [term 318] cles: Y Asked of respondents for whom the randomly selected child in the household is age 5 to 17. Y For this issue, respondents were saked about an exergence weekday. Y "These or more hours" includes reported screen time of 180 minutes or more per day.

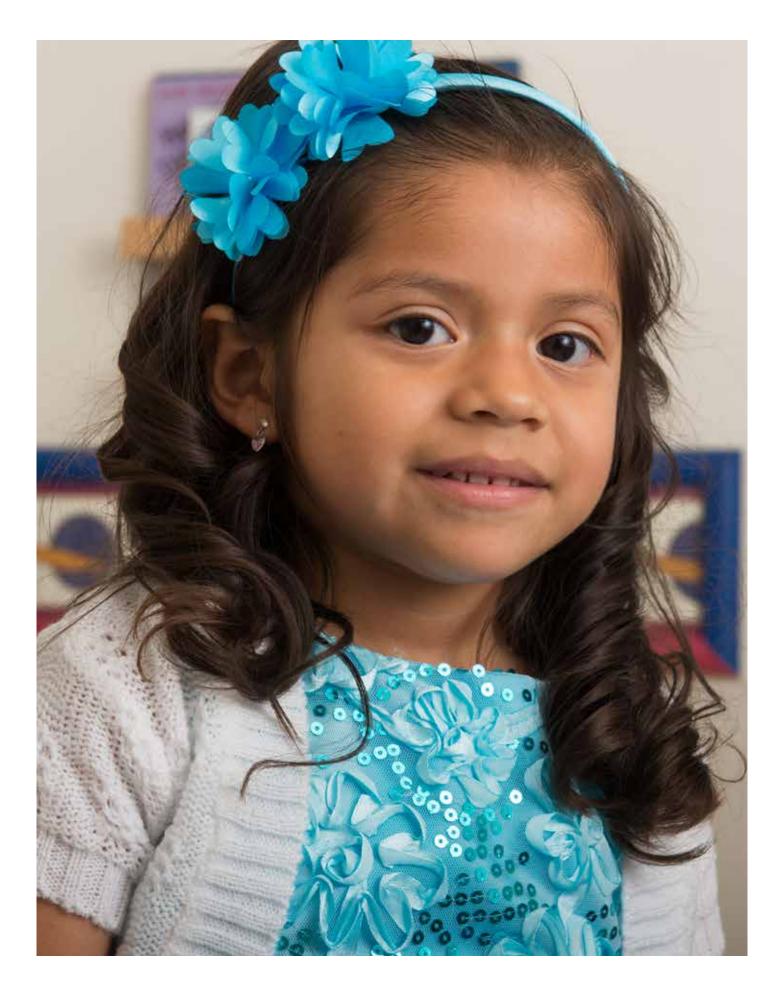
## **Tobacco Exposure**

A total of 5.6 percent of TSA parents report that someone in the household smokes inside the home. Those most likely to be exposed to tobacco smoke in the home are teenagers, black and Hispanic children, and children in low-income households. More than 30 percent of TSA parents report that someone in the household smokes outside the home. Smoking outside the home is notably higher among households with boys, children ages 0-4 years, and incomes less than 200 percent of the federal poverty level.

#### Someone Smokes Tobacco OUTSIDE the House (Total Service Area, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 31 Notes: • Asked of all respondents



# IMPROVING CHILD HEALTH: KEY INFORMANT RECOMMENDATIONS

Key informants were asked what was the one thing that could be done right now to improve children's health in the Kansas City region; and to name one action, policy or funding priority that they would most support in order to build a healthier community for children. The following presents a summary of their responses. See Appendix 3 for a list of resources identified to support these efforts.

#### Tobacco

- Raise legal age to purchase tobacco products to 21.
- Raise tobacco tax.

#### Mental Health Services

- Ensure home and community stability with access to social, emotional and mental health resources.
- Combine mental health and youth development in the same physical space.
- Support mental health fund for children's services.
- Make Kansas City a trauma-informed community, including in our schools.
- Increase sales tax to provide funding to address issues related to homelessness and mental health.



#### Education

- Ensure a comprehensive, high-quality system of early learning, including home visitation, family and center-based child care that has a twogeneration approach focusing on supports for both child and parents.
- Ensure every child receives a high-quality education from birth to high school.
- Put money into early childhood as primary strategy for addressing future community health.
- Invest in high-quality public education.
- Secure funding for schools.

#### • Child Abuse and Neglect

- Improve community response to child abuse and neglect.
- End child abuse and neglect.
- Expand child abuse prevention services such as home visitation.

#### • Health Services Provided by the Schools

- Provide year-round physical education to all students and improve infrastructure for community recreational settings.
- Fund subsidies to put nurses in all public school buildings and nurse practitioners at a ratio of 1:15-30 schools so there would be some access to more complete medical care.

#### The Stress of Poverty

- Eliminate the stress of poverty.
- Address economic opportunity disparity.

#### Citizen Involvement

 Answer surveys like this one and encourage more citizens to get involved on whatever level is most appropriate.

- Put millions of dollars into infrastructure improvements.
- Support actions and policies that leverage public dollars from taxes with philanthropic dollars.
   We need to have more of a collective impact approach than we do now and the voice of the people who need to be served.

### • Employment Opportunities

- Expand place-based services in these neighborhoods that will help parents and older youth get jobs.
- Support a living wage for anyone who works full time.

#### The Condition of Homes

 Fix homes that do not have a good roof or good ventilation.

#### Parenting Education and Support

- Provide parenting education and support opportunities.
- Convince every adult that children, especially their own children, are important and need positive support to be the best they can be in school and to ensure that the children have hope for a meaningful career and safe life.
- Encourage parents of very young children to converse with and read with children daily to increase receptive vocabulary and opportunities for success in school.
- Ensure that every at-risk child and his or her parents have access to a home visitor.
- Increase resources for home visiting where only
   a small fraction of the babies born into poverty
   each year access service. Also, increase universal
   pre-K so that more young children secure access

to the programming that will help them arrive at school ready to learn.

#### Transportation

- Support public, private, non-profit
  partnerships and the financial backing to
  achieve success to revitalize unhealthy
  communities and neighborhoods.
- Funding for transportation specifically for youth and young adults. There are good community resources but they are hard to get to. Perhaps coordinating transportation, like vans across programs in a given geographic area and additional funds to fill gaps, pay for gas and insurance.

## Access to Healthy Foods, Nutrition and Physical Activity

- Eliminate the food deserts.
- Help kids and families learn how to prepare good, nutritious snacks and meals
- Increase nutritional education for parents and kids.
- Subsidize full-service markets and stores
   within walking distance of all neighborhoods.
- Provide cooking, nutrition and exercise classes.
- Increase education around planting,
   preparing and eating healthy food options.
- Increase nutrition assistance funding.
- Advocate for policy changes.
- Promote healthy food and physical activity in local businesses and organizations.
- Improve access to physical recreation programming.

- Support playgrounds.
- Find an inspiring message and campaign to get people moving.
- Improve sidewalks.
- Increase the number of parks with good equipment and activities.
- Partner with schools to offer healthy meals and opportunities for physical activity.

#### Access to Health Care

- Access to basic health care.
- Access to spiritual health care.
- Provide free health care to every child while utilizing the resources to inform, educate, engage and empower parents around health education.
- Expand Medicaid.
- Improve health care services and access for young women, so that they are healthy and prepared for birth and child rearing.
- Improve pre-natal and post-natal care.
- Address depression in young mothers.
- Encourage breastfeeding.
- Work with the state to open up billing options for agencies in order to provide telemedicine services.





On March 11, 2016, Children's Mercy held a Children's Health Summit (Summit) to solicit input on the focal question, "What are our community's biggest health problems affecting children?" More than 230 representatives from area public health, health care, social services, governmental, community, neighborhood and housing organizations were invited. The 168 attendees (including 45 from Children's Mercy) were presented with an overview of the 2016

D Housing
D Education (et, all early)
D Employment
- Household sustaing jobs
- Living wage
- Financial Stress
D Parental Support
D Food Insecurity
D Health/Mental Health
Access

CHNA findings and participated in facilitated break-out groups to sort and rate priority needs. Presented with more than 30 issues, participants were asked to sort and rate the problems according to the following criteria:

#### 1. Importance:

How important is the problem to our community?

(1 = not important, 5 = most important)

#### 2. Measurable Impact:

What is the likelihood of being able to make a measurable impact on the problem?

(1 = not likely; 5 = highly likely to make an impact)

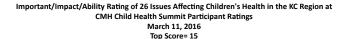
#### 3. Community Ability to Address:

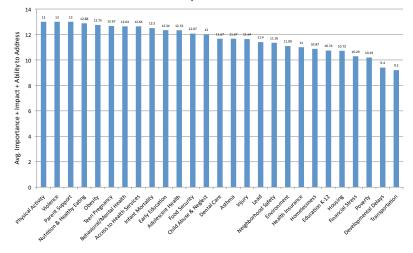
Does the community have the ability to address this problem?

(1 = no ability; 5 = great ability)

The below graph summarizes the results from this rating process. From these ratings, Summit participants (see Appendix 1) identified what they consider to be the most pressing problems influencing the health of children in the Kansas City region. The identified top community issues are (in no particular order): poverty, food insecurity, infant mortality, early education, parent support, obesity, housing, employment, mental/behavioral health, access to health services and violence. Participants then determined poverty, food insecurity and parent support to be the top three issues affecting the health of children in the community.

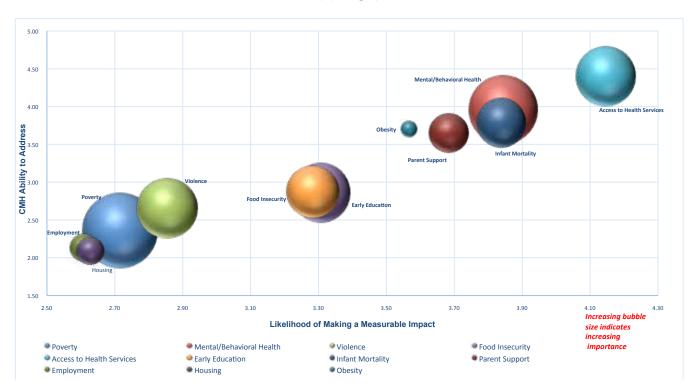
The results from the 2016 CHNA and the Summit were then presented to more than 250 staff members from across the Children's Mercy system. They were asked to rate each of the 11 community-identified issues using the earlier referenced criteria. The third rating question was changed to: "Does Children's Mercy have the ability to address this problem?" The following chart and illustration (see next page) depict the Children's Mercy ranking of the significant health needs.





Ranking of Total Score and CMH Ability to Address					
Total Score Ranking  Top Score = 15			CMH Ability to Address Ranking  Top Score = 5		
Issue	Score	%	Issue	Score	%
Access to Health Care	12.60	84%	Access to Health Care	4.40	88%
Mental/Behavioral Health	11.95	80%	Mental/Behavioral Health	3.95	79%
Infant Mortality	11.57	77%	Infant Mortality	3.78	76%
Parent Support	11.19	75%	Obesity	3.70	74%
Obesity	10.90	73%	Parent Support	3.64	73%
Food Insecurity	10.21	68%	Early Education	2.86	57%
Early Education	10.12	67%	Food Insecurity	2.85	57%
Violence	9.57	64%	Violence	2.65	53%
Poverty	9.28	62%	Poverty	2.36	47%
Employment	8.48	57%	Employment	2.12	42%
Housing	8.47	56%	Housing	2.09	42%

# CMH Internal Rating of Significant Health Needs n=81



Based on these results, Children's Mercy leadership reviewed the prioritized health needs and considered how Children's Mercy can address each of the identified issues and which of the issues we might pursue in a more strategic and targeted approach over the next three years. The following were selected as priority health needs: access to health services; infant mortality; and mental/behavioral health. An implementation strategy and evaluation plan that addresses the priority areas will be developed over the summer of 2016. The charts on the following page outline potential goals and measures for each priority area.



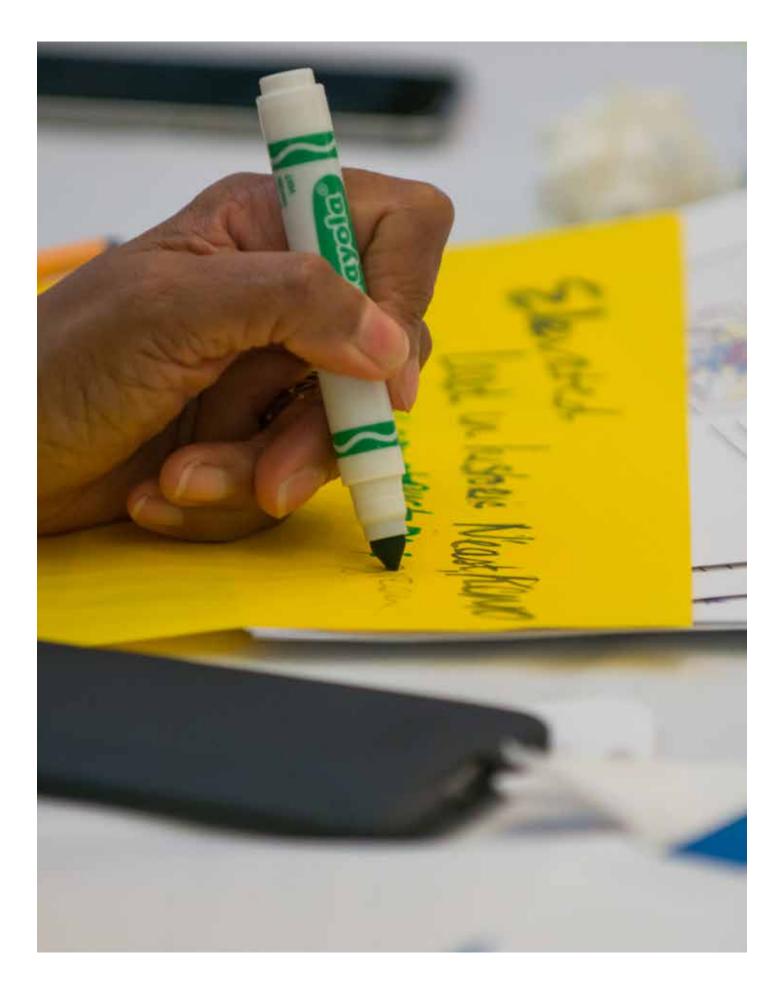
2016 - 2019 Priority Health Needs				
Issue	Potential Goals			
Access to Health Services	<ol> <li>Conduct an internal program review on the success achieved, needs and gaps from the 2013-16 priority process. Identify gaps and programs based on review.</li> <li>Support existing community efforts to expand access.</li> </ol>			
Mental/Behavioral Health	<ol> <li>Create and support existing community-wide learning collaboratives with agencies and leaders to build trauma-informed communities that promote resiliency in young children.</li> <li>Continue to increase Children's Mercy staff understanding of the effects of and recognize the symptoms of trauma.</li> <li>Work with key departments inside Children's Mercy and outside organizations to intervene early to prevent mental health problems and build resilience in youth, and strengthen mental health delivery systems.</li> <li>Implement the recommendations of the Children's Mercy Mental/Behavioral Health planning committee.</li> </ol>			
	<ol> <li>Provide support and consultation to the Fetal Infant Mortality Review and Community Action Teams throughout the region.</li> <li>Support existing community collaboratives to improve infant health outcomes.</li> <li>Continue to support and deepen the work of the Fetal Health Center.</li> <li>Conduct an internal assessment on programs, practices and policies targeted at infants less than one year. Identify gaps and needs to strengthen services and supports.</li> <li>Work to expand home visiting programs across the region.</li> </ol>			
Infant Mortality	6. Continue to support and expand Children's Mercy safe sleep efforts.			

Potential Measures for Priority Health Needs			
Health Need	Potential Measures		
	Reduced barriers to accessing health services.		
	Reduction in delays in care.		
Access to Health Services	Availability of Specialty Clinic Appointments.		
	Increase availability of mental/behavioral health appointments.		
	Develop plan in conjunction with community partners to address high priority.		
Mental/Behavioral Health	mental health needs.		
	Reduction in infant mortality rate.		
	Increase in home visitation coverage to high-risk families.		
Infant Mortality	Decrease in infant deaths related to unsafe sleep practices.		

## **Sustaining Significant Health Needs**

All of the community health needs identified by the CHNA and the community and deliberated by internal hospital staff are important. This chart outlines the significant health needs that ranked lower during the prioritization process.

	Issue	Ongoing Activities
Continue to Monitor and Support through Community Benefit Programs and Initiatives	Nutrition (including Food Insecurity and Obesity)	<ol> <li>Conduct an internal program review on the success achieved, needs and gaps from the 2013-16 priority process.</li> <li>Provide "backbone support" to multi-sector coalitions using a collective impact model to make policy, systems and environmental changes to increase access to affordable, healthy foods and physical activity.</li> <li>Screen for and provide resources to patients who are struggling with food insecurity.</li> <li>Continue pursuit of Hunger-Free Hospital policies, programs and initiatives.</li> </ol>
	Parent Support	<ol> <li>Continue to screen and provide connections to resources for Children's Mercy patients (e.g., Center for Community Connections).</li> <li>Build and strengthen partnerships with community agencies that support parents and work toward improving support.</li> <li>Expand home visitation programs.</li> </ol>
	Early Education	<ol> <li>Support existing community efforts to provide quality universal 0-5 care across the community.</li> <li>Provide support to community programs in the areas of development and behavioral management, infection control practices, speech and language, hearing and other areas as identified.</li> </ol>
	Violence	<ol> <li>Continue to support community organizations in their efforts to reduce violence by advocating for and collaborating on evidence-based strategies.</li> <li>Continue to support Children's Mercy-based violence intervention programs and initiatives.</li> </ol>
	Housing	<ol> <li>Continue to support Children's Mercy-based programs and initiatives related to the evaluation and reduction of environmental triggers and housing issues that may influence a child's health.</li> <li>Screen for and provide access to community resources to patients who are struggling with housing issues.</li> <li>Support community organizations in their effort to address housing insecurity among children and families.</li> </ol>
	Employment	<ol> <li>Continue to expose and inspire youth to science, technology, engineering and math (STEM) subjects and opportunities available in the health field.</li> <li>Continue to support Children's Mercy-based programs that create employment opportunities for individuals with developmental disabilities.</li> </ol>
	Poverty	<ol> <li>Build and strengthen partnerships with community agencies that address the social determinants of health and work toward solutions.</li> <li>Continue to screen and provide resources for Children's Mercy patients (e.g., Center for Community Connections).</li> <li>Train Children's Mercy staff on the effects of poverty on children's health and development.</li> <li>Continue to support and where appropriate expand Children's Mercy internal and external programs that reach children living in poverty.</li> </ol>





In the 2013 CHNA process, Children's Mercy identified access, injury and safety, and nutrition, weight status and physical activity as priority health needs. Please see the Children's Mercy's website for more detailed information on the priority needs and implementation plan. Key accomplishments related to the 2013 health needs follow:

#### Need #1: Access, Including the Importance of a Medical Home

- Cared for 100-plus complex, chronic, special health care needs patients and their siblings through The Beacon Program.
- Supported the development of medical homes within Children's Mercy clinics as well as community-based practices, including the Beacon Program and Children's Mercy West.
- Expanded on-site health services at Operation Breakthrough, University Academy and Synergy Services.
- Developed Project Clinic Access

  –Third Next Available Appointment scheduling.
- Opened Saturday Specialty Clinics at Children's Mercy Kansas.
- Covered over 90,000 lives through the Pediatric Care Network.

#### Need #2: Injury and Safety

- Supported Promise 1,000, a community-wide program to coordinate home visit services across the region.
- Developed the Safe and Healthy Families Clinic, a Trauma Prevention and Treatment
   Program for children who experienced a traumatic event.
- Distributed gun locks at all Children's Mercy facilities.
- Convened Council on Violence Prevention, an internal coalition that proactively responds to issues related to injury and safety inside and outside the hospital.
- Developed and implemented suicide screening tool.

#### Need #3: Nutrition, Weight Status and Physical Activity

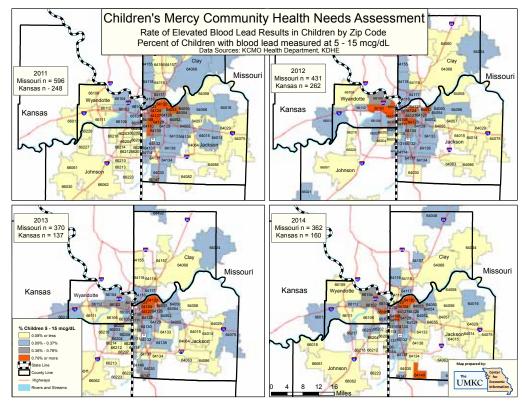
- Convened the Weighing In Coalition that brings together a diverse set of partners working to improve healthy eating and active living throughout the metro area.
- Provided the Zoom to Health program, which offers weight management services and activities to families and children at area YMCAs.
- Lead the effort to establish a Missouri state-level effort to bring more funding, support and awareness to support obesity prevention and services.

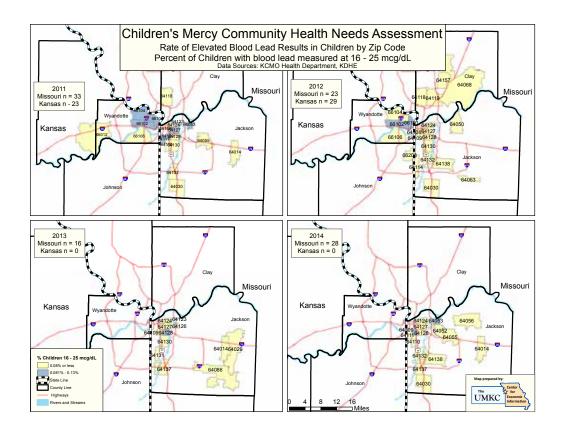


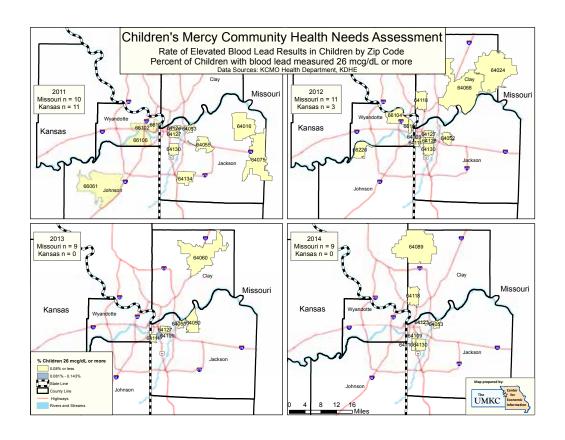
Organizations Represented at Focus Groups, Key	Informant OnLine Survey and Child Health Summit
AdHoc Group Against Crime	LINC
Army Public Health	Local Initiatives Support Corporation of Greater Kansas City
Black Healthcare Coalition	Mattie Rhodes Center
Blue Valley Education Foundation	Mercy & Truth Missions
Blue Hills Community Services	Mid-America Regional Council
Brenner Family Education Center	Mid-America Head Start Program
Boys Grow, Inc.	Midwest Dairy Council
CAVU Healthcare Systems	Miles for Smiles, Inc.
Child Protection Center	Missouri Care
City of Kansas City, Mo.	MOCSA
Clay County Health Center	Mother and Child Health Coalition
Clay County Juvenile Office	Mt. Carmel Community Redevelopment Corporation
Community Health Council of Wyandotte County	New Bethel Community Development Corporation
Connections to Success	Niles Home for Children
Consulate of Mexico	Northeast Alliance Together (NEAT)
Cornerstones of Care	Northwestern Mutual
Cradle Thru College Care	Olathe Public Schools
El Centro, Inc.	PACES, Inc.
Episcopal Community Services	Project Eagle
Ewing Marion Kauffman Foundation	Quintiles
First Hand Foundation	reStart, Inc.
Freedom Healthy Choice Community Development Corporation	Riverview Health Services
Gillis Center	Rosedale Development Association
Guadalupe Educational Systems, Inc.	SafeHome
Harvesters	Samuel U. Rodgers Health Center
Healthy Communities Wyandotte	Science Pioneers

Heartland Habitat for Humanity	Shawnee Mission School District
Health Care Foundation of Greater Kansas City	Shawnee Mission Medical Center
Hillcrest Transitional Housing	Start at Zero
HOPE.wrx	Sunflower House
Housing Authority of Kansas City, Mo.	Sunflower Health Plan
Hy-Vee (LCHAT)	Synergy Services
Independence Health Department	The Children's Place
Ivanhoe Neighborhood Association	The University of Kansas Medical Center
Jackson County Health Department	Tri-County Mental Health Services
Johnson County Health Department	Truman Medical Centers
Juntos	Turner House Children's Clinic
Juvenile Diabetes Research Foundation	Turn the Page KC
Kansas Department of Health and Environment	UMKC-School of Medicine
Kansas City Area Education Research Consortium	UMKC-School of Nursing and Health Studies
Kansas City Area Parents as Teachers Consortium	UMKC-Bloch School
Kansas City Freedom Schools	USCAA
Kansas City Health Department	Unified Government of Wyandotte County Public Health Department
Kansas City Indian Center	United Community Services of Johnson County
Kansas City University of Medicine and Biosciences	United Way of Greater Kansas City
KC Healthy Kids	United Way of Wyandotte County
KC STEM Alliance	University of Kansas School of Medicine
KCU-Score 1 for Health	Urban Neighborhood Initiative
Kids TLC, Inc.	U.S. Environmental Protection Agency-Region 7
Latino Health for All	Wyandotte Health Foundation
Liberty Community Health Action Team	YMCA-Linwood Campus
The Family Conservancy	YMCA of Greater Kansas City

The following maps represent the zip code of residence for children identified with an elevated blood lead level from 2011-2014.







#### APPENDIX 3:

The following represent resources (such as programs, organizations and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified (through the focus groups) in the course of conducting Community Health Needs Assessment.

#### Access to Health Care Services

- Children's Mercy
- Child Health Insurance Program
- Clinics/Practices that take Medicaid
- Community Health Council of Wyandotte County
- Health Partnership Clinic
- Community Health Workers
- Insurance companies
- WIC Programs
- Kansas City's Medicine Cabinet
- KC Care Clinic
- LINC
- Hospitals
- Northland Health Care Access
- Safety Net Clinics
- Samuel U. Rodgers Health Center
- Swope Health Services
- Transportation companies

#### Asthma & Other Respiratory Problems

- Children's Mercy
- KC Care Clinic
- Samuel U. Rodgers Health Center
- Swope Health Services
- Truman Medical Center
- Wyandotte County Health Dept.

#### Infant Health

- Children's Mercy
- Family Practice Physicians
- Health Care systems
- Health Partnership Clinic
- Healthy Start
- Home Visiting Programs
- Hospitals
- Mother & Child Health Coalition
- Pediatric & OB offices
- Public Health Depts.
- Samuel U. Rodgers Health Center
- Swope Health Services
- Truman Medical Center

#### Injury & Violence

- Aim 4 Peace
- Children's Mercy
- COMBAT
- Public Health Depts.
- KCPD Community Support Division
- Police Depts.
- Rose Brooks Center
- Safe Home
- Safety Net Clinics

- Samuel U. Rodgers Health Center
- Truman Medical Center

#### Mental & Behavorial Health

- Cabot Westside Clinic
- Child Psychiatrists, Psychologists, Counselors
- Crittenton Center
- Community Mental Health Agencies/Centers.
- Health Partnership Clinic
- Johnson County Developmental Services Hospitals
- Johnson County Mental Health Center
- KidsTLC
- Marillac
- PACES
- Public Health Depts.
- Residential and Day Treatment Facilities
- Safety Net Clinics
- Samuel U. Rodgers Health Center
- Spofford Home
- Gillis Center
- Schools Systems
- Swope Health
- Synergy
- The Children's Place
- Tri-County Mental Health
- Truman Medical Center
- University of Kansas Medical Center
- Wyandotte Center
- Wyandotte Mental Health Center

#### Nutrition, Physical Activity, & Weight

- After-school Programs
- Beans & Greens Program
- Bethel Argentine Community Center
- Children's Mercy
- Clay County Health Center
- PHIT Kids
- Community Centers
- Community Education Programs
- Community Gardens
- 12345 Fit-Tastic!
- Food Pantries
- Harvesters Food Network
- Healthy Eating/Active Living Programs
- KC Healthy Kids
- Liberty Community Health Action Team (L-CHAT)
- MU Extension
- Parks & Rec Dept.
- Personal training
- Public Health Depts.
- YMCA-Salsa Sabor y Salud
- Samuel U. Rodgers Health Center
- Schools
- Swope Health Services
- Synergy
- Truman Medical Center
- UMKC
- WIC Program at all Clinics

- YMCA
- Y-Weight

#### Oral Health/Dental Care

- Children's Mercy
- Dental Clinics
- Elks Mobile Program
- FQHCs
- Health Partnership Clinic (HPC)
- KC Care Clinic
- Miles for Smiles
- Mobile Dental Clinics
- Private Practice Dentist
- REACH Health Care Foundation
- Safety Net Programs with Oral Health Components
- Samuel U. Rodgers Health Center
- Swope Health Services
- Truman Medical Centers
- UMKC Dental School

#### Sexual Health

- Children's Mercy
- Making Proud Choices KC Care Clinic
- Planned Parenthood
- Public Health Depts.
- Truman Medical Center

#### Substance Abuse

- C-STAR
- Drug Treatment Facilities
- First Call
- First Care

- Hospitals
- Northland Dependency Services
- Preferred Family Healthcare
- ReDiscover
- ReStart
- Swope's Imani House
- Synergy

#### Vision, Hearing & Speech Problems

- Children's Mercy
- Lenscrafters Gift of Sight Program
- Samuel U. Rodgers Health Center
- Swope Health

#### Tobacco Use

- American Lung Association
- Chambers of Commerce
- City/County Governments.
- HealthCare Foundation of Greater KC
- Samuel U. Rodgers Health Center
- Smoking Cessation Programs
- Swope Health Services



#### **Notes to Readers**

Child weight status based on Body Mass Index
(BMI) Determination: BMI data are not presented
for children 0-4 years. Height and weight data is
from parent/caregiver report. BMI is calculated from
a child's height and weight using the formula:

 $BMI = weight (kg) / [height (m)]^2$ 

To determine whether a child is overweight or obese, his or her BMI is compared against the BMI of other children of the same age and sex using standard growth charts from the Centers for Disease Control and Prevention (CDC).

Food Insecure Household Definition: The United States

Department of Agriculture defines food insecurity as limited or uncertain availability of nutritionally adequate and safe foods or limited or uncerain ability to acquire foods in socially acceptable ways.

Homeless Definition: The McKinney-Vento definition of the term "homeless children and youths" is individuals who lack a fixed, regular and adequate nighttime residence and includes: (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youth who have a primary nighttime

residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and (iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Infant Mortality Rate Definition: The infant mortality rate is the number of deaths under 1 year of age occurring among the live births in a given geographical area during a given year, per 1,000 live births occurring among the population of the given geographical area during the same year.

**Poverty Definition:** The poverty definition used for data presented in poverty-related charts in this report is that of the U.S. Census Bureau.

For the survey data, income categories reflect the respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very low income" includes households with incomes below 100 percent of the FPL (\$24,250 for a family of four in 2015); "Low income" includes households with incomes between 100 percent and 199 percent of the FPL; and "Mid/High income" includes households with incomes at 200 percent or more of the FPL (\$48,500 for a family of four in 2015).

Racial and ethnic designations: All racial and ethnic designations in this report are self-reported for the survey data. For other data, designations are based on the U.S. Census definitions.

