State of Children’s Health in the Kansas City Region
Presentation to Weighing In Coalition

Children’s Mercy Kansas City
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Why a CHA?

• Provides perspective of what is happening across the community

• Helps to better gauge gaps and needs

• Leverages ACA requirement for non-profit hospitals
Community Conversations
- Neighborhood residents
- Four agencies host conversations, 130 participants

Key Informant On-line Survey
- Representatives from health, government, legal, business and nonprofit fields
- 300 invited, 107 responses

Telephone Survey
- Randomly selected, stratified sample of families with at least one child living at home
- 1000 Families from Jackson, Clay, Johnson and Wyandotte Counties

Secondary Data Analysis
- National, State, Local and Internal Sources
- Population Characteristics Social & Economic Factors Health Data
Health happens where children live, learn, and play
Demographics of Children in the Kansas City Region

• Close to 450,000 children or just over a quarter of the total population

• Largest number of children live in Jackson County

• In Wyandotte County 40% of total pop are children

• The number of Hispanic children by county ranges from approx. 5,400 in Clay to 22,400 in Jackson.
Children in Poverty
Ages under 18 years (%)
Kansas City Region
ACS 2012 - 2016 by Tract

Legend:
- Over 31.9
- 16.4 - 31.9
- 6.2 - 16.4
- Under 6.2
- No Data or Data Suppressed
Adverse Childhood Experiences (ACEs)
(Total Service Area Children Age 0-17, 2018)

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 338-345]

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

Adverse Childhood Experiences (ACEs)
(Total Service Area Children Age 0-17)

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 338-345]

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

For more information see: The State of Children’s Health in the Kansas City Region, 2019.
### Total Number of Adverse Childhood Experiences (ACEs)

(Total Service Area Children Age 0-17, 2018)

<table>
<thead>
<tr>
<th></th>
<th>0 ACEs</th>
<th>1 ACE</th>
<th>2 ACEs</th>
<th>3 or More ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Service Area</td>
<td>53.0%</td>
<td>22.3%</td>
<td>8.4%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Clay County</td>
<td>62.7%</td>
<td>15.8%</td>
<td>4.2%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Jackson County</td>
<td>48.3%</td>
<td>24.8%</td>
<td>9.7%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Johnson County</td>
<td>56.9%</td>
<td>21.9%</td>
<td>9.4%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Wyandotte County</td>
<td>44.9%</td>
<td>23.8%</td>
<td>6.3%</td>
<td>24.9%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 365]

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

## Districts with Over 100 Students who Identify as Homeless*
### 2017-18 School Year

<table>
<thead>
<tr>
<th>District</th>
<th># Student Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas City, Missouri</td>
<td>1,200</td>
</tr>
<tr>
<td>Independence</td>
<td>964</td>
</tr>
<tr>
<td>Kansas City, Kansas</td>
<td>942</td>
</tr>
<tr>
<td>Raytown</td>
<td>532</td>
</tr>
<tr>
<td>North Kansas City</td>
<td>514</td>
</tr>
<tr>
<td>Hickman Mills</td>
<td>482</td>
</tr>
<tr>
<td>Fort Osage</td>
<td>462</td>
</tr>
<tr>
<td>Olathe</td>
<td>427</td>
</tr>
<tr>
<td>Shawnee Mission</td>
<td>346</td>
</tr>
<tr>
<td>Hogan</td>
<td>326</td>
</tr>
<tr>
<td>Excelsior Springs</td>
<td>166</td>
</tr>
<tr>
<td>Turner</td>
<td>137</td>
</tr>
<tr>
<td>Lee’s Summit</td>
<td>125</td>
</tr>
<tr>
<td>Liberty</td>
<td>121</td>
</tr>
<tr>
<td>Center</td>
<td>119</td>
</tr>
<tr>
<td>Smithville</td>
<td>117</td>
</tr>
<tr>
<td>Blue Valley</td>
<td>112</td>
</tr>
</tbody>
</table>

8,002 students

ALL Districts in the four counties

SY17-18

Source: Kansas and Missouri Departments of Education,
*McKinney-Vento definition of homeless
Moved Residences Past Year
(Total Service Area, 2018)

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 352]

Notes:
- Asked of all respondents.

For more information see: The State of Children's Health in the Kansas City Region, 2019, https://www.childrensmercy.org/in-the-community/community-benefit/community-health-needs-assessment
Year Home Was Built
(Households With Children; Total Service Area, 2018)

Sources:
● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [ Item 356]
Notes:
● Reflects the total sample of respondents.
Someone Smokes Tobacco Inside the House
(Total Service Area, 2018)

- Clay County: 12.4%
- Jackson County: 14.5%
- Johnson County: 6.2%
- Wyandotte County: 16.0%
- Total Service Area: 11.4%
- US: 8.0%

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 102]

Notes:
- Asked of all respondents.


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Someone Smokes Tobacco Outside the House
(Total Service Area, 2018)

- Clay County: 27.9%
- Jackson County: 28.9%
- Johnson County: 20.7%
- Wyandotte County: 38.6%
- Total Service Area: 26.9%

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 102]

Notes:
- Asked of all respondents.
Neighborhood Characteristics
(Total Service Area, 2018)

Sources:
● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 348-351]

Notes:
● Reflects the total sample of respondents.

Transportation to Child’s School  
(Total Service Area Children Age 5-17, 2018)

- **Parent Drives**: 44.3%
- **School Bus/Van**: 37.2%
- **Child Drives**: 7.7%
- **Walk to School**: 5.7%
- **Public Transportation**: 3.0%
- **Other**: 2.1%

Sources:  
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 320]

Notes:  
- Asked of all respondents with a randomly selected child age 5-17 at home; excludes those who are homeschooled

School Days Missed in the Past Year Because Child Felt Unsafe at School or on the Way to/from School
(Total Service Area Children Age 5-17, 2018)

<table>
<thead>
<tr>
<th>Days Missed</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>87.3%</td>
</tr>
<tr>
<td>One</td>
<td>2.5%</td>
</tr>
<tr>
<td>Two</td>
<td>2.8%</td>
</tr>
<tr>
<td>Three/More</td>
<td>6.9%</td>
</tr>
<tr>
<td>Child Not In School</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 73]
Notes: Asked of all respondents for whom the randomly selected child in the household is age 5-17.
### Child Was Bullied in the Past Year

(Total Service Area Children Age 5-17, 2018)

<table>
<thead>
<tr>
<th>Clay County</th>
<th>Jackson County</th>
<th>Johnson County</th>
<th>Wyandotte County</th>
<th>Total Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullied at School</td>
<td>21.9%</td>
<td>23.8%</td>
<td>26.9%</td>
<td>23.0%</td>
<td>24.6%</td>
</tr>
<tr>
<td>Cyberbullied</td>
<td>12.0%</td>
<td>11.7%</td>
<td>11.3%</td>
<td>13.0%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

20.1% of TSA parents responded that their 13 – 17 years old were cyberbullied in past year.

Girls were more frequently reported as the targets of cyberbullying.

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 74-75]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 5 to 17.
- Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.

Child Has Own Smartphone
(Total Service Area Children Age 5-17, 2018)

88% of 13 – 17 year olds have phone
57.6% girls versus boys

Clay County: 55.5%
Jackson County: 54.0%
Johnson County: 47.1%
Wyandotte County: 59.1%
Total Service Area: 52.3%
US: 41.6%

Sources:
● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 123]
● 2017 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of all respondents for whom the randomly selected child in the household is age 5-17.
Emerging Issue: Vaping

• “Teenagers see vaping as ‘cool’ and a mature thing to do, being a rebel without the risk of smoking. However, we know there are risks with vaping as well. This vaping seems to appeal to boys and girls alike and all in the suburbs, we see it in middle school kids into high school.” Key Informant- Physician

• In Jackson and Clay counties just over 11% of high school students responded that they had used an ecigs, mods or vapes

• Over 24% of Jackson County and 29% Clay County high school students believe that peers would think it was ‘pretty cool’ or ‘very cool’ if you used ecigs, mods or vapes

• Over 10% of Wyandotte County high school students and 21.56% (higher than the state average of 17.8%) of Johnson County high school students have tried ecigs, mods, or vapes

(Kansas Communities that Care Student Survey, 2018 and Missouri Student Survey, 2018)
# Parent Support of Perceived Health Issues by Age Span

<table>
<thead>
<tr>
<th>Age Span</th>
<th>Health Issues</th>
</tr>
</thead>
</table>
| Under 6 years    | • Obesity, Nutrition, Exercise  
                     • Vaccinations  
                     • Asthma  
                     • Respiratory |
| 6 – 11 years of age | • Colds and Flu  
                     • Obesity, Nutrition, Exercise  
                     • Mental Health  
                     • ADHS |
| 12 – 17 years of age | • Mental Health  
                     • Colds and Flu  
                     • Obesity, Nutrition, Exercise  
                     • Illegal Drugs  
                     • STDs |

Children with Special Conditions

- 17.2% of children in the TSA identified with speech/language problems
- 37.2% of children in the TSA have a condition that requires a prescription(s)
- 15.2% children in the TSA have a condition that requires special therapy
- Wyandotte County children have the highest prevalence
- All three conditions increased since 2012 and 2015.

Asthma UC/ED/Hospitalization at Children’s Mercy
>4 times Annual Visits, 2016-2018

For more information see: The State of Children’s Health in the Kansas City Region, 2019,
School Days Missed Due to Illness or Injury or Asthma

Number of School Days Missed in the Past Year Due to ILLNESS OR INJURY
(Total Service Area Children Age 5-17, 2018)

- None: 32.1%
- One: 14.1%
- Two: 18.0%
- Three: 12.4%
- Four: 7.4%
- Five: 6.1%
- Six to Nine: 5.4%
- 10 or More: 4.5%

Number of School Days Missed Due to ASTHMA in the Past Year
(Total Service Area Children Age 5-17 with Asthma, 2018)

- None: 41.1%
- One: 13.9%
- Two: 16.4%
- Three: 8.9%
- Four: 1.3%
- Five: 3.3%
- Six or More: 15.1%

Firearm Injuries - Fatal and Nonfatal Seen in the Children’s Mercy ED, 2016-2018

Leading Causes of Death By Age Group
(Number of Deaths by Cause, Total Service Area, 2013-2017)

1-4 Years Old
- Accidents: 29
- Homicide: 16
- Congenital Conditions*: 11
- Cancer: 10

5-9 Years Old
- Cancer (Mostly Brain or...): 27
- Accidents: 17

10-14 Years Old
- Accidents: 22
- Suicide: 12

15-19 Years Old
- Accidents (68 are motor vehicle): 100
- Suicide (37 by firearms): 80
- Homicide (71 by firearms): 76

Sources:

Notes:
*Congenital conditions include congenital malformations, deformations and chromosomal abnormalities.
**CNS stands for Central Nervous System.

What the Community Says about Mental and Emotional Health

• Key Informants characterized Mental and Emotional Health as a “Major Health Issue” (84.1%) for the community.

• “This is the number-one issue in pediatrics today. The number of grade school, middle school, high school, and college-aged kids with treatable anxiety, depression and other mental health issues is appalling. Weekly I have a patient who has attempted suicide.”  
  Key Informant-Physician

• “I just want my children to be happy.”  
  Community Conversation- Parent

• “LGBTQ kids are more at risk for mental health issues because of the social isolation and abuse.”  
  Key Informant- Community Business Leader

• “I don’t know what it feels like to be happy.”  
  Community Conversation- Youth

Number of Times Contacted by School About Child’s Behavior in the Past Year
(Total Service Area Children Age 5-17, 2018)

- Never: 64.4%
- Once: 15.2%
- Two/More Times: 20.4%

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 318]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
Child Needed Mental Health Services in the Past Year
(Total Service Area Children Age 5-17, 2018)

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 78]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

Child Needed Mental Health Services in the Past Year
(Total Service Area Children Age 5-17, 2018)

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 78-79]

Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2015-2017)
Healthy People 2020 Target = 6.0 or Lower

<table>
<thead>
<tr>
<th>County</th>
<th>Infant Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clay County</td>
<td>4.7</td>
</tr>
<tr>
<td>Jackson County</td>
<td>6.5</td>
</tr>
<tr>
<td>Johnson County</td>
<td>4.0</td>
</tr>
<tr>
<td>Wyandotte County</td>
<td>6.2</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>5.4</td>
</tr>
<tr>
<td>MO</td>
<td>6.5</td>
</tr>
<tr>
<td>KS</td>
<td>5.9</td>
</tr>
<tr>
<td>US</td>
<td>5.8</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2018.

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Infant Mortality by Race/Ethnicity
(Annual Average Infant Deaths per 1,000 Live Births, 2015-2017)
Healthy People 2020 Target = 6.0 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2018.

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

For more information see: The State of Children's Health in the Kansas City Region, 2019, https://www.childrensmercy.org/in-the-community/community-benefit/community-health-needs-assessment
Position for Laying Baby to Sleep
(Total Service Area Parents of Infants Under One Year of Age; 2018)

- Back 62.0%
- Stomach 30.2%
- Side 7.8%

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 333]

Notes:
- Asked of all respondents whose randomly selected child is under one year of age (n = 41).

Child Was Ever Fed Breast Milk
(Total Service Area, 2018)
Healthy People 2020 Target = 81.9% or Higher

Yes 70.6%
No 29.4%

US = 72.6%

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 113]

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

Child Was Exclusively Breastfed for at Least 6 Months
(Total Service Area, 2018)
Healthy People 2020 Target = 25.5% or Higher

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]

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

If Respondent Had a Newborn, Would **NOT** Want Him/Her to Get All Recommended Vaccinations

*(Total Service Area Parents, 2018)*

*Primary reasons: safety concerns (33.8%); some or all perceived as unnecessary (18.7%); and prefer to delay (11.8%).*

<table>
<thead>
<tr>
<th>County</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clay County</td>
<td>10.5%</td>
</tr>
<tr>
<td>Jackson County</td>
<td>12.1%</td>
</tr>
<tr>
<td>Johnson County</td>
<td>11.0%</td>
</tr>
<tr>
<td>Wyandotte County</td>
<td>10.2%</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>11.3%</td>
</tr>
<tr>
<td>US</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

Sources:  
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 115-116]  

Notes:  
- Asked of all respondents.

Person from an In-Home Visiting Program Visited the Home
(Total Service Area Parents, 2018)

Among the respondents who were never visited, 56.6% say they would have used such a program if offered

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 334-335]

Notes:
- Asked of all respondents about a randomly selected child in the household.
What Families Say About Access

• “And with, with me, um I usually try to plan [medical] appointments around my pay schedule. So if she [participant’s daughter] gets a prescription for something. Or if I have to pull her [from school], ‘I can have her make sure she eats for that day.”’  Food Insecurity Focus Group Participant

• “If I have enough time I can find the transportation to get to a medical appointment, but if they want me to bring my child in right away I often can’t find a ride.”’  Community Conversation Parent

• “When I call my doctor’s office with a problem, they always tell me to go to the Emergency room.”’  Community Conversation Parent

• “There use to be a clinic at my school. I liked going to that clinic. I don’t know why it’s no longer there.”’  Community Conversation Parent

• “Sometimes you have to wait so long to be seen and then they don’t tell you anything.”’  Community Conversation Parent

Child Visited a Physician for a Routine Checkup in the Past Year
(Total Service Area, 2018)

Healthy People 2020 Objective AH-1:
Increase the proportion of adolescents who have had a wellness checkup in the past 12 months to 75.6% or higher.

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 27]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Access Have Prevented Child’s Medical Care in the Past Year
(By County, 2018)

Sources:
● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 17-23]

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

Emergency Room Visits
(Among Total Service Area Children With Any ER Visits in the Past Year, 2018)

ER Visit Was for Something That Might Have Been Treated in a Doctor's Office

Yes 58.2%
No 41.8%

Reason for Using the Hospital ER Instead of a Doctor's Office or Clinic
(Among Those Responding "Yes" at Left)

- Emergency: 39.1%
- After Hours/Weekend: 30.8%
- Don't Know: 19.8%
- Access-Related Issues: 7.2%
- Recommended by Primary Care Doctor: 1.5%
- Other (Each <1%): 1.6%

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 41-42]

Notes:
- Asked of respondents for whom the randomly selected child in the household used a hospital ER in the past year
Number of Visits to an Urgent Care Center or Other Walk-in Clinic in the Past Year
(Total Service Area, 2018)

None: 51.7%
One: 26.0%
Two: 10.6%
Three: 5.5%
Four/More: 6.2%

Sources: 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 43]
Notes: Asked of all respondents about a randomly selected child in the household.
For more information see: The State of Children's Health in the Kansas City Region, 2019, https://www.childrensmercy.org/in-the-community/community-benefit/community-health-needs-assessment
Perceived Availability of Community Resources for Obesity, Nutrition, Exercise

**Sufficient, Insufficient, not Available**

<table>
<thead>
<tr>
<th>Category</th>
<th>Under 6 years</th>
<th>6-11 years</th>
<th>12 -17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficient</td>
<td>69.4%</td>
<td>43.4%</td>
<td>48%</td>
</tr>
<tr>
<td>Insufficient</td>
<td>26.7%</td>
<td>52.7%</td>
<td>43.6%</td>
</tr>
<tr>
<td>Not Available</td>
<td>3.9%</td>
<td>3.9%</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

## Key Informant Ratings

<table>
<thead>
<tr>
<th>Issue</th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition, Physical Activity, and Weight</td>
<td>60.4%</td>
<td>32.1%</td>
<td>7.5%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Food Security/ Access to Healthy Foods</td>
<td>43.7%</td>
<td>46.0%</td>
<td>9.2%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Access to Parks/Green Spaces/Opportunities for Recreation</td>
<td>18.4%</td>
<td>39.1%</td>
<td>36.8%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

What Key Informants Said…

“There are various socioeconomic groups that struggle with obesity. Physical education should be a mainstay if each day of a child’s day and not just every third day. Sleep is also so very important to both weight issues as well as mental health. Later start times for adolescent children has been shown in studies to help with mental health and we also know that poor sleep can lead to more stress and therefore more weight gain. If our kids are running and playing, they burn calories, clear their mind, work on personal interactions and then are actually tired when it’s time to go to bed.” – Physician

“Establish public events that celebrate physical activity, good nutrition, and overall increased health. Provide more green spaces for families to enjoy celebrating increased physical activity, good nutrition, and overall increase and health, for individual kids, but also for schools as a whole.” – Community/Business Leader

“The biggest health issue in my community is obesity. Parents aren’t leading their children how to eat. Many families don’t eat meals together. Many families are eating restaurant food and/or processed meals. It’s expensive to buy fresh fruit and vegetables. It’s tough for most people to get their 10 servings of vegetables in per day.” --Physician

Child Was Physically Active for One Hour or Longer on Every Day of the Past Week
(Total Service Area Children Age 2-17, 2018)

Sources:
● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 107]
● 2017 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17

Child Was Physically Active for One Hour or Longer on Every Day of the Past Week
(Total Service Area Children Age 2-17, 2018)

- Child was physically active for one hour or longer on every day of the past week.
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes 100% - 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Number of Sports Teams Child Played On in the Past Year
(Total Service Area Parents of Children Age 5-17, 2018)

- None 39.9%
- One 22.6%
- Two 18.8%
- Three 10.4%
- Four/More 8.3%

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 326]

Notes:
- Asked of all respondents about a randomly selected child age 5 to 17 at home.

Family Meal Patterns

• Close to 14% of TSA parents report that their child eats fruits and/or vegetables five or more times/day.
  ▪ Increase from 11.1% in 2015 to 13.9% in 2018

• Over 34% of parents report that their child has had three or more meals from “fast food” restaurants in the past week.
  ▪ Increase from 24.8 % in 2012 and 2015

• Close to 67% of parents report sharing meals as a family an average of at least one a day.
  ▪ Decrease from 72.6 and 72.9% in 2012 and 2015

Food Insecurity
(Total Service Area, 2018)

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 329-330]

Notes:
- Reflects the total sample of respondents.


"In the past year, I worried about whether our food would run out before we had money to buy more."
- Often/Sometimes True
  - US = 35.1%
  - 2015 = 19.5%
- Often True
  - 10.9%
- Sometimes True
  - 23.4%
- Never True
  - 65.7%

"In the past year, the food we bought just did not last, and we did not have money for more."
- Often/Sometimes True
  - US = 29.0%
  - 2015 = 16.0%
- Often True
  - 7.4%
- Sometimes True
  - 22.4%
- Never True
  - 70.3%
What Families Say About Food Insecurity
(Six Focus Groups, 30 participants, Summer 2018, conducted at Children’s Mercy)

• “…And I have $35/month for food. That’s it. And that’s like barring the costs of gas going up, or anything going wrong, or needing an oil change for my car…."

• “But I don’t eat to make sure they’re fed. (Second participant, “I’ve done that.”)

• “If it wasn’t for WIC, then there’d probably be times that we didn’t have any [fruits and vegetables] in our house.”

• “You should not have to go 2 or 3 neighborhoods away from you to get food.”

• “Nothing is close might have to take several buses to get to the grocery store or buy food at a QT or filling station where they mark up food 500%.”

Child Is Overweight or Obese
(Total Service Area Children Age 5-17 With a BMI in the 85th Percentile or Higher)

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 135]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Overweight among children 5-17 is determined by child’s Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
- *BMI was calculated slightly differently in the 2012 study: age-in-years midpoints were used to calculate BMI in 2012; in 2015 and 2018, BMI cutoffs were based on child’s actual age in both years and months. Analysis shows that the difference between the two calculation methods is marginal.

Child Obesity Prevalence
(Total Service Area Children Age 5-17 with a BMI in the 95th Percentile or Higher)
Healthy People 2020 Target = 14.5% or Lower

Clay County: 17.5%
Jackson County: 17.7%
Johnson County: 15.1%
Wyandotte County: 32.9%
Total Service Area: 18.1%
US: 18.2%

Sources:
● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 135]
● 2017 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Obesity among children is determined by children’s Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
● *BMI was calculated slightly differently in the 2012 study: age-in-years midpoints were used to calculate BMI in 2012; in 2015 and 2018, BMI cutoffs were based on child’s actual age in both years and months. Analysis shows that the difference between the two calculation methods is marginal.