

Community Health Assessment 2011

Kansas City, Missouri

Executive Summary

Nearly 460,000 men, women, and children live in Kansas City, Missouri. A major city in the heart of the Midwest, Kansas City has long prioritized the health of its residents and was one of the first cities to have dedicated public health services with the appointment of the first City Physician in 1866. Since that time, the population has increased many times over and health concerns have changed. Today, Kansas City is actively involved in promoting health and working towards a healthier city. In 2012, the Kansas City-Community Health Improvement Plan (KC-CHIP) was endorsed and supported by the Mayor and City Council (Resolution 120391). Recently, KC-CHIP was added as a top City priority. Created through community engagement and collaboration, the goal of KC-CHIP is to “improve health where we live, learn, work, and play” by addressing six strategic issues:

- Ensuring a safe and healthy community environment
- Health equity and social determinants of health
- Ensuring access to clinical preventive services, illness care, and public health services and interventions
- Ensuring every child has a healthy start
- Tobacco-free living
- Encouraging active living and healthy eating

KC-CHIP recognizes the critical role of prevention and emphasizes the importance of health starting “in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the food we eat.”

The Community Health Assessment addresses many objectives in KC-CHIP and provides data directly related to action steps supporting these objectives. For instance, one action plan is to review available data that identifies high risk health areas in Kansas City by zip code. Throughout this Community Health Assessment, zip code level data are found in both tables and maps to facilitate identification of high risk areas that might benefit from interventions or specific messaging outreach. In addition, data from multiple city, state, and national agencies are included in this report, to present as comprehensive picture as possible of the health of Kansas City, MO, residents. By sharing this report with the community, residents will have relevant, easily-accessible information that can be used in identifying local health concerns. Data from the Community Health Assessment is intended for wide use and should be reviewed across the City. In particular, data should be discussed within high risk areas to identify the most important and helpful health messages that should be heard by all citizens.

Social determinants of health have gained recognition as important factors that reflect and contribute to both community and individual health. One of the KC-CHIP strategic issues focuses on ensuring health equity and addressing the social determinants of health. The Community Health Assessment 2011 includes expanded data on selected social determinants of health, including factors such as poverty, education, and insurance coverage.

In 2010, 16.8% of Kansas City residents were uninsured. This figure is higher than both the state (13.2% of Missouri residents did not have insurance) and the overall United States (15.5%). Future community health assessment reports will include data on additional social determinants of health.

While the Community Health Assessment presented here includes data supporting the measurement of the six KC-CHIP strategies, additional data important to evaluating the health of the Kansas City, MO, community are also included. Highlights from selected sections of the report follow.

Births

In 2009, there were 7,758 births in Kansas City, a 1.2% reduction in births from 2008. Only 39% of pregnancies in Kansas City were unplanned, lower than the national average of 49%. The mother's average age at first birth was 24.7 years and has not changed significantly since 2000. The teen pregnancy rate for 15-19 year-olds was 77.4 per 1,000 live births, higher than the national average of 39.1. Alarming, the percent of pregnant women starting prenatal care in their first trimester continued to decline: 82.2% of pregnant women in Kansas City received first-trimester prenatal care in 2009. Likewise, C-section deliveries continue to become more common, despite risks; in 2009, among first-time mothers, 28.5% of deliveries were C-sections.

Deaths

In 2009, 3,609 Kansas City residents died; there were 300 fewer deaths than in 2008. The average age at death was 68.7 years, and the median age at death was 73.0 years. In descending order, the leading causes of death were cancer, heart disease, chronic lower respiratory diseases, stroke, infectious diseases, mental/behavioral disorders, unintentional injuries, nephritis, diabetes, and homicide. Variations in the leading causes of death exist by sex, age, race and ethnicity. During 2005-2009, 34.1% of deaths among Kansas City residents were premature, occurring before 65 years of age. The rate of premature death was higher among males than females, 43.1% and 25.0%, respectively. Non-Hispanic whites had the lowest premature death rate (27.9%) and Hispanics had the highest (47.1%). The percentage of premature deaths for non-Hispanic whites and blacks 45-64 years of age has been increasing since 2000.

Emergency Department Visits and Hospitalizations

In 2009, Kansas City residents made 206,048 visits to hospital emergency departments and 64,221 residents were admitted to hospitals. Among hospitalized patients, 15.4% were admitted from emergency departments. Emergency department visits increased for the 2nd year while hospitalizations declined. The top 5 reasons for emergency department visits were injury, diseases of the musculoskeletal system, diseases of the nervous system, diseases of the skin/subcutaneous tissues and acute respiratory infections. The top 5 reasons for hospitalization admissions were complications of pregnancy/birth, newborns, mental disorders, heart disease, and injury.

Cancer

Cancer is the leading cause of death in Kansas City, although the age-adjusted death rate for all cancers has been declining since at least 1990. Of 827 cancer deaths in 2009, 5 causes accounted for 59% of the deaths: lung cancer, colorectal cancer, breast cancer, pancreatic cancer, and prostate cancer. Lung cancer was the leading cause of cancer death for both male and female Kansas City residents. An estimated that 80% of lung cancer deaths are attributable to smoking. Breast cancer was the 2nd leading cause of cancer deaths among women in the Kansas City area. Data show that non-Hispanic black women are 50% more likely to die than non-

Hispanic whites.

Cardiovascular Diseases

Heart disease was the 2nd leading cause of death with 698 deaths. Two-thirds of these deaths were from coronary heart disease. Higher percentages of non-Hispanic black men and women die prematurely from heart disease than do their non-Hispanic white counterparts.

Obesity

Based on Behavioral Risk Factor Surveillance System surveys, 29.7% of adult Kansas City residents were obese. The obesity rate was highest among non-Hispanic black respondents at 44.2%. Missouri ranks in the 2nd lowest quintile for childhood obesity nationwide.

Substance Use

An estimated 21.8% of adults in Kansas City are current cigarette smokers. Smoking causes approximately 690 deaths annually among adults aged ≥ 35 years of age and costs the community more than \$160 million per year in smoking-attributable productivity losses. Annually, more than 8,800 smoking-attributable years of potential life are lost.

Suicide and Homicide

In 2009, 63 Kansas City residents died via suicide, with non-Hispanic whites far more likely to commit suicide than any other racial/ethnic group. Men were more likely to commit suicide than women. In 2009, the Police Department recorded 120 homicides within the city limits (regardless of victim residency). Among residents, there were 96 deaths due to homicide (not all their deaths occurred in Kansas City). Among the resident homicide deaths, 75% of the victims were non-Hispanic blacks, 83% were males, and 94% of the victims resided in the Jackson County portion of the community.

Infectious and Communicable Diseases

In 2009, reported cases of tuberculosis, gonorrhea, and primary & secondary syphilis continued to decline. Tuberculosis cases achieved a historic low of 14 cases. There were 1,862 cases of gonorrhea, the lowest total during the decade, and primary & secondary syphilis cases totaled 57, 48% lower than the decade peak of 102 cases recorded in 2007. In 2009, of the 120 residents diagnosed with HIV, 100 (83%) were men of whom 83 were men-who-have-sex-with-men. For the 4th year in a row, there were more cases of HIV diagnosed among non-white males than whites. Shigella infections began increasing in late 2009, totaling 82 cases, compared to 8 cases for all of 2008. Such rises during the later parts of a year typically result in widespread community outbreaks driven by children in day care centers.

Environmental Health

Over the last 5 years, the percent of the children aged 6 years or younger who had elevated blood lead levels declined by more than two-thirds to 1%. This is less than the national average of 1.4%. It is estimated that over 52,000 Kansas City children have not been tested for blood lead levels. In addition to children, data on Kansas City adults showed that, among those tested for elevated blood lead levels, 1.6% had elevated levels. During 2009, more than 11,000 inspections were conducted on food establishments, licensed day care centers, lodging facilities, sources of air quality pollutants, and septic waste haulers.