

# LINC Commission Meeting

April 20, 2015



Summer  
is **Coming!**



<http://kclinc.org/summer>



**Supporting Community Schools**

# Local Investment Commission (LINC) Vision

## Our Shared Vision

A caring community that builds on its strengths to provide meaningful opportunities for children, families and individuals to achieve self-sufficiency, attain their highest potential, and contribute to the public good.

## Our Mission

To provide leadership and influence to engage the Kansas City Community in creating the best service delivery system to support and strengthen children, families and individuals, holding that system accountable, and changing public attitudes towards the system.

## Our Guiding Principles

1. **COMPREHENSIVENESS:** Provide ready access to a full array of effective services.
2. **PREVENTION:** Emphasize “front-end” services that enhance development and prevent problems, rather than “back-end” crisis intervention.
3. **OUTCOMES:** Measure system performance by improved outcomes for children and families, not simply by the number and kind of services delivered.
4. **INTENSITY:** Offering services to the needed degree and in the appropriate time.
5. **PARTICIPANT INVOLVEMENT:** Use the needs, concerns, and opinions of individuals who use the service delivery system to drive improvements in the operation of the system.
6. **NEIGHBORHOODS:** Decentralize services to the places where people live, wherever appropriate, and utilize services to strengthen neighborhood capacity.
7. **FLEXIBILITY AND RESPONSIVENESS:** Create a delivery system, including programs and reimbursement mechanisms, that are sufficiently flexible and adaptable to respond to the full spectrum of child, family and individual needs.
8. **COLLABORATION:** Connect public, private and community resources to create an integrated service delivery system.
9. **STRONG FAMILIES:** Work to strengthen families, especially the capacity of parents to support and nurture the development of their children.
10. **RESPECT AND DIGNITY:** Treat families, and the staff who work with them, in a respectful and dignified manner.
11. **INTERDEPENDENCE/MUTUAL RESPONSIBILITY:** Balance the need for individuals to be accountable and responsible with the obligation of community to enhance the welfare of all citizens.
12. **CULTURAL COMPETENCY:** Demonstrate the belief that diversity in the historical, cultural, religious and spiritual values of different groups is a source of great strength.
13. **CREATIVITY:** Encourage and allow participants and staff to think and act innovatively, to take risks, and to learn from their experiences and mistakes.
14. **COMPASSION:** Display an unconditional regard and a caring, non-judgmental attitude toward participants that recognizes their strengths and empowers them to meet their own needs.
15. **HONESTY:** Encourage and allow honesty among all people in the system.



Monday, April 20, 2015 | 4 – 6 pm  
Kauffman Foundation  
4801 Rockhill Rd.  
Kansas City, Mo. 64110

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## Agenda

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- I. Welcome and Announcements
- II. Approvals
  - a. February and March minutes (motion)
- III. Health Care in Kansas City
  - a. Dr. Bridget McCandless – Health Care Foundation of Greater Kansas City
- IV. Superintendents' Reports
- V. LINC Summer School Update
  - a. Kansas City Public Schools
  - b. Other LINC school districts
- VI. LINC Chess program
  - a. Overview
  - b. Panel discussion
- VII. Other Reports
  - a. LINC summer book distribution
  - b. Other
- VIII. Adjournment



## THE LOCAL INVESTMENT COMMISSION – FEB. 23, 2015

The Local Investment Commission met at the Kauffman Foundation, 4801 Rockhill Rd., Kansas City, Mo. Co-chair **Jack Craft** presided. Commissioners attending were:

Sharon Cheers  
Herb Freeman  
Rob Givens  
Anita Gorman

Rosemary Lowe  
Mary Kay McPhee  
David Ross

*A motion to approve the Jan. 26, 2015, LINC Commission meeting minutes was passed unanimously.*

### Superintendents' Report

- **Beth Heide** (Director of Human Resources, Center School District) reported the district is in the process of seeking a superintendent to succeed David Leone, who is retiring. The district is also building a partnership with University of Missouri to develop positive interventions for struggling students
- **Mark Enderle** (Superintendent, Fort Osage School District) reported the number of district high school students enrolled for college in the fall is the highest at this point of the current school year than at the same point in prior years. This is the result of a college readiness program that is used by the Independence School District and was featured at a past LINC Commission meeting.
- **Kevin Foster** (Executive Director, Genesis Promise Academy) reported the school present its charter renewal application to the state board of education and has been renewed for five years. The school is partnering with 20 daycare providers to coordinate programming for kindergarten preparedness. Genesis will share a LINC-produced video on its partnership with U.S. Tennis Association at its May fundraising event.
- **Dred Scott** (Assistant Superintendent, Independence School District) reported voters will decide in April on an operating levy increase to support the district's increasing student population. The district is also preparing for summer programs.
- **Gayden Carruth** (Executive Director, Cooperating School Districts of Greater Kansas City) reported the legislature is in session; a student transfer bill is expected. The 2014-2015 Education Policy Fellowship Program is in its fifth month and is offering a strong program for participants.
- **Jerry Kitzi** (Director of Early Learning, Kansas City Public Schools) reported the district is partnering with the Urban Neighborhood Initiative and his supporting the Paseo Gateway CHOICE grant application. The district is planning summer school and enrichment programs to include middle and high school as well as elementary students.
- **Mark Tolbert** (Chairman, Lee A. Tolbert Academy) reported the school has a full enrollment of 550 students and a waiting list of 250. Kindergarten roundup will be held in February. Tolbert encouraged others to let legislators know of the importance of implementing Common Core standards.
- **Dennis Carpenter** (Superintendent, Hickman Mills School District) reported the district through its Pathways Program is developing a plan to give high school students a "small school" experience. The district is also developing a "choice opportunity" program at Burke Elementary which would provide participants with greater technology and increase

assessments while raising requirements on both students and parents.

### **Early Education**

A video produced by LINC on the early learning initiative in Hickman Mills School District was shown.

Hickman Mills School District superintendent **Dennis Carpenter** reported on the district's research-based initiative to provide pre-K education for all four- and five-year-olds at Freda Markley Early Childhood Center and Ervin Early Learning Center. The effort is part of a commitment to student improvement rather than remediation, and emphasizes intentional teaching rather than constructive play. The effort involved redistributing grade levels at school buildings and recruiting quality teachers by putting pre-K teachers in the same salary framework as regular teachers.

Carpenter introduced Ervin principal **Shonda Fowler** and Freda Markley principal **Teresa Tanner**. LINC President **Gayle. A. Hobbs** introduced Ervin Caring Communities site coordinator **Jimmarie Revels** and Freda Markley Caring Communities site coordinator **Sharon Perkins**. LINC provides before and after school care at each of the sites.

Discussion followed.

LINC Deputy Director of Community Engagement **Brent Schondelmeyer** reported LINC is planning to participate in a U.S. Dept. of Agriculture demonstration project to provide food benefits for children during the summer for families in the Center, Hickman Mills and Kansas City school districts. This summer's effort would continue an initiative begun in 2011. In Missouri, the project this year would include Kansas City, St. Louis, and Mississippi County.

LINC Deputy Director of Operations **Robin Gierer** reported on efforts to support LINC part-time staff through financial initiatives in partnership with Next Step KC including small dollar loans, free tax preparation, and financial literacy. Gierer introduced **Marisa Martinez** of Next Step KC.

The meeting was adjourned.



## THE LOCAL INVESTMENT COMMISSION – MARCH 18, 2015

The Local Investment Commission met at the Kauffman Foundation, 4801 Rockhill Rd., Kansas City, Mo. Co-chair **Bailus Tate** presided. Commissioners attending were:

Bert Berkley  
Jack Craft  
Herb Freeman  
SuEllen Fried  
Anita Gorman

Bart Hakan  
Sly James  
Tom Lewin  
Rosemary Lowe  
Richard Morris

Tate introduced a video produced by LINC on initiatives by NorthWest Communities Development Corp. to revitalize neighborhoods and develop services for residents in western Independence. NorthWest CDC board president **Allen Garner** reported on the effort to build partnerships with other organizations in order to provide needed programs and activities and avoid duplication of services. NorthWest CDC director **Howard Penrod** thanked LINC for partnering with the CDC since its founding.

*A motion to approve the Feb. 23, 2015, LINC Commission meeting minutes was passed unanimously.*

Tate introduced a discussion on area reading efforts. Turn the Page KC executive director **Mike English** introduced Kansas City Mayor Sly James, who gave an overview of the initiative to double the number of students able to read at grade level by third grade. The initiative involves over 50 partnering organizations and has recruited over 600 volunteers to read to and with children at area schools.

LINC Community Engagement deputy director **Brent Schondelmeyer** gave an overview of LINC's involvement in promoting reading by distributing books to children at partnering LINC Caring Communities schools. This summer LINC is planning to give away 42,000 books, purchased through First Book, at all 85 LINC Caring Communities school sites. A video on the "summer slide" – the decline in reading skill experienced over the summer by children from low-income families – was shown.

A panel of LINC Caring Communities site coordinators shared strategies LINC is using in its programs to promote student literacy. The panel included:

- **Jimmarie Revels**, Ervin Early Learning Center (Hickman Mills School District)
- **Yolanda Robinson**, Faxon Elementary School (Kansas City Public Schools)
- **Eric Lanier**, James Elementary School (Kansas City Public Schools)
- **Sarah Weber**, Primitivo Garcia Elementary School (Kansas City Public Schools)
- **Adrian Wilson**, Chouteau Elementary School (North Kansas City School District)

Discussion followed.

### Superintendents' Report

- **John Ruddy** (Assistant Superintendent, Fort Osage School District) reported the district, with assistance from LINC, is partnering to provide dental services for students.
- **Kevin Foster** (Executive Director, Genesis Promise Academy) reported the school participated in Read Across America week, and included a book giveaway in its recent

Donuts for Dads event. The Jackson County Mental Health board recently approved a proposal to fund clinical social workers to serve Genesis students.

- **Kenny Rodriquez** (Assistant Superintendent, Grandview School District) reported the district is focusing on professional development of teachers in preparation of new reading benchmarks. The district is also preparing a standard-based report card for students grades K-1 next year.
- **Dred Scott** (Assistant Superintendent, Independence School District) reported the district activated a mental health response team after a William Chrisman High School student was killed in an accident over the weekend. The team shared information and support for students and families.
- **Anthony Lewis** (Director of Elementary Education, Kansas City Public Schools) reported the district is expanding its summer school partnership with LINC. Last year LINC offered summer school at 8 sites in 2014 and will offer it in 17 sites in 2015.
- **Jerry Kitzi** (Director of Early Learning, Kansas City Public Schools) reported KCPS superintendent Stephen Green presented the “Road Map to Accreditation” to the state school board yesterday. The district also presented an application to be a charter school sponsor; the application was approved.
- **Terry Ward** (School Board Member, North Kansas City School District) reported the district is implementing its expanded school year this year, adding 31 days to the calendar starting in June. The district will be obtaining a third-party evaluation of the effort. District representatives are attending the National School Boards conference in Nashville this week.
- **Gayden Carruth** (Executive Director, Cooperating School Districts of Greater Kansas City) reported staff and participants in the Education Policy Fellowship Program are preparing for a trip to Washington, D.C., in order to learn about federal policy-making. EPFP director **Bob Bartman** reported the application for next year’s class is in development, and it is hoped LINC school district partners will recommend applicants for fellowships.

**Nancy Thoma Groetken**, Regional Administrator, U.S. Dept. of Health and Human Services-Administration for Children, Youth and Families, reported on federal initiatives to combat human trafficking, which is a particular threat to homeless youth, who are targeted for sexual exploitation and labor.

The meeting was adjourned.

# Broad new push for health is urged for Kansas City

By ALAN BAVLEY - The Kansas City Star

04/01/2015 6:00 PM

It's time to shape up, Kansas City.

The Greater Kansas City Chamber of Commerce and Blue Cross and Blue Shield of Kansas City on Thursday are announcing an ambitious initiative called Healthy KC aimed at improving health and well-being wherever people live, work or play.

Its many objectives, put together by more than 100 area health and environmental advocates, academics and business and political leaders, are at turns startling, politically difficult and potentially very expensive.

They include bumping up the age to buy tobacco from 18 to 21; raising money to build grocery stores in the region's "food deserts"; making our auto-centric streets more friendly to pedestrians and cyclists; and improving social and mental health services to the region's many homeless children, youth and families.

Much of the agenda would take years to accomplish, but at least two of the items will be ready to go relatively soon. To raise public awareness of the initiative, the chamber plans to challenge another city to a "Race to the Moon," competing to see which city's residents can be the first to walk 1 billion steps, roughly the distance to the moon and back.

And the initiative on Thursday is launching a regional workplace health and wellness certification program to recognize employers that have policies and programs in place that promote employees' health and well-being. The chamber hopes to have 200 organizations certified by 2017.

The overall goal of Healthy KC is to make Kansas City "one of the healthiest cities in America," said chamber president and CEO Jim Heeter. Community betterment is a chamber objective, he said. But the initiative also will benefit the chamber's member businesses directly. "Healthy employees are better, more efficient employees," he said.

The initiative's organizers will have their work cut out for them. Kansas City has never had a reputation for healthy living.

Just 16.7 percent of area residents meet Centers for Disease Control and Prevention guidelines for both aerobic and strength exercise. One in five admits to not getting any exercise or physical activity at all in the past 30 days. And there are a lot more people here who smoke regularly — 21.7 percent — than who eat the recommended three servings of vegetables every day. A meager 12.6 percent are eating enough veggies.

Community health had always been a strong runner-up whenever the chamber discussed its "Big 5" list of projects for the metro area. About two years ago, the chamber and Blue Cross and Blue Shield began discussions of a regional health and wellness initiative, eventually inviting local experts onto teams to recommend the actions the initiative will take.



In addition to workplace wellness, these actions cover four general areas: active living, healthy eating, tobacco use cessation and prevention and behavioral health. Among the goals:

**Active living:** An interactive tool, such as a website or cellphone app, will be developed to connect the community to active living events and amenities, link to local parks and recreation department websites and highlight opportunities for recreation.

A second goal is to make Kansas City streets friendlier to pedestrians and cyclists by building more sidewalks and trails, bike lanes and safer street crossings. The initiative also calls for land use and economic development policies that encourage businesses to locate in walkable and bike-able neighborhoods and along mass transit routes.

“I think it’s a matter of changing people’s thinking,” said active living team chairwoman Mary Jane Judy, a marathon runner and Polsinelli attorney. “People in Kansas City are married to their cars.”

**Healthy eating:** To cut through the clutter of health advice, the initiative calls for an information campaign based on the Children’s Mercy Hospital 12345 Fit-tastic! program, which simplifies the daily message to one hour or more of physical activity, two hours or less of screen time, three servings of non- or low-fat milk or yogurt, four servings of water and five servings of fruits and vegetables.

“We think it’s a powerful message. It’s simple, straightforward and easy to remember,” said Beth Low of the Greater Kansas City Food Policy Coalition. “We would really like to amplify it at work sites, schools, community centers.”

The initiative also recommends that business leaders advocate to elected officials on behalf of food assistance and healthy eating programs.

But education will be just a first step, according to Low. “It’s great to teach people about their choices to eat healthier but it can be impossible to do if there aren’t healthy food options available.”

Goals include increasing the capacity of food pantries to carry fresh food, and advocating for the creation of fresh food funds to help finance the development of grocery stores in under-served neighborhoods.

Many food pantries don’t have refrigerated trucks or storage, which makes it a challenge to offer fresh food, Low said. Building grocery stores in so-called food deserts will be expensive; Low would like an initial investment of \$5 million in a fresh food fund.

A final item on the healthy eating agenda is to encourage schools, parks and recreation centers and major sports and entertainment venues to add more healthy food choices to their menus.

“There are ‘once in a while foods.’ A hot dog at the ballpark may be a family tradition,” Low said. “The goal here is to make it possible for everyone to have the opportunity to make healthy choices, not to force them.”

**Tobacco use cessation:** Actions to prevent young people from starting to smoke are a key part of the initiative’s agenda. That includes raising tobacco taxes in both Kansas and Missouri and raising the age for buying tobacco products from 18 to 21.

Missouri has the lowest tobacco tax in the nation — just 17 cents per pack of cigarettes. The Kansas tax, 79 cents per pack, is well below the national average.

Research has found that every 10 percent increase in cigarette prices reduces youth smoking by 7 percent, said Jessica Hembree, chairwoman of the tobacco use team and a policy officer with the Health Care Foundation of Greater Kansas City. “What we’re finding is that Kansas and Missouri used to be in the forefront on tobacco taxes, but other states have been forging ahead.”

But raising the age for tobacco sales would put the Kansas City area back in a leadership position with such cities as Columbia and New York City that already have already taken the action, Hembree said.

“Young people will occasionally experiment with tobacco,” she said. “That critical time between 18 and 21 is when they become committed and addicted smokers.”

The initiative also calls for adding e-cigarettes to local laws that ban indoor smoking and looking into the feasibility of amending state laws to allow localities to levy their own tobacco taxes.

Hembree concedes that there is not much political support at the state level for raising tobacco taxes or further regulating tobacco.

“It’s definitely going to be a long haul and a lot of work in both states,” Hembree said.

But the coalition of advocacy groups that helped bring indoor smoking bans to the metro area is still intact and willing to work on the initiative, she said. “I think we build from where we are.”

**Behavioral health:** The mental health system in the Kansas City area faces a crisis of increasing demand for services that it’s been unable to meet, the initiative’s behavioral health team said.

Waiting times for adults seeking psychiatric care average four to eight weeks; for children, it’s six months. Suicides in Missouri outnumber homicides by more than 2 to 1. About 2,500 youth are living on the streets, sleeping in cars or on someone’s couch on any given night in Kansas City.

“We know what contributes to the highest costs of behavioral health. That is mainly violence, homelessness and unmet psychiatric needs. We know how large that gap is,” said team vice chairman Dennis Meier of Synergy Services, a domestic violence shelter and services organization.

The local shortfall in behavioral health spending for children, youth and young families alone is estimated at \$148 million per year, Meier’s team found.

Team members realize that kind of funding gap will be hard to close, but “we really saw this as an opportunity to tell the chamber the state of mental health in Kansas City in hope that something would resonate,” said team chairwoman Carla Gibson of the REACH Healthcare Foundation. “We wanted to give a full picture. It’s really, ‘What is there an appetite for taking on?’”

And there is “lower hanging fruit” for the chamber to tackle, Gibson said. That includes promoting widespread training in mental health first aid, analogous to CPR training, that offers instruction on how to identify people in crisis and direct them to appropriate

help. Training teachers, police and other professionals in how to work with children who've been exposed to emotional or physical trauma also will yield large benefits, she said.

Heeter, the chamber president, said the chamber would be lobbying legislators for more mental health funds, as well as for higher tobacco taxes.

But those working on the Healthy KC initiative say they aren't going to depend on Topeka or Jefferson City to get things done.

"It's clear we can't wait for the states," said Bridget McCandless, president of the Health Care Foundation of Greater Kansas City. Just as with politics, she said, "all health is local."

*To reach Alan Bavley, call [816-234-4858](tel:816-234-4858) or send email to [abavley@kcstar.com](mailto:abavley@kcstar.com).*

# Editorial

## To your health: Kansas City has a new focus on well-being

The American prescription for health and fitness goes back at least as far as Benjamin Franklin. Or his fellow Founding Father Thomas Jefferson, who understood that “of all the exercises, walking is best.”

Kansas Citians collectively struggle with the formulas for good health, given our propensity for fatty and fried foods and our unshakeable commitment to movement by cars.

But the notion that a healthy populace brings considerable economic benefits to society is catching on. A new initiative in Kansas City, to be announced on Thursday, is making a serious run at improving the life and general happiness of the community.

The Greater Kansas City Chamber of Commerce, partnering with Blue Cross and Blue Shield of Kansas City, is launching a “Healthy KC” campaign. It’s not just lip service. It’s a wake-up call and a concerted effort to raise awareness and do something positive about wellness, especially in workplaces.

The effort follows more than a year of intensive planning and brainstorming by more than 100 members of the community representing at least 75 companies and organizations. They were organized into task forces that studied five distinct areas — active living, healthy eating, behavioral health, tobacco use and workplace wellness — and made recommendations of concrete actions that can contribute to a healthier region.

Improving access to mental health treatment is one of the many formidable but necessary goals. “Mental health is a priority at the same time as funding is declining, so we felt it important to try to reverse that trend,” Jim Heeter, the chamber’s CEO, told The Star’s editorial board.

Certifying healthy workplaces will be part of the program as will a “race to the moon.” The latter will involve a “billion step challenge” to another city, inviting participants to employ pedometers — step-measuring devices, that is — and make a collective Jeffersonian statement about walking to better health.

Kansas City’s record in health rankings is rather woeful, and the scourge of obesity and related problems is not insignificant in the metro area’s makeup. In the current environment that brings new attention to the city’s urban revival and technological coolness, it’s imperative that we can embrace and project a more positive self-image.

The Healthy KC initiative is a good-faith effort to help make that happen in a meaningful way.

Is Kansas City truly a livable city? This campaign, intended to provoke active lifestyles throughout the community, can turn that cliché into a reality.

Read more here: <http://www.kansascity.com/opinion/editorials/article17134073.html#storylink=cpy>

# Cutting social services priority for Missouri GOP lawmakers

By SUMMER BALLENTINE Associated Press

04/12/2015 10:45 AM

JEFFERSON CITY, Mo. - Republican lawmakers are using their large majorities this session to try to limit the social safety net on a number of fronts, despite concerns from Democrats and advocates that the proposals would harm the state's most vulnerable residents.

Republican efforts to limit welfare benefits and trim social service spending could soon cause a showdown with Democratic Gov. Jay Nixon. If they stick together, Republicans have more than enough members in both chambers to override potential vetoes.

Tensions between Nixon and Republicans looking to trim the state's social safety net have already flared. In addition to GOP proposals to limit help for unemployed and low-income families, lead budget writer Sen. Kurt Schaefer, R-Columbia, is pushing for funding cuts to the state's social services, health and mental health departments next fiscal year.

His recommendation would give those agencies \$130 million less than the House suggested, prompting Nixon to intervene Friday and urge lawmakers to revise the spending plan.

In a letter to lawmakers, the governor called Schaefer's spending proposal "devastating."

Nixon instead proposed using surplus funds now in the Senate version of the budget and \$80 million more in projected revenue to sustain increased funding for the departments.

But Schaefer has said reining in welfare growth is needed, and House leaders have criticized the departments as wasteful.

"I bet you I can walk through the departments and find empty offices," House Speaker John Diehl said. "There's enough money to do this."

Debate on the budget is coupled with a number of Republican-backed bills to trim social service programs.

"These are folks that are hanging on by their fingernails, and we are sort of tapping on each finger at a time to make them lose grip," said Jeanette Mott Oxford, a former Democratic state lawmaker who is executive

director of the social advocacy group Empower Missouri. "It's just a really, really desperate situation."

The Senate is close to a final vote that would send legislation to Nixon's desk that would reduce the number of weeks of benefits that unemployed workers can receive as the state's unemployment rate declines. The bill could cap the available benefits to as few as 13 weeks instead of the current 20.

Lawmakers failed to override Nixon's veto last year of similar legislation. But the House, which this session has the most GOP members ever, voted 112-47 in favor of the measure — exceeding the 109 votes that would be needed to override a veto.

House and Senate negotiators on Monday are set to hash out differences in another proposal that would impose further restrictions on Missouri's social safety net.

That bill would cut the total number of years low-income families can receive monthly financial aid through Temporary Assistance for Needy Families. Legislators now are deciding whether to reduce the current five-year maximum to four, as the Senate has endorsed, or as little as 2 ½, which has been approved by the House.

The measure also would mean families risk losing access to benefits if parents are found to be noncompliant with work requirements. Republican backers have denied that the program would mean children also lose benefits.

Savings from the measure would be used for childcare, job training and transportation assistance, with the goal of helping the unemployed and underemployed become self-sufficient.

Other bills that so far have gained less traction include proposals for restrictions on food stamps and a ban on cashing out allowances from Temporary Assistance for Needy Families, which currently are provided through an electronic card.

Read more here: <http://www.kansascity.com/news/article18330329.html#storylink=cpy>

# Missouri Senate approves budget that would expand Medicaid managed care

By JASON HANCOCK

04/08/2015

JEFFERSON CITY - Shortly before 4 a.m. Wednesday, after a six-hour filibuster and bipartisan resistance nearly derailed the process, the Missouri Senate finished its work on the state's \$26 billion budget.

Perhaps.

Major differences in how the state will fund its social welfare programs, as well as how much money should be divvied out to public schools and colleges, must be worked out with the Missouri House. The debate is complicated by a dramatic proposal to turn over most management of Medicaid to private companies.

Meanwhile, Gov. Jay Nixon has expressed serious concerns, setting the table for potential budget battles between the Democratic governor and a Republican-dominated General Assembly.

The most contentious issue Tuesday night and into the wee hours Wednesday morning was a plan slipped into the budget by Sen. Kurt Schaefer, a Columbia Republican and chairman of the Senate appropriations committee, that would shift about 200,000 Medicaid recipients to privatized managed-care plans.

"I'm adamant in the fact that we're going to rein in welfare growth," said Sen. [Kurt Schaefer](#), a Columbia Republican and chairman of the Senate appropriations committee.

The most contentious issue Tuesday night and into the wee hours Wednesday morning was a plan slipped into the budget by Schaefer that would shift about 200,000 Medicaid recipients to privatized managed-care plans.

Currently, three managed-care companies provide services in about half the state's 114 counties to children and pregnant women, covering roughly one in two of the state's 800,000 Medicaid participants.

Schaefer's plan would extend managed-care coverage statewide while continuing to exempt the elderly, blind and disabled.

The plan was part of a massive change pushed by Schaefer that would [budget lump-sum amounts to the departments of mental health, social services, and health and senior services](#) rather than specific amounts for each program.

Sens. [Rob Schaaf](#) of St. Joseph and [Bob Onder](#) of Lake St. Louis objected to expanding managed care through the budget. The pair of GOP lawmakers, along with Republican Sen. Ed Emery of Lamar, set out to thwart the effort with a filibuster.

Managed care allows for-profit companies to oversee health benefits for Medicaid recipients. Insurance companies are paid a fixed amount per member each month and set up networks of doctors and hospitals to provide services. Supporters argue that system is more cost effective and helps guarantee better health outcomes.

In the rest of Missouri — outside the Interstate 70 corridor — traditional Medicaid reimburses providers directly for whatever services they perform.

Schaaf, a longtime critic of managed care, questioned why this change was made through the budget, with no public hearing and no testimony from managed-care companies. Essentially, he said, the state would be guaranteeing more customers for private managed-care companies.

“Who is it that wants this?” Schaaf asked. “It’s these managed-care companies.”

[Missouri awarded its managed-care contracts](#) to subsidiaries of [Centene Corp.](#), [Coventry Healthcare Inc.](#) and [WellCare Health Plans Inc.](#) Of those companies, St. Louis-based Centene has been the most active in Missouri politics, employing 10 lobbyists and donating more than \$325,000 to various campaigns during the 2014 election cycle.

In fiscal year 2014, the state spent about \$1.2 billion on managed-care services, although the majority of that came from federal funds.

A spokeswoman for Centene did not respond to a request for comment.

The Office of Administration, which handles contracts for the state, said Tuesday that the contracts would have to be rebid if managed care was expanded statewide.

Schaefer defended his proposal, saying expanded managed care has been thoroughly vetted by legislative committees in previous years. Ultimately, he said, it would save the state money.

A study performed by Mercer and Associates reported [2.7 percent annual savings for the current Medicaid managed-care groups in Missouri](#). But Dave Dillon, spokesman for the Missouri Hospital Association, said any savings would probably be wiped out by a looming federal tax on managed-care plans.

The Department of Social Services reported earlier this year that [managed-care enrollees were more likely to use the emergency room](#) and performed worse than traditional Medicaid recipients on five out of six clinical quality measures.

“Is managed care delivering value for the dollar?” Dillon asked. “In Missouri, it’s hard to make that argument.”

Eventually, a compromise was struck that persuaded Schaaf and Onder to end their filibuster. The managed-care expansion moved forward, but companies would be prohibited from refusing to contract with any eligible doctor.

Even with the compromise, the Senate initially voted to reject Schaefer’s budget for the Department of Social Services, with Republicans and Democrats joining together in opposition.

After a few minutes of discussion, Republican Sen. [Will Kraus](#) of Lee’s Summit agreed to change his vote and allow the bill to move forward, and the social services budget passed with 18 votes — the exact number needed for a majority.

The House and Senate will now convene conference committees on all 13 budget bills to reconcile differences between the two chambers. The budget then goes to Nixon. In addition to changing how social welfare programs are funded, the Senate also boosted spending on public schools and higher education.

The deadline to complete the budget is May 8.



## Reject a mismanaged Medicaid proposal in Missouri

04/09/2015 5:46 PM

A hasty and ill-timed attempt to make a major policy change regarding how to oversee health care services for about 200,000 Medicaid recipients in Missouri requires a quick burial.

In the early hours of Wednesday morning, Republican Sen. Kurt Schaefer [succeeded in pushing through a plan](#) to extend the use of for-profit companies to manage Medicaid in much of the state's rural areas.

The full Senate narrowly sent the managed care idea on to the House as part of a \$26 billion annual state budget. That's where it should die.

Schaefer's rationale — this is all about using privatization to “rein in welfare growth” — is misguided and mean-spirited. If his measure remains, Gov. Jay Nixon should veto it.

Sen. Rob Schaaf, of all people, is right this time. We noted last year that the Republican senator from St. Joseph had “an outspoken contempt for people in need of government help.” Yet during the long debate on managed care, Schaaf correctly said it was wrong to slip this change into the budget without public hearings. That's where the managed-care companies' claims could be vetted and challenged.

Missouri Hospital Association officials and a report from the Department of Social Services both question the quality of services provided by managed care. Legitimate concerns also exist about how the change could affect hospitals' abilities to get federal matching funds while treating Medicaid patients.

As we have seen with KanCare in Kansas, moving to a managed care system for Medicaid is complex and deserves a thorough review before taking action. KanCare's record in its first 18 or so months of existence into late 2014 was mixed. Positively, few low-income families complained of being denied services. Emergency room visits dipped.

But families of some patients with traumatic brain injuries were angry and fearful about proposed cuts in assistance, while families of developmentally disabled patients were concerned about future care, too. KanCare also has suffered from late payments of claims submitted by hospitals, nursing homes, doctors, pharmacists and other health care providers. Long term, no one knows yet whether the managed care companies will make money without cuts in service.

If Missouri wants to convert to managed care as part of Medicaid expansion, similar to what Arkansas did, that would be a different story. But even that should be carefully worked out.

Read more here: <http://www.kansascity.com/opinion/editorials/article17990141.html#storylink=cpy>

## Missouri Senate budget plan a crisis in the making for the poor

04/13/2015 5:57 PM

Once again, politicians in Jefferson City are trying to score political points by targeting the poor.

Ignoring an optimistic revenue picture, the Missouri Senate last week passed a budget that singles out social services for dangerous and unnecessary cuts.

“I’m adamant in the fact that we’re going to rein in welfare growth,” declared state Sen. Kurt Schaefer of Columbia, the architect of a plan to cut funding to the departments of social services, mental health and health and senior services.

Schaefer’s actions in office are all geared to promoting his 2016 run for attorney general. And rhetoric about getting tough on “welfare” would no doubt resonate on the campaign trail. But his proposals amount to a callous attack on low-income senior citizens, foster children, Missourians with disabilities and people with mental illnesses.

They also are puzzling from a political standpoint. The legislature has taken extreme measures to wrest control over spending from Democratic Gov. Jay Nixon. Now, Schaefer and other Republicans are proposing to give the governor more authority than ever over how money is spent — albeit less money.

Instead of allocating money for specific programs, the legislature would give money to the departments in the form of block grants. Together, the three departments would lose \$130 million. But because state monies are needed to draw down federal funds for some of the programs, the total loss would be closer to \$300 million, officials said.

Services that could be affected include funding for foster care families, support for Missourians with disabilities, energy assistance for low-income families and treatment for abused and neglected children.

There are a host of reasons for the legislature to deep-six this plan. Among them:

- Contrary to Schaefer’s assertions that the three targeted departments are flush with money, all three have already cut their operations drastically. The Department of Mental Health, for instance, has absorbed almost \$30 million in budget cuts over the last five years.

Cuts to the Department of Social Services have contributed to bureaucratic chaos and a near-breakdown in the processing of applications for Medicaid, food stamps and child care subsidies. In one month in 2014, the department logged 250,000 calls for assistance, and 150,000 of them disconnected because the wait was so long. People have reported filling out applications and receiving no response.

Delays like this leave people without needed medical care or food assistance in times of need. Working parents may have to patch together unsafe child care arrangements. The department is working on the problems and says it is making progress. Further budget cuts will only set back those efforts.

- Missouri continues to refuse to expand Medicaid eligibility, thereby turning away millions in federal dollars that could be used to serve mentally ill individuals and other low-income populations. If Schaefer and others really want to reduce the state's responsibility for "welfare" costs, they would expand the limits and take advantage of federal funds to pay most of the cost.

The proposed cuts, coming on top of the stalemate on Medicaid expansion, reveal the Republican majority's disregard for low-income working families.

- The legislature has done nothing again this session to rein in Missouri's most insidious form of welfare — the more than *half a billion dollars a year* that the state forfeits with its runaway tax credit programs.

Tax credits allow recipients to keep tax revenues they would normally return to the state. The programs have become a favorite way for the legislature to award favors. And unlike the money the state spends to protect children, help developmentally disabled citizens lead productive lives and provide summer jobs for low-income teenagers, tax credit programs aren't subject to annual legislative review or restraint.

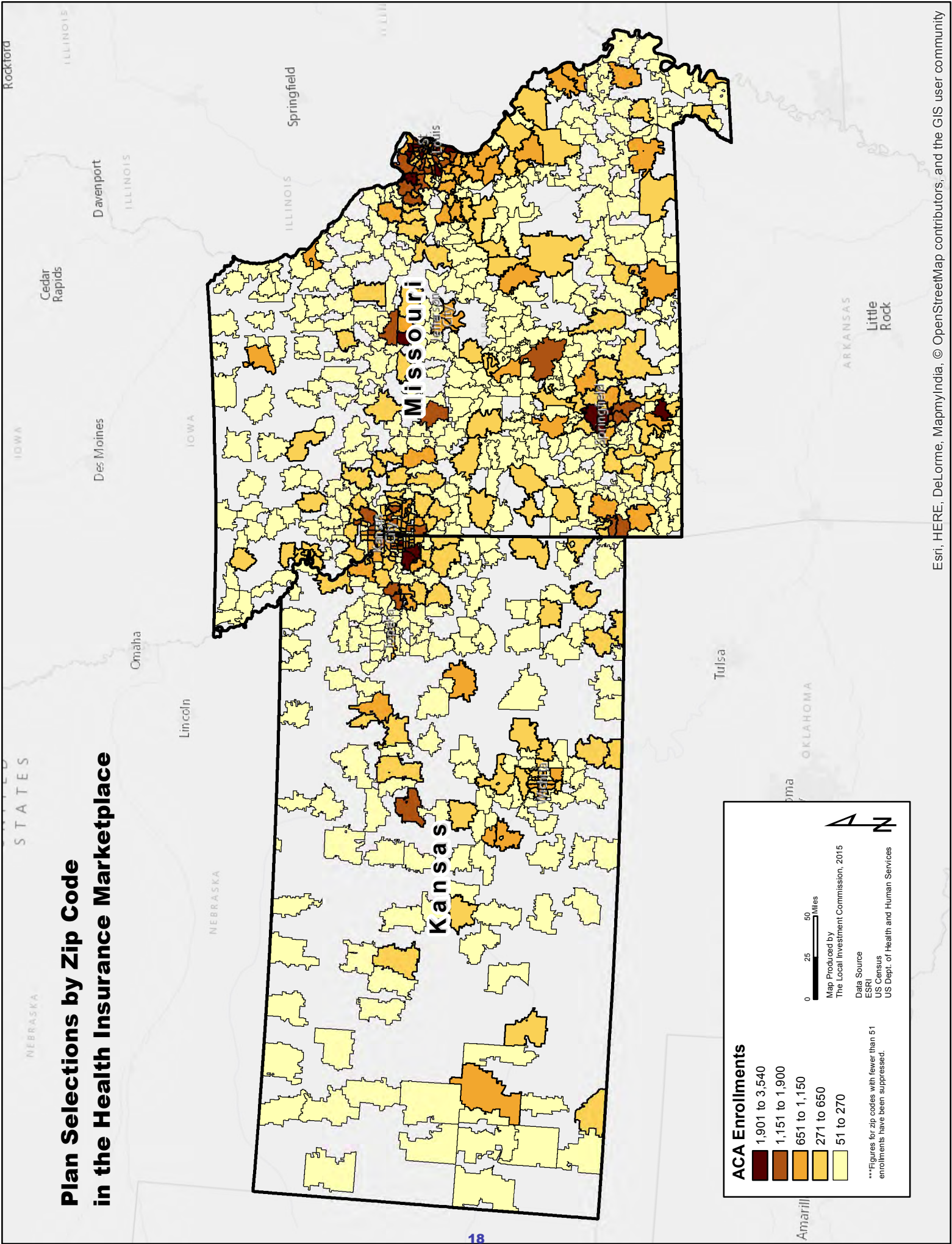
Lawmakers know they should curb the unending giveaways to the powerful, but they haven't mustered the political will.

Instead, they are targeting people who are in no position to protest — like children, elderly Missourians and people struggling with developmental disabilities and mental illness.

These people need and deserve competent and compassionate treatment from their state government. The plan from the Missouri Senate aims to replace that with callous contempt.

Read more here: <http://www.kansascity.com/opinion/editorials/article18439292.html#storylink=cpy>

# Plan Selections by Zip Code in the Health Insurance Marketplace



**ACA Enrollments**

- 1,901 to 3,540
- 1,151 to 1,900
- 651 to 1,150
- 271 to 650
- 51 to 270

Map Produced by  
The Local Investment Commission, 2015

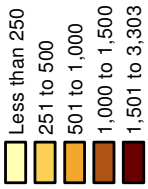
Data Source  
ESRI  
US Census  
US Dept. of Health and Human Services

0 25 50 Miles

\*\*\*Figures for zip codes with fewer than 51 enrollments have been suppressed.

# Affordable Care Act Enrollments by Zip Code

## ACA Enrollments



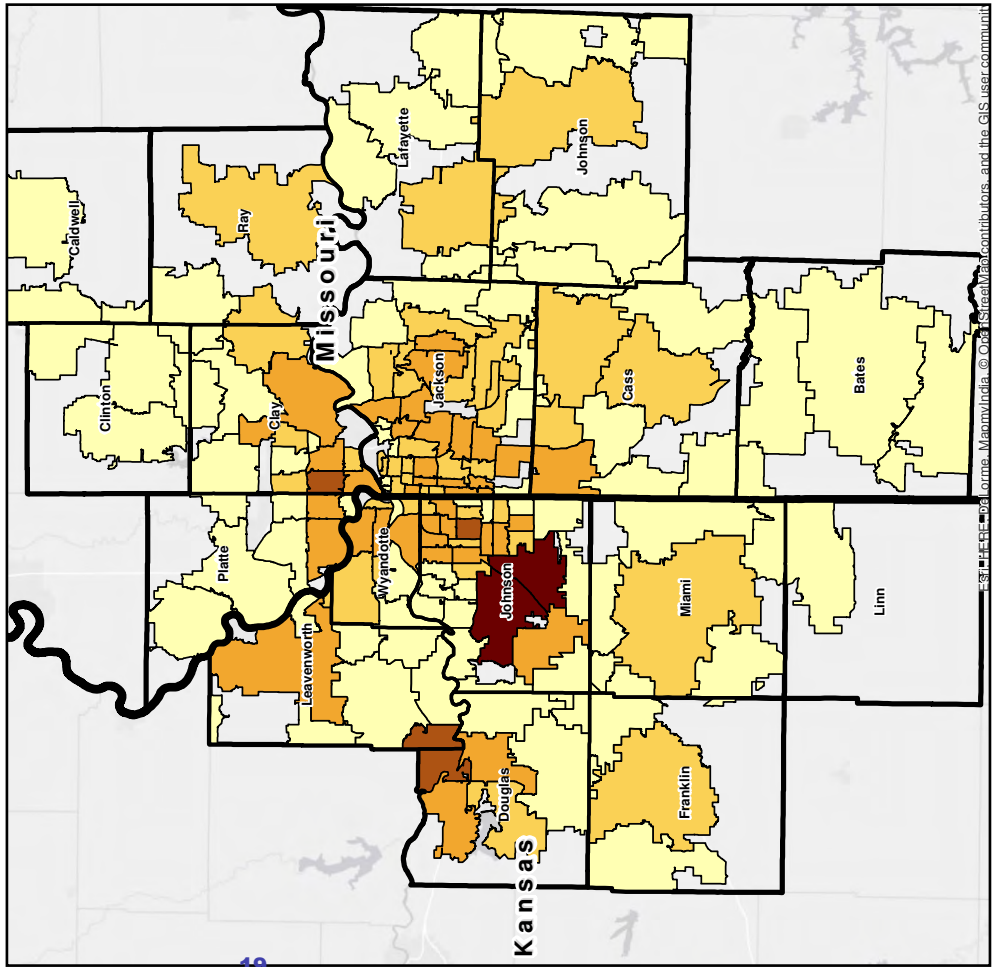
Map Produced by  
The Local Investment Commission, 2015

Data Source  
ESRI  
US Census  
US Dept. of Health and Human Services

\*\*\*Figures for zip codes with fewer than 51 enrollments have been suppressed.

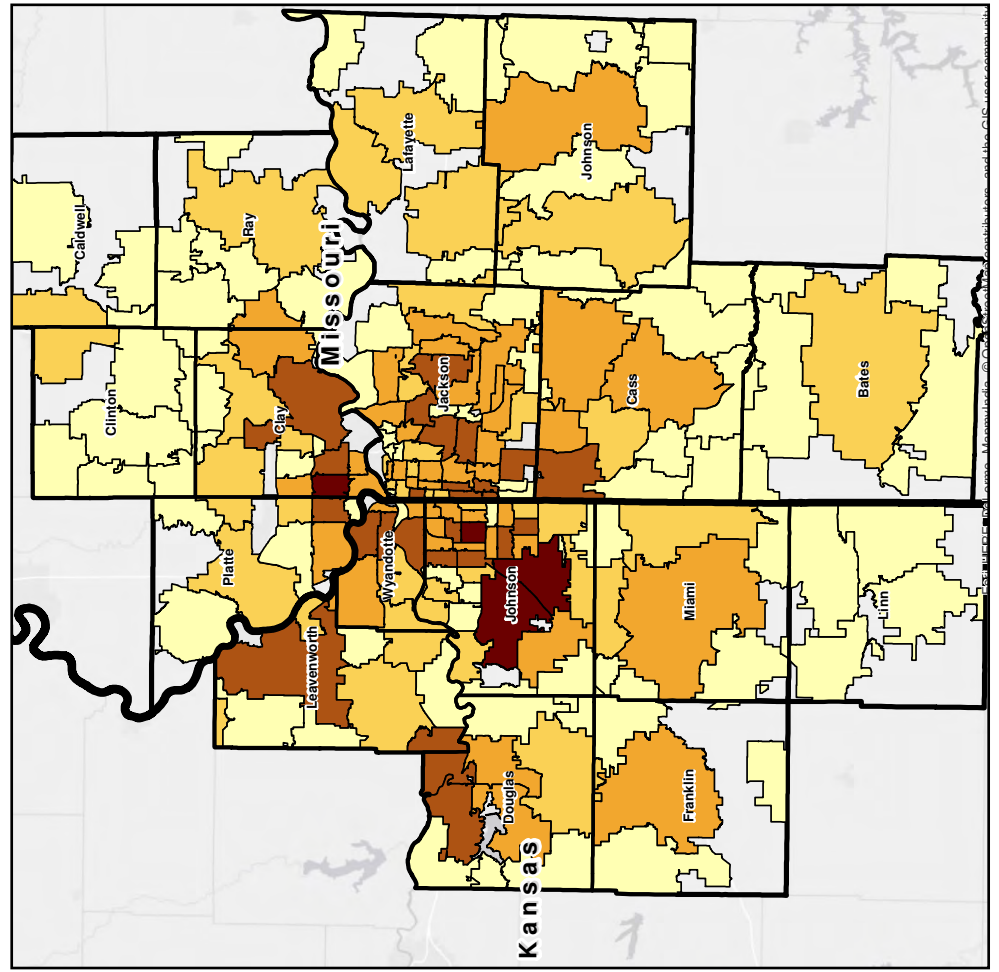
## Open Enrollment Period 1

(October 2013 — March 2014)



## Open Enrollment Period 2

(November 2014 — February 2015)



# 2015 *County Health Rankings* **Key Findings Report**



# INTRODUCTION

The *County Health Rankings & Roadmaps* program helps communities identify and implement solutions that make it easier for people to be healthy in their neighborhoods, schools, and workplaces. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what is keeping people healthy or making people sick. The *Roadmaps* show what we can do to create healthier places to live, learn, work, and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.

This document includes answers to the following questions:

- A. How Healthy Are Our Nation’s Counties? (page 2)
- B. Are Our Nation’s Counties Getting Healthier? (page 3)
- C. What Makes a Healthy County? (page 4)
- D. A Focus on Social and Economic Factors (pages 5-8):
  - a. Income and Poverty
  - b. Income Inequality
  - c. Employment
  - d. Community Safety
- E. National Results (page 9)
- F. Measures and Data Sources (page 10)

## DO THE 2015 COUNTY HEALTH RANKINGS INCLUDE DATA FOR 2015?

2015 reflects the year of release, not the year of the data. We use the most recent data available for each measure. The year(s) represented varies from measure to measure, depending on the data available at the time of release. For example, when we released the 2010 *Rankings*, the most recent data available for premature death was for 2004-2006. For the 2015 *Rankings*, the most recent data available for this same measure was for 2010-2012. The data sources and years for each measure are listed on page 10.

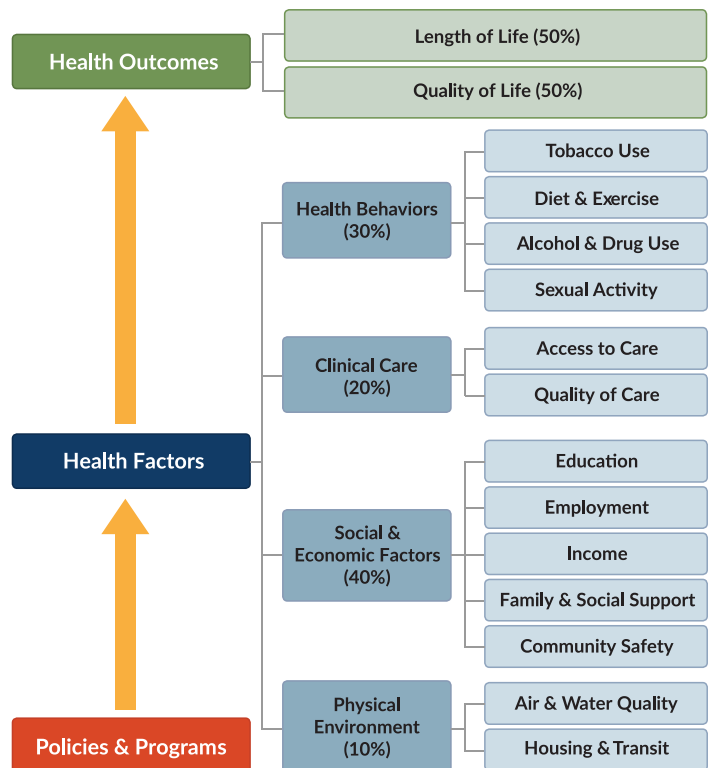
Now in its sixth year, the *County Health Rankings* continues to bring actionable data to communities across the nation. Based on the *County Health Rankings* model, the *Rankings* are unique in their ability to measure the overall health of each county in all 50 states on the many factors that influence health. They have been used to bring together government agencies, healthcare providers, community organizations, business leaders, policymakers, and the public to advance local health improvement solutions.

We compile the *Rankings* using county-level measures from a variety of national data sources which can be found on page 10. These measures are standardized and combined using scientifically-informed weights. We then rank counties within each state, providing two overall ranks:

1. **Health outcomes:** how healthy is a county now?
2. **Health factors:** how healthy will a county be in the future?

We report these ranks at [countyhealthrankings.org](http://countyhealthrankings.org), along with all the underlying measures for this year and prior years. We also provide tools to help communities use their data to identify opportunities for improvement and guidance to help them take action toward improving their health.

## County Health Rankings Model



County Health Rankings model © 2014 UWPHI

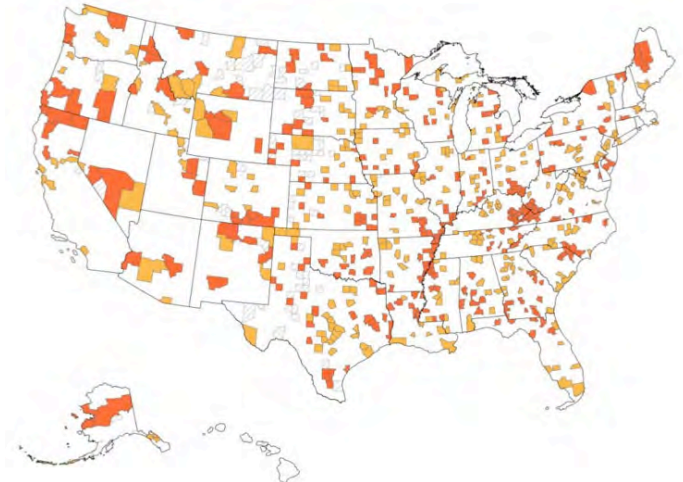
[countyhealthrankings.org](http://countyhealthrankings.org)

# HOW HEALTHY ARE OUR NATION'S COUNTIES?

In 2015, we ranked the health of 3,061 of 3,143 counties (or county equivalents) in the US. We rank the “health outcomes” of counties within each state—not across states. To do this, we look at how long people live and how healthy they feel. The 2015 Health Outcomes map shows the counties that were ranked in the top 10 percent in 2015 (in light orange) for health outcomes within their state and those ranked in the bottom 10 percent (in dark orange).

Since we began ranking the health of counties nationwide in 2010, some counties have remained at the same rank within their state while others have gone up or down.

- 159 counties ranked among the top 10 percent **within their state** for all six years of the *County Health Rankings*.
- 129 counties ranked among the bottom 10 percent **within their state** for all six years of the *County Health Rankings*.



2015 Health Outcomes

■ Least Healthy   ■ Most Healthy   ▨ Unranked County

## MEASURING PROGRESS

A county's rank tells a community how healthy it is today compared to other counties in its state. Ranks get people's attention and are a call to action but they do not fully capture progress. A county's rank could actually get worse even though its health is getting better.

For example, the premature death rate for Bexar County in Texas (home to San Antonio) improved by 6 percent from our initial 2010 *Rankings* to 2015 while its rank for length of life dropped by 8 places (from 58 to 66). People are living longer lives in Bexar but its rate of improvement has not been as great as that of other counties in Texas. As a result, its rank, relative to the other counties, has gone down.

As this example shows, an individual county's rank does not always tell the full story. Instead, we need to examine specific measures, such as premature death. For more guidance on measuring progress, visit [www.countyhealthrankings.org/measuring-progress](http://www.countyhealthrankings.org/measuring-progress).

## WHAT'S THE HEALTHIEST/LEAST HEALTHY COUNTY IN THE UNITED STATES?

The purpose of the *County Health Rankings* is to serve as a call to action to improve health within **all** states and local communities by comparing counties within states and highlighting their differences in health. Identifying the healthiest or least healthy county in the United States would not serve this purpose. However, the *Rankings* do include data on top performing counties across the nation for each of the 35 measures (see page 10), so communities can see how they compare to other counties in their state and how they compare to these top performing counties in the nation.

### HOW DO WE MEASURE HOW HEALTHY WE ARE?

When we look at how long people live, we examine what we call “premature death”, i.e., deaths before age 75, since many of these deaths are preventable. Specifically, we look at the years of life lost so that deaths at an earlier age are given more weight than deaths among those closer to age 75.

To estimate how healthy people feel, we use measures of people's reported health status and how often they feel healthy each month. And, our final measure of health outcomes gauges the share of a community's youngest members that have an unhealthy start to life: we look at the percent of babies born with low birthweight.



# ARE OUR NATION'S COUNTIES GETTING HEALTHIER?

Premature death is the single most important health outcome that we measure and is given the highest weight in our calculations. Premature death rates have been slowly and steadily declining across the nation. Over 60 percent of counties have seen some level of improvement in premature death between 2004-2006 and 2010-2012. However, in some counties, it is not easy to tell whether sustained improvements in premature death have occurred because death rates can fluctuate a lot when population sizes are small. Among our nation's largest counties or county equivalents (those above 65,000 population) where we can identify significant improvement, the District of Columbia has seen the greatest improvement in premature death since the 2010 *Rankings*, decreasing by 31 percent: from an age-adjusted rate of 12,009 years of potential life lost (YPLL) under age 75 per 100,000 in 2004-2006 to a rate of 8,239 per 100,000 in 2010-2012. With a population of approximately 600,000, this means that the annual number of YPLL has dropped from about 72,000 to 48,000.

## Example of How Years of Potential Life Lost (YPLL) Under Age 75 Are Calculated For Each County

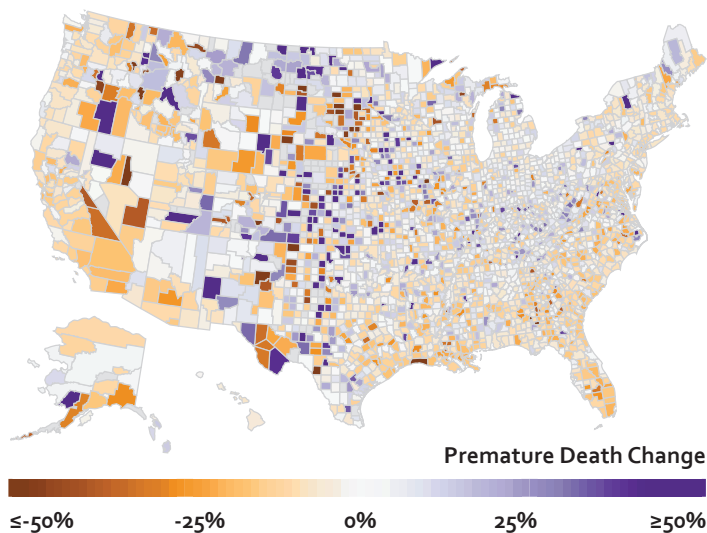
Age Group	Years of Life Lost for each Death	Deaths Per Year	Total YPLL Per Year
1 year	74.5 x	101 =	7525
1-4 years	72.5 x	9 =	677
5-9 years	67.5 x	6 =	405
10-14 years	62.5 x	11 =	688
15-19 years	57.5 x	43 =	2473
20-24 years	52.5 x	64 =	3378
25-34 years	45 x	156 =	7035
35-44 years	35 x	302 =	10570
45-54 years	25 x	623 =	15575
55-64 years	15 x	734 =	11010
65-74 years	5 x	866 =	4332
<b>Total</b>		<b>2,916</b>	<b>63,665</b>

63,665 years of potential life (YPLL) were lost in this community. To allow comparisons across counties of different sizes, we report on rates per 100,000. So, for a community with a population of 535,000, the YPLL per 100,000 population =  $63,665 / 535,000 * 100,000 = 11,900$ .

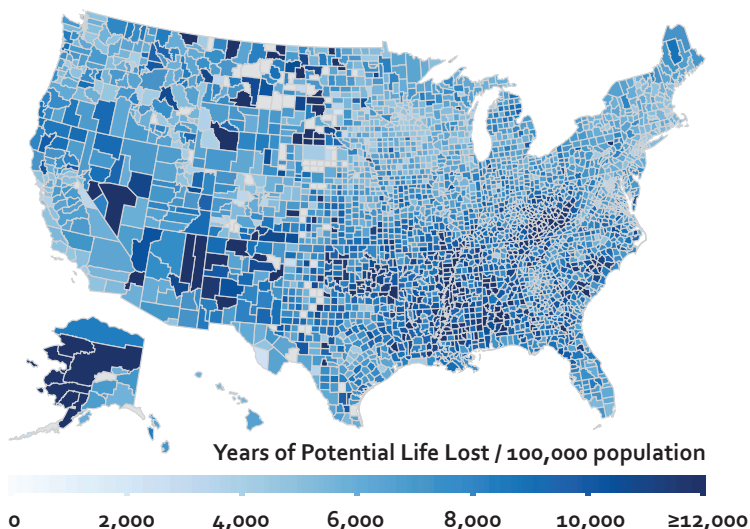
## Greatest decrease in premature death (>65,000 population):

1. District of Columbia
2. Madison County, Mississippi
3. Pinal County, Arizona
4. Martin County, Florida
5. Albemarle County, Virginia
6. Imperial County, California
7. Baltimore City, Maryland
8. Orleans Parish, Louisiana
9. New York County, New York
10. Fulton County, Georgia

## Change (%) in Premature Death Between 2010 and 2015 County Health Rankings



## Current Premature Death (2015 County Health Rankings)



# WHAT MAKES A HEALTHY COUNTY?

In the *Rankings*, we examine four types of health factors that influence the health of a county: health behaviors, clinical care, social and economic, and physical environment. In turn, each of these factors is based on several measures—the full list of factors and measures is provided on page 9. A fifth set of factors that influence health (genetics and biology) is not included since these factors cannot be changed through community action.

We identified the counties that ranked in the top (Healthiest) and bottom (Unhealthiest) 10 percent for health outcomes in each state and then compared the average performance of this subset of counties for each of these four types of health factors. We highlight here some key differences between the healthiest and unhealthiest counties on the right. For example, on average, the top 10 percent (Healthiest) counties in each state have higher college attendance and high school graduation rates than the bottom 10 percent (Unhealthiest).

Social and economic factors are particularly important, contributing more toward health outcomes than any other group of factors. We describe some of these key measures, including our new income inequality measure, on the next four pages.

## NEED HELP IN YOUR COMMUNITY? CALL A COACH!

The *Roadmaps to Health* Action Center is a one-stop shop for information to help community members or leaders who want to improve their community's health by addressing factors that we know influence health, such as education, income, and community safety. The Action Center has 11 community coaches, located across the nation, who provide customized consultation to local leaders who have requested guidance in how to accelerate their efforts to improve health. You can contact a coach by activating the Get Help button at [countyhealthrankings.org](http://countyhealthrankings.org).

SOCIAL & ECONOMIC FACTORS		HEALTHIEST COUNTIES	UNHEALTHIEST COUNTIES
Education		Higher college attendance	Lower high school graduation rates
Employment		6% of adults are unemployed	9% of adults are unemployed
Income		Fewer children living in poverty	Higher income inequality
Family & Social Support		25% of children live in single-parent households	38% of children live in single-parent households
Community Safety		Less violent crime	More deaths due to injuries
HEALTH BEHAVIORS		HEALTHIEST COUNTIES	UNHEALTHIEST COUNTIES
Tobacco Use		16% of adults smoke	25% of adults smoke
Diet & Exercise		76% of population has easy access to exercise opportunities	58% of population has easy access to exercise opportunities
Alcohol & Drug Use		29% of car crash deaths involve alcohol	31% of car crash deaths involve alcohol
Sexual Activity		Fewer sexually transmitted infections	Teen birth rate twice as high
CLINICAL CARE		HEALTHIEST COUNTIES	UNHEALTHIEST COUNTIES
Access to Care		More access to primary care physicians, dentists and mental health providers	More uninsured adults
Quality of Care		Fewer preventable hospital stays	Lower mammogram rates
PHYSICAL ENVIRONMENT		HEALTHIEST COUNTIES	UNHEALTHIEST COUNTIES
Air & Water Quality		Better air and water quality	Worse air and water quality
Housing & Transit		Fewer households have housing problems	More households have housing problems

# A FOCUS ON SOCIAL AND ECONOMIC FACTORS

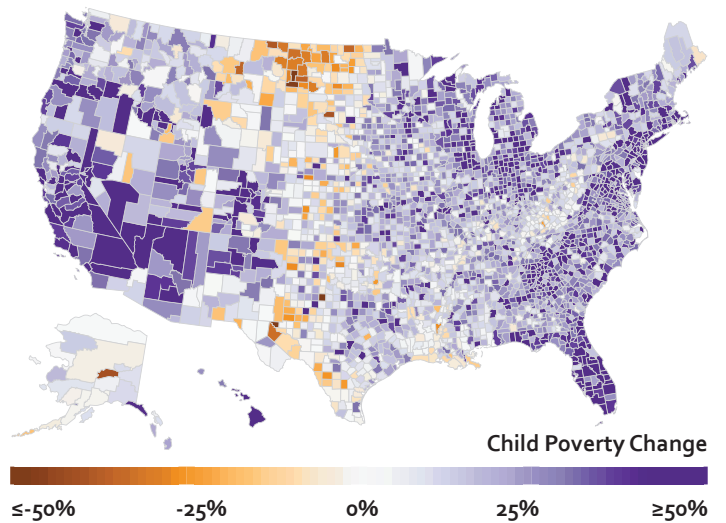
The average level of income across households in our nation's counties and its relative distribution are both important to health and wellbeing. Since children are particularly vulnerable to the adverse effects of the lack of income, we report on the percent of children in poverty. In addition, we encourage communities to examine our new data on income inequality that highlight significant within-county differences, even in communities where fewer people live in poverty. We also examine employment, a key pathway to reducing poverty, and community safety.

## Income and Poverty

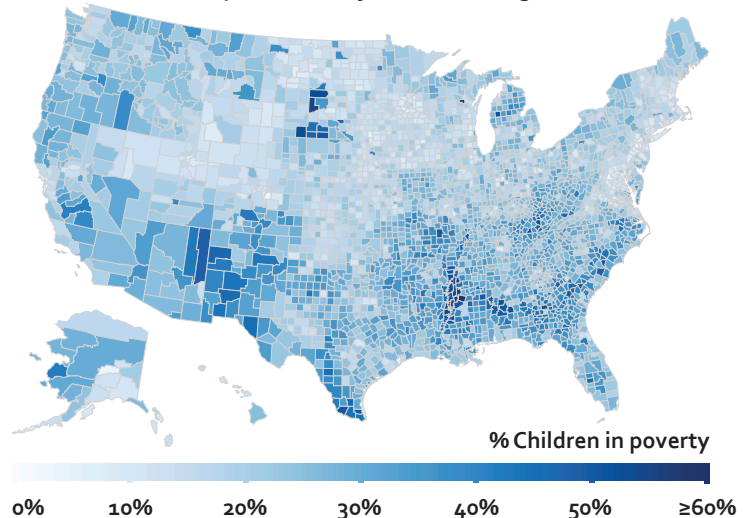
Household income shapes our choices about housing, education, child care, food, medical care, and more. Wealth, the accumulation of savings and assets, helps protect us in times of economic distress. As income and wealth increase or decrease, so does health status. For some, income comes from jobs and wealth (or savings and investments), for others - the government provides supports. Income allows families and individuals to purchase health insurance and medical care, but also provides options for healthy lifestyle choices. Poorer families and individuals are more likely to live in inadequate housing in unsafe neighborhoods, often with limited access to healthy foods, employment options, and quality schools. While the starkest difference in health is between those with the highest and lowest incomes, this relationship persists throughout all income brackets. The ongoing stress and challenges associated with poverty can lead to cumulative health damage, both physical and mental.

- Among counties in the US, the average rate of children living in poverty was 24 percent in 2013.
- Rates of children in poverty are more than twice as high in the unhealthiest counties in each state as they are in the healthiest counties.
- The percentage of children living in poverty in US counties ranges from 3 percent to 65 percent.
- The top performing counties in the US (the 10 percent with the lowest rates of child poverty) have child poverty rates of less than 13 percent.
- The worst performing counties (the 10 percent with the highest rates of child poverty) have child poverty rates of at least 38 percent.
- Rates of children living in poverty are highest in counties in the Southwest and Southeast, as well as parts of Appalachia, the Mississippi Delta, and the Plains.

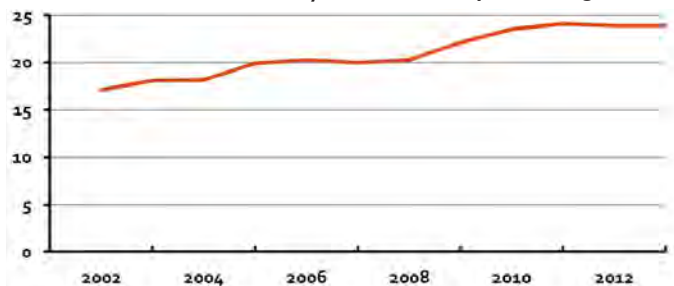
Change (%) in Child Poverty between 2010 and 2015  
*County Health Rankings*



Current Child Poverty (2015 County Health Rankings)



Percent of Children in Poverty in US Counties, 2002-2013



## STRATEGIES IN ACTION

In **Buncombe County, North Carolina**, Asheville's living wage ordinance, passed in May 2007, ensured that city employees were paid a living wage (\$12.50), and Buncombe County's policy passed in 2012. Though state law has limited some expansion of the living wage law, a voluntary certification program identifies and promotes local employers that pay a living wage. So far, more than 400 local businesses have been certified through this program, which has extended beyond Buncombe to several other North Carolina counties. The living wage campaign is being sustained through the creation of the membership organization, Just Economics, a voice for economic sustainability and justice in the region.

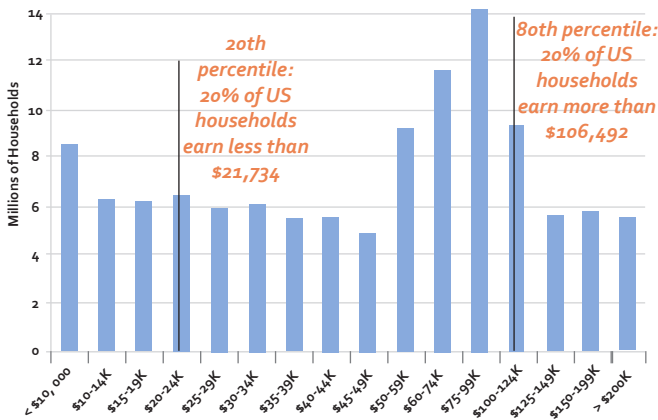
## NEW THIS YEAR: INCOME INEQUALITY

Income inequality is a measure of the divide between the poor and the affluent. Income inequality in our communities affects how long and how well we live and is particularly harmful to the health of poorer individuals. Income inequality within US communities can have broad health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks. Inequalities in a community can accentuate differences in social class and status and serve as a social stressor. Communities with greater income inequality can experience loss of social connections, or how we relate to one another, and decreases in trust or social support and sense of community for all residents.

Our new measure of **income inequality** within each county in the US compares household income at the 80th percentile level with that at the 20th percentile, i.e., if the 80th percentile for household income in a county is \$100,000 and the 20th percentile is \$20,000, then the income inequality ratio will be \$100,000/\$20,000 or 5.0. Meaning that on average, higher-income households have five times the income of lower-income households in that county.

- Within counties in the US, the average (median) income inequality ratio is 4.4.
- The income inequality ratio in US counties ranges from 2.6 to 9.6.
- The top performing counties in the US (the 10 percent with the lowest income inequality ratios) in the US have income inequality ratios of less than 3.7.
- The worst performing counties (the 10 percent with the highest income inequality ratios) have income inequality ratios of 5.4 or higher.
- Income inequality ratios are highest in counties with large metropolitan areas and those located in the Southeast and Southwest, as well as part of Appalachia and the Plains.

### Distribution of Household Income Across the Nation



## Potential Solutions for Poverty and Income Inequality

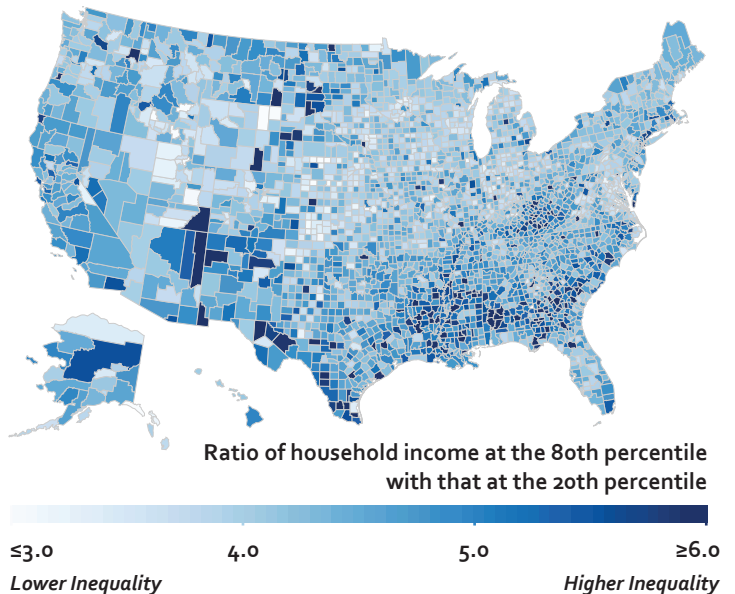
Communities can work together to reduce poverty and narrow the gap between the affluent and the poor by investing in policies, programs, and plans that give everyone the opportunity to be healthy and fully benefit from the factors, such as education, employment, or access to clinical care, which influence our health.

Based on the evidence, there are several general strategies to reduce poverty and income inequality:

- Invest in education to boost employment and career prospects by providing support for educational achievement from early childhood through adulthood.
- Invest in workforce development to improve job skills and promote labor market participation, fostering more and better career options.
- Increase public and private sector wages and enhance benefits for low-income earners by offering living wages and paid sick leave.
- Offer higher earned-income tax credits and help defray the cost of child care for working parents by expanding refundable child care tax credits and increasing child care subsidies.
- Promote and increase access to and efficiencies of public and private programs and services.

For information on specific strategies, visit What Works for Health at [countyhealthrankings.org/roadmaps/what-works-for-health](http://countyhealthrankings.org/roadmaps/what-works-for-health).

### Current Income Inequality (2015 County Health Rankings)



## STRATEGIES IN ACTION

To empower young people and expand educational opportunities to improve health, **Spokane County, Washington** is transforming its approach to student success. County leaders—including school officials, local universities, the business community and other partners—responded with a series of innovative steps, including full-day kindergarten; skill-building training for young students; a real-time system to monitor student attendance, behaviors, and grades; and the creation of Community Attendance Support Teams (CAST) with targeted dropout prevention programs designed to support and empower young people rather than focusing on punishment. And, as they improve student performance and graduation rates, they are partnering with business to create a stronger pipeline to better jobs.

# EMPLOYMENT

Employment provides income and other benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. Those who are unemployed face challenges to health and well-being, including lost income and, often, lack of health insurance. Compared to those who are employed, unemployed individuals are more likely to be in poor or fair health, and are more likely to suffer from increased stress, high blood pressure, heart disease, and depression.

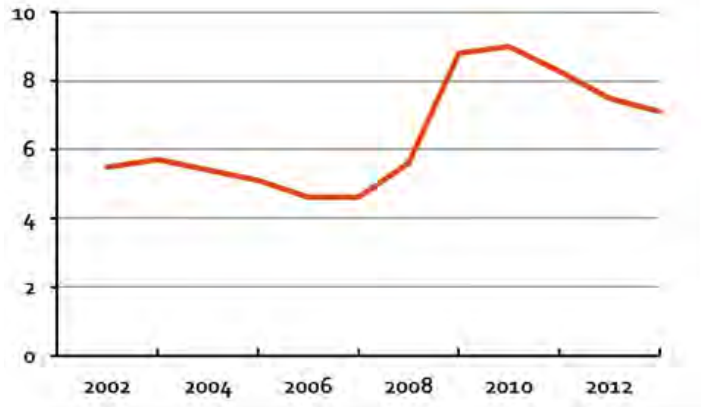
- Among counties in the US, the average rate of unemployment was 7.1 percent in 2013.
- Across the nation, rates of unemployment are 1.5 times as high in the least healthy counties of each state as they are in the healthiest counties.
- The unemployment rate in US counties ranges from 0.9 percent to 27.7 percent.
- The top performing counties in the US (the 10 percent with the lowest rates of unemployment) have unemployment rates of 4.1 percent or lower.
- The worst performing counties (the 10 percent with the highest unemployment) for unemployment have unemployment rates of 10.7 percent or higher.

Unlike other measures in the *County Health Rankings*, unemployment is cyclical in nature. The impact of the 2007-2009 recession shows up clearly in the graph of Unemployment in US Counties since 2002.

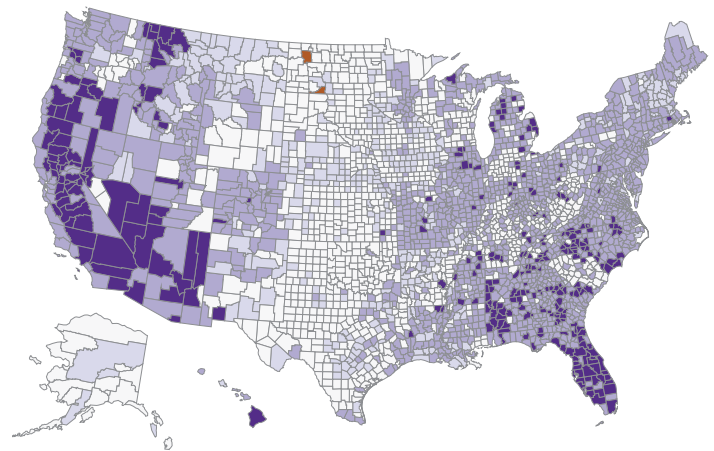
The maps show the counties hit hardest by the recession (Trends in Unemployment from 2006-2010) and the counties that have recovered the most since the recession (Trends in Unemployment from 2010 to 2013):

- During the recession, counties in the West, Southeast, and rust belt region of the US were hit hardest by growing unemployment.
- Since the recession, some counties in the West and the Southeast have shown the greatest reductions in unemployment.

Percent Unemployment in US Counties, 2002-2013



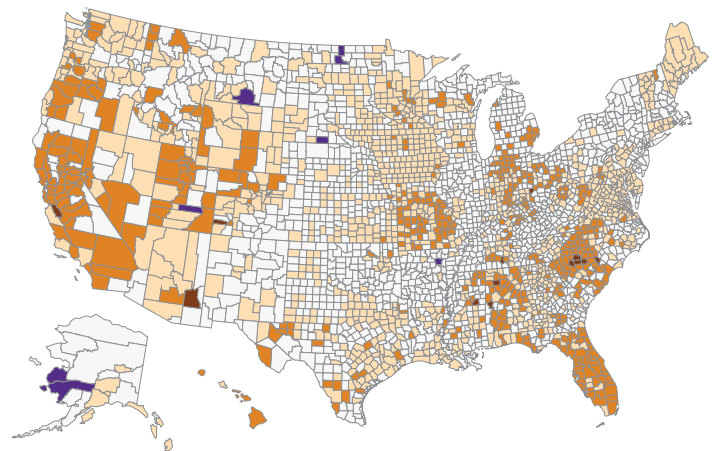
Trends in Unemployment from 2006 to 2010



**Trends During Recession**

- Decreasing unemployment
- No change
- Unemployment increased less than 1% per year
- Unemployment increased between 1% and 2% per year
- Unemployment increased by more than 2% per year

Trends in Unemployment from 2010 to 2013



**Recovery**

- Unemployment decreased by more than 2% per year
- Unemployment decreased between 1 & 2% per year
- Unemployment decreased less than 1% per year
- No Change
- Worsening unemployment

## STRATEGIES IN ACTION

**Business Development through Entrepreneurism in Williamson, West Virginia.** This comprehensive framework is founded on efforts to broaden the community’s economic landscape. The Health Innovation Hub is an initiative in Williamson that includes ongoing opportunities for local entrepreneurs to “go public” with their ideas about new businesses and then links these entrepreneurs with seed money and expertise. Business ideas include new restaurants to serve healthy menu items, a community kitchen to aggregate and process locally grown foods, a marketing plan to attract tourists, a solar company to equip displaced workers with sustainable technology skills, and redevelopment initiatives (such as the Hatfield-McCoy Trails and the Sycamore Campground).

# COMMUNITY SAFETY

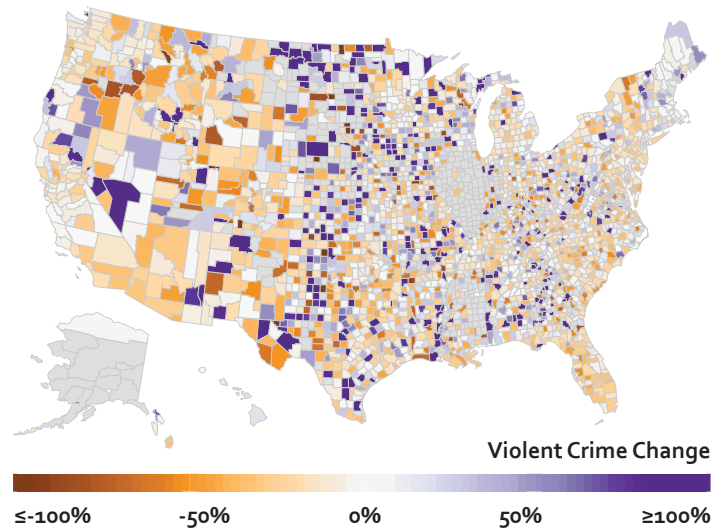
Injuries are the third leading cause of death in the US and the leading cause for those between the ages of one and 44. Injuries resulting from violent acts in neighborhoods and homes influence health and quality of life in the short and long-term, for those directly and indirectly affected.

- Among counties in the US, the average rate of violent crime was 199 per 100,000 population in 2010-2012.
- The rate of violent crimes in US counties ranges from 0 to 1,885 per 100,000 population.
- The top performing counties in the US (the 10 percent with the lowest rates of violent crime) have 59 or fewer reported violent crimes per 100,000 population.
- The worst performing US counties (the 10 percent with the highest rates of violent crime) have violent crime rates of 504 per 100,000 or greater.
- Rates of violent crime are highest in the Southwest, Southeast, and Mississippi Delta regions.

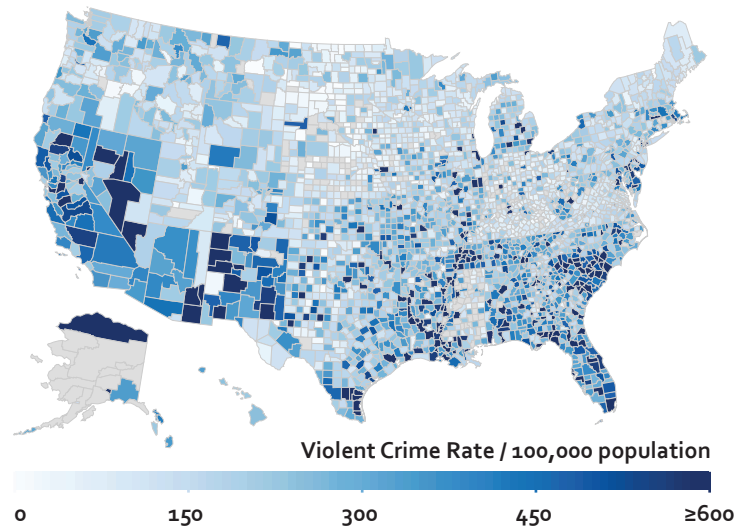
## Potential Solutions to Reduce Violent Crime

- Community organizations, healthcare organizations, and government entities can invest in early childhood home visiting programs, where trained personnel visit parents and children in their homes to provide parents with information and training that supports healthy child development and helps prevent child abuse and maltreatment.
- Local residents can participate in neighborhood watches, working together to solve problems and reporting suspicious or potentially criminal behavior to police or a neighborhood coordinator.
- Community members can serve as mentors for at-risk youth, building personal relationships and helping to reduce delinquent behavior.
- Law enforcement and community agencies can use focused deterrence strategies to target a particular crime in a community. After identifying key offenders and behavior patterns, law enforcers use a varied menu of sanctions to stop offenders from continuing their violent behaviors while social and community resources are focused on the targeted offenders.

Change (%) in Violent Crime Between 2010 and 2015 County Health Rankings



Current Violent Crime (2015 County Health Rankings)



### STRATEGIES IN ACTION

The Custody Alternatives Program (CAP) in **Santa Cruz County, California** is part of a partnership between the Sheriff and the community that provides community-based rehabilitation opportunities to people who have committed minor offenses. This successful, cost-effective alternative-to-incarceration program provides the individual with an opportunity to pursue community based education, employment, treatment, and social services to help those enrolled to get their lives back on track. CAP was supported by the community engagement efforts of Smart on Crime, a coalition of criminal justice professionals, elected officials, ACLU, and community members who with multiple community sponsors hosted a series of community forums to define local solutions for criminal justice reform. The success rate of CAP is over 90 percent and the program has saved the county over \$5 million dollars to date.

# Community Conversation *on* Health



## SUMMARY REPORT

— OCTOBER 11, 2014 —



Theme Team

“Good individual health depends on the health of all of those around us. We have to work together so that everyone has the opportunity to live fully. It takes a collection of voices and perspectives to get us there. This is an opportunity for us to learn about what we can do to make a healthy community for everyone.”

Bridget McCandless, M.D.  
HCF President/CEO

On October 11, 2014, the Health Care Foundation of Greater Kansas City (HCF) and the United Way of Greater Kansas City partnered to sponsor the “Community Conversation on Health”.

Asked to attend were people in the community most challenged by the current economic and health care system – the uninsured and underserved. The focus of the symposium was generating responses to questions on what health means to them and what would help them live healthier lives.

## Get the Conversation Rolling

Held in the Exhibit Hall of the Sheraton Crown Center in Kansas City, Missouri, 270 participants spent the day working in small groups with a trained facilitator responding to questions about health and community.

A volunteer at each table sent discussion notes via an iPad to an extended team of volunteers who used the notes to identify and categorize 10 common themes from the group discussions. Participants were asked to vote on themes from their answers using individual keypads. The results were compiled as a resource to be used in advocating for policy change in the coming future.

## Groundwork for Change

Entering its second decade of grant-making, HCF will take the information learned from this symposium as a basis for advocating for policy issues that will help improve communities, give nonprofits resources to provide services as well as provide community leadership. The results from this event will also serve as a resource for other funders and community partners advocating the consumer’s voice on health.

Included in this report are the details of the symposium including participant profiles, their opinions and priorities.







## What is a healthy individual and healthy community?

Years ago, if you didn't have a disease, people considered you healthy. Oftentimes, disease was followed closely by death. Thankfully, that has changed and advances in public health have brought changes in how we define personal health.

As the definition of health has grown, so has the role of the community. Doctors are still important, but now everyone has a responsibility to make towns and cities places that support health. Anyone can speak up for things like bike paths, sidewalks, and access to fresh fruits and vegetables. Getting people involved can help us find and use practical, creative ways to build physical and mental health where we live. More often, people in towns and cities are organizing for change.

During table introductions, participants shared their name, where they live, and the one thing that first comes to mind when describing a healthy individual and a healthy community.

## A Healthy Individual...

- is balanced in mind, body and spirit.
- is peaceful, purposeful with a positive attitude.
- takes good care of themselves (eats well, exercises).
- is disease free and has an absence of illness.
- has basic needs met.
- has access to medical, mental, dental resources and insurance.
- is active, engaged and continues to learn and grow.

## A Healthy Community...

- has free access to health services and medical homes.
- has amenities: walking trails, bike lanes, parks and rec centers.
- is one where community members cooperate and help each other out.
- has community conversations/meetings to talk about health.
- is a safe community (ex. neighborhood watches, good policing).
- has access to healthy foods (ex. urban groceries and gardens).
- has clean water, streets and environment; trash picked up.
- has an awareness of available resources and coordination of services.
- reduces in poverty/homelessness and has high employment and pays a living wage.

**“A healthy community is a place that promotes joy, safety, interdependence, and connectedness. It is where people in the community are being well taken care of with jobs, healthcare and places to exercise.”**

## Local Successes

There are many existing programs where neighbors and co-workers are improving their own health and that of their community. Participants identified successful local programs and suggested lessons we could learn from them.

### Local Successes

- Community centers & neighborhood associations like Ivanhoe, Legacy Park, Lee's Summit, Johnson County & others that provide a variety of resources and events for all ages.
- Programs for youth like LINC, free/reduced-cost lunch, Boys and Girls Clubs and after-school & summer programs.
- Community clinics providing health, mental health and dental services for underserved people at Swope, Kansas City CARE Clinic, Samuel Rodgers, UMKC Dental School & Metro Care.
- Programs for pregnant women like WIC.
- Tobacco education programs like TAR WARS.
- Community kitchens & food pantries such as Harvesters and Cass County.
- Transportation services such as OATs, CAR at Lexington County, Jewish Community Center.
- Free interpretation services.
- Homeless shelters like Hope House and Community Connect.
- Partnerships with police, mental health providers and courts.

## Lessons We Can Learn from Them

- Significant amount of care is needed, especially for the homeless.
- Communicating and working together we can accomplish much.
- Being pro-active is better than being reactive.
- Greater access is needed to free clinics.
- More medical providers are needed.
- Providers and community need to be humble, respectful & cooperative.
- Culturally relevant practice and cultural competency are important.
- Immigration issues should not be a barrier to access.
- Family-focused services work.
- Mental illness should be decriminalized.
- Best practices are captured and duplicated.
- Sustainable funding is critical.
- Faith communities should be engaged on health issues.
- Education, awareness and prevention are essential.
- Services are coordinated among providers.



## Strategies for Achieving the Results

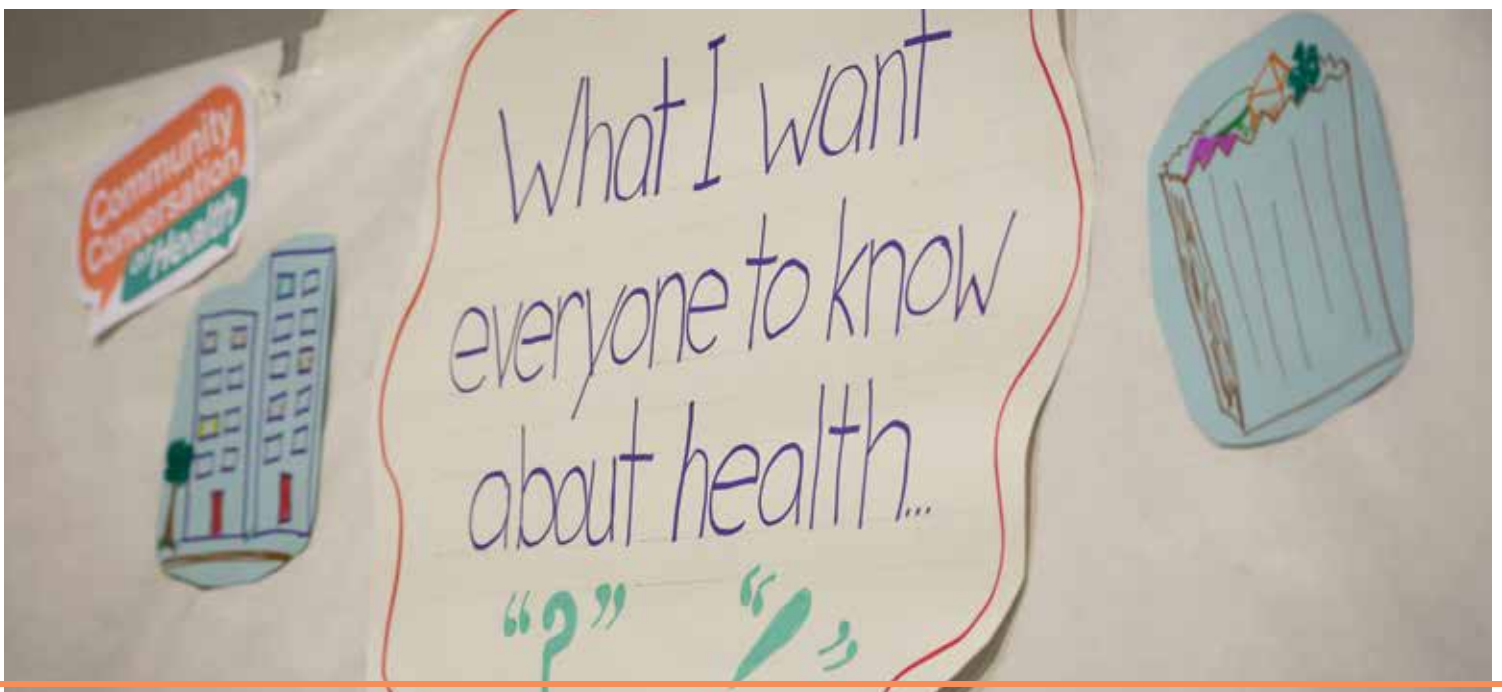
During the next discussion, tables were assigned one of the results and were asked to identify strategies for achieving them. The table below shows examples rather than themes.

THE RESULT	EXAMPLES OF STRATEGIES
Affordable healthcare for all (including immigrants).	<ul style="list-style-type: none"> <li>• Advocate expansion of Medicaid outside the metro KC area, including all state representatives in KS and MO.</li> <li>• Foster collaboration among healthcare interest groups &amp; other stakeholders working toward affordable health care for all.</li> <li>• Push for health care policies that will regulate the health care system and standardize fees for equitable health care. Voting will be promoted to pass these policies.</li> </ul>
Policy makers and community members are working together to address health issues.	<ul style="list-style-type: none"> <li>• Hold politicians accountable and publicize votes.</li> <li>• Require participation at town hall meetings.</li> <li>• Institute campaign finance reform by eliminating special interest influence.</li> </ul>
Reduction in prevalence of chronic diseases – cancer, obesity, autism, HIV, dementia, lupus, heart disease.	<ul style="list-style-type: none"> <li>• Teach healthy food choices and portions to children.</li> <li>• Increase physical education activities in schools and centers.</li> <li>• Promote development of home and community gardens.</li> <li>• Use marketing, media to educate about chronic disease.</li> </ul>
Communities are safer and violence is reduced	<ul style="list-style-type: none"> <li>• Build positive relationships between communities and police.</li> <li>• Involve communities in neighborhood watch programs.</li> <li>• Create alternatives for youth activities.</li> <li>• Use public-private partnerships to improve safety.</li> </ul>
Reduction in tobacco, drugs and alcohol use.	<ul style="list-style-type: none"> <li>• Increase tobacco and alcohol taxes to fund prevention and treatment.</li> <li>• Institute prescription drug monitoring system in Missouri.</li> <li>• Include substance abuse and smoking cessation treatment in all insurance coverage.</li> </ul>
Stigma of mental illness is erased.	<ul style="list-style-type: none"> <li>• We need to find ways to change the language in such a way that mental health challenges can be easily recognized and treated with compassion.</li> <li>• More public stories of what a person with mental illness “looks” like. Educating parents about what mental illness looks like.</li> <li>• Treatment programs should incorporate job corps. and/or volunteer opportunities so that users can feel a sense of self-worth.</li> </ul>
Improvements in youth health (reduction in obesity, mental health, teen pregnancy).	<ul style="list-style-type: none"> <li>• Train parents on how to talk to their kids about sex, pregnancy and mental health.</li> <li>• Teach kids early in school how to eat healthy and exercise.</li> <li>• Educate youth on making the good food choices instead of restricting foods. Substituting not restricting. For example: one oatmeal cookie instead of two chocolate chip cookies.</li> <li>• Provide more safe things for kids to do outside of school.</li> </ul>

## Strategies for Achieving the Results, cont.

During the next discussion, tables were assigned one of the results and were asked to identify strategies for achieving them. The table below shows examples rather than themes.

THE RESULT	EXAMPLES OF STRATEGIES
Increased access to quality in-home health care, more seniors staying in their homes.	<ul style="list-style-type: none"><li>• Make sure that in-home healthcare provider for seniors, are educated, honest, accountable and affordable.</li><li>• Provide financial support so seniors can remain in home, such as tax breaks and modifications to Medicare.</li></ul>
Increased access to healthy foods.	<ul style="list-style-type: none"><li>• Provide a tax structure that incentivizes for urban grocery stores and farms; re-appropriate National Farm Bill funds.</li><li>• Offer a property tax break to individuals growing their own food.</li><li>• Offer classes in communities on how to cook and prepare healthier meals.</li></ul>
Electronic medical records are accessible and portable.	<ul style="list-style-type: none"><li>• All patient records will be kept by the “medical care home” (or primary care physician’s office) with proper security measures implemented. The patient then, has one account to view all medical records and one password electronically.</li><li>• Develop a ‘micro-dot’ to be placed on individual’s ID cards including driver’s license. Something small enough that it is handy when people go to the doctor’s office and hospitals.</li></ul>



“I got Medicare but do not have prescription coverage. I waited two years for this coverage and have mounting medical bills and meds I cannot afford.”



“I was working in food service as a production worker and had to deny my raise because it would have taken my children off Medicaid.”



“I am a mother to a disabled child. It is a constant struggle to get her basic medical needs covered. I am always praying for a better solution.”



“It takes a village. We need to communicate. Plan out ideas. Apply yourself. We don't work together. Nobody knows their neighbor. Care for each other.”



“Health care is a right not a privilege. We need comprehensive health care from cradle to grave, with less emphasis on the business side.”



“The violence in our communities are unacceptable. People are in survival mode on a grander scale than we ever realized.”



“There is such great disparity. How can one county have a number one ranking and the next be at the bottom?”



# THE KANSAS CITY STAR.



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# OUR HEALTH IS GOING DOWNHILL



Experts say a lack of public commitment to better well-being has caused rankings to slide for Kansas and Missouri.

By ALAN BAVLEY  
The Kansas City Star

So what's the matter with Kansas and Missouri?

We used to be among the nation's healthiest states. But we've been plummeting toward the bottom half of the pack.

The United Health Foundation, which has been ranking the overall health of states since 1990, recently named Kansas and Missouri among the seven states that have sunk the furthest on its list over the past 25 years. The rankings are based on a broad range of health, environmental and socioeconomic data.

A robust Kansas was in 12th place in 1990; now it's a middling 27th, according to the latest edition of the foundation's America's Health Rankings. Missouri used to be among the better half of states at 24th place; now it's a dismal 36th.

Sure, plenty of us still smoke. Few of us exercise. We're not bothering to keep our kids up to date on their vaccinations. And we aren't eating our fruits and vegetables.

But there's a lot more going on here, health experts say. In much of the Midwest, we just haven't been making a major public commitment to improving the health of our citizens, they say, and the results are catching up with us.

Along with Kansas and Missouri, the five other states that have fallen the most in the health rankings are all in the nation's heartland, from Ohio to Oklahoma. It's not that these states haven't made any improvements; some trends are positive.

## HEALTH RANKINGS

In the latest edition of America's Health Rankings, Kansas stands at 27th among the states, down from 12th in 1990. Missouri used to be in 24th place; now it's No. 36.



Source: United Health Foundation  
THE KANSAS CITY STAR

“What explains this dramatic difference between the coasts and the Midwest is broad investments on the coasts in things that make communities healthy.”

PATRICK REMINGTON,  
UNIVERSITY OF WISCONSIN

ILLUSTRATION BY  
NEIL NAKAHODO |  
THE KANSAS CITY STAR

SEE RANKINGS | A10

## Another Bol reaches for the heights

The boy walked into his high school basketball coach's office staring at the ground. He didn't want to be here, at this new school with all of these strangers. He no longer cared who knew. He needed some help.

SAM MELLINGER



COMMENTARY

“Look at me,” the boy told his coach. “How am I supposed to be happy like this?”

The boy is 14 years old and already 6 feet 10 — taller than 99 percent of American adults and most of the NBA. He is already talented enough that the coaches at Kansas have called. Same with Missouri, Kansas State and many others. All for a freshman who hasn't even played a varsity basketball game yet.

A transfer rule will keep him off varsity for another month, so the boy's high school career consists of two junior varsity games. Out of the first came a video that spread across the country, this smooth creation of arms and legs and bones blocking shots and even hitting a step-back three-pointer. His coach says the video is misleading, which the people who

SEE BOL | A12



RICH SUGG | THE KANSAS CITY STAR

Looking at Bol Bol, a 6-foot-10-inch freshman at Bishop Miege, people often see reflections of his father, former NBA star Manute Bol.

## Gift card economy is so simple and yet so mysterious

We like the cards but don't always grasp that retailers want them used in a hurry.

BY RICK MONTGOMERY  
The Kansas City Star

The U.S. economy has functioned just fine on gift card currency since Christmas.

These last several days, wise consumers wasted no time redeeming that IOU from Best Buy or Home Depot, courtesy of cousin Carl.

Let them forget and let all that value languish in a junk drawer. In fact, a survey by Consumer Reports found that one in four of us doesn't spend gift cards within a year of getting them.

But most shoppers are learning in this every-where-you-turn economy

of the modern gift card, now observing its 20th anniversary.

“My advice would be to use up your gift cards as soon as you get them,” said Shelley Hunter of GiftCards.com, a trader in gift cards of all varieties. “Do it now.”

Retailers, for one, would love that.

Contrary to common notions about unused gift cards, “retailers really do want you to use these cards up,” Hunter said. “It's cleaner on their books.”

Cleaner on their books? So what else don't we know about these cards?

Experts say consumers take gift cards for granted and don't know how they function. Same as money, right, only encoded on

SEE GIFT CARDS | A20

## LOCAL

A video of a mid-Missouri drug task force detective kicking a restrained, prone suspect in the head is raising allegations of police brutality. The suspect's family has hired a lawyer to look into the matter. | A4

# RANKINGS: Unhealthy slide in Kansas, Missouri

FROM A1

And there are visible signs of progress, like bicycle lanes cropping up in Kansas City, Kan.; community gardens in Jackson County; and new smoking restrictions in many places.

But other states, notably on the East and West coasts, have been doing a lot more.

“What explains this dramatic difference between the coasts and the Midwest is broad investments on the coasts in things that make communities healthy, from education to public health,” said Patrick Remington, associate dean for public health at the University of Wisconsin. Wisconsin dropped from seventh to 23rd.

“It generally reflects an attitude in these Midwestern states that there should be a limited role for public health, as compared to a place like New York,” Remington said.

New York saw the most dramatic improvement in the rankings over the past 25 years, rising from 40th place to 14th. New York expanded its Medicaid program to provide health insurance coverage for more people with low incomes long before the Affordable Care Act made that a national policy — although it’s a policy that Kansas, Missouri and many other states have not followed.

New York also has strict laws limiting public smoking. New York City even tried to prohibit megaservings of sugary drinks before a court struck down the ban.

“Obviously, Missouri is a different place from New York, and that’s fine,” said Sarah Patrick, an associate professor at the St. Louis University College for Public Health and Social Justice. “But we are getting behind the curve on these health behaviors.”

Patrick used to be Missouri’s state epidemiologist, tracking its disease trends from 2008 through 2011. She saw the state’s approach to health promotion firsthand.

“Missouri has just been (reluctant) to take policy actions to improve health,” she said. “There’s a lack of engagement or belief that policies can work.”

## Missouri slumps

Consider the data cited by America’s Health Rankings:

■ Over the past 25 years, the nation’s cancer death rate has been slowly going down. Missouri’s has been creeping up.

■ In 1990, the rate of heart disease deaths was lower in Missouri than for the nation as a whole. Now the rate is higher.

■ Diabetes used to be slightly less prevalent in Missouri than in the rest of the nation. Now it’s just as common.

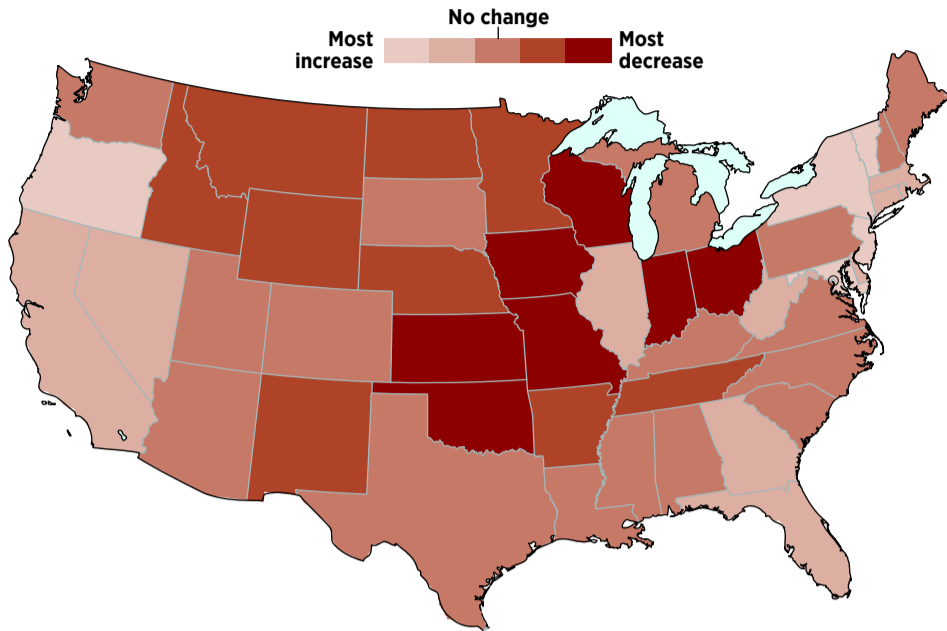
Out of the 27 measures used in the rankings, Missouri is among the bottom 20 states in 18 categories. In four categories — including smoking and immunizing adolescents — it’s among the 10 worst.

Patrick said some relatively simple policy changes, starting with raising the state’s tobacco tax, could benefit the health of Missourians.

At 17 cents per pack of cigarettes, Missouri has the

## HOW’S OUR HEALTH TRENDING?

Data collected over 25 years by the United Health Foundation to rank states’ health status show that, with some exceptions, states on the East and West coasts have seen their standings rise the most, while Midwestern states, including Missouri and Kansas, have fallen the furthest.



### LARGEST CHANGES IN RANK SINCE 1990

Rank improved	1990 rank	2014 rank	Change	Rank declined	1990 rank	2014 rank	Change
New York	40	14	26	Iowa	6	24	18
Vermont	20	2	18	Wisconsin	7	23	16
Oregon	28	12	16	Kansas	12	27	15
Maryland	31	16	15	Oklahoma	32	46	14
Alaska	37	26	11	Ohio	27	40	13
New Jersey	21	11	10	Missouri	24	36	12
				Indiana	30	41	11

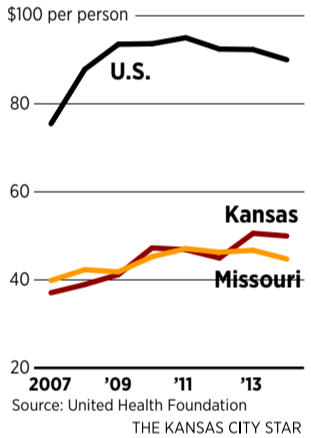
Source: United Health Foundation THE KANSAS CITY STAR

“I could make a huge difference in life expectancies in Kansas City if I had just the median of what other health departments are paid.”

REX ARCHER, KANSAS CITY HEALTH DEPARTMENT DIRECTOR

## PUBLIC HEALTH FUNDING

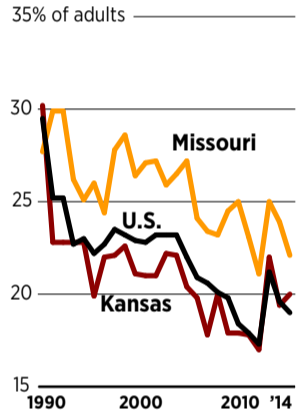
Missouri budgets less money per capita for public health than any other state. Kansas comes in at No. 44. This chart includes both state and federal dollars.



Source: United Health Foundation THE KANSAS CITY STAR

## ADULT SMOKERS

Kansas used to have a lower percentage of smokers than the U.S. as a whole, but not in the latest survey.



\*The data from 2012 and later reflect a change in the question about smoking, from whether you regularly smoke to whether you have smoked at least 100 cigarettes in your lifetime and if you currently smoke. Source: United Health Foundation THE KANSAS CITY STAR

lowest tobacco tax in the nation. The average state tax is \$1.54 per pack. New York’s tax is the highest at \$4.35 per pack.

“We’re just ignoring some of the evidence out there that higher taxes discourage smoking,” Patrick said.

Missouri also can do more to prevent drug deaths, she said. It’s the only state in the nation that doesn’t have a system for monitoring sales of prescription painkillers and other potentially dangerous drugs, she said.

“The illegal drug distribution industry knows, ‘Go to Missouri,’” Patrick said. “Nobody is monitoring there.”

The drug death rate has been increasing in Missouri during the past few years while it has remained fairly flat nationwide.

A factor that stands out for Patrick is funding for public health.

“Since the beginning of the rankings, Missouri has been near the bottom,” she said. “Many times, county health departments feel that public health functions are being pushed over to them by the state.”

According to the Trust for America’s Health, Missouri budgets less money per capita for public health than any other state. The national median for state spending is \$27.49 per person. In Missouri, it’s \$5.86.

For the Kansas City Health Department, that

means the state covers only about a fifth of what it costs to manage outbreaks of infectious diseases such as measles and whooping cough, department director Rex Archer said.

Archer estimates that his department’s budget would grow by more than \$10 million if Missouri spent as much on public health as other states do.

“I could make a huge difference in life expectancies in Kansas City if I had just the median of what other health departments are paid,” he said.

With more money, Archer said, he could more aggressively tackle childhood exposure to lead, broaden outreach efforts to get more people immunized against the flu and provide more new parents with advice on good nutrition and language learning to better the brain development of their young children.

Archer suggested that it may have been easier politically to scrimp on public health than on other government programs. Budget cuts for roads or schools quickly lead to potholes and crowded classrooms. Health programs are less visible and can take years to yield a payoff.

Missouri’s tight budget for public health “didn’t happen on any one person’s watch,” Archer said. “But collectively, we just let it go downhill.”

“These are the consequences of more than two decades of underinvestment in public health.”

JEFF WILLETT, KANSAS HEALTH FOUNDATION VICE PRESIDENT

funds health improvement initiatives.

The state budget’s \$14.07 per capita for public health puts it in 44th place, according to the Trust for America’s Health.

And while it’s not in the rankings cellar like Missouri, Kansas has slipped badly:

■ Kansas has seen its cancer death rate rise since 1990. Nationally it has fallen.

■ Kansas has one of the highest rates of occupational fatalities, more than 50 percent higher than the national rate.

■ Kansas has among the lowest rates for immunizing children and adolescents. Just 53.8 percent of Kansas teens had all their recommended shots. In neighboring Nebraska, 68.4 percent of teens were fully immunized.

“These are the consequences of more than two decades of underinvestment in public health,” Willett said.

And even where Kansas has made strides, such as reducing smoking, “the rest of the nation is outpacing us,” he said. Kansas is among the 20 states with the highest smoking rates, according to the health rankings.

“We believe the state could turn this around,” Willett said.

Increasing the state’s tobacco tax — at 79 cents per pack, among the lowest — would raise revenues and reduce smoking, he said.

The Kansas Department of Health and Environment said in an emailed statement to The Star that since 2011 the department “has taken a closer look at our core public health mission and (has) implemented a strategic approach to budgeting for programs across the agency to better align our spending with our core public health mission ... to protect and improve the health and environment of all Kansans.”

But casting a giant shadow over spending on public health is the state’s looming revenue shortfall. Gov. Sam Brownback’s recently proposed budget includes cuts to the state health department.

## Turning it around

America’s Health Rankings is the longest-running effort to compare the health status of states by using the voluminous data collected by government agencies, medical associations, academics and private organizations.

The rankings are determined by the United Health Foundation in partnership with the American Public Health Association and the Partnership for Prevention, a nonprofit organization that promotes preventive health care services.

The measures that go into the rankings include a range of health behaviors like smoking and binge drinking; personal health indicators such as diabetes and obesity; and indicators, such as preventable hospitalizations, that are used to rank health care quality. Also in the mix are environmental and social factors such as air pollution levels and number of violent crimes.

Over the past quarter century, the rankings have tracked numerous improvements in measures of the nation’s health: Fewer people smoke. More are graduating from high school. Deaths from cancer and heart disease are down. There’s less air pollution and fewer violent crimes.

But at the same time, rates of obesity and diabetes have soared. And levels of physical inactivity have remained persistently high.

States that have made the most progress “looked at their numbers and made deliberate efforts to focus on their weaknesses,” said Georges Benjamin, executive director of the American Public Health Association.

Benjamin was Maryland’s secretary of health from 1999 to 2002. His state was among the six to rise the most in the rankings, from 31st in 1990 to 16th in 2014.

Maryland “focused like a laser” on reducing its high infant mortality rate, Benjamin said, developing initiatives to make sure that pregnant women received health care and substance abuse treatment when needed.

Although still slightly above the national rate, infant mortality in Maryland dropped 43 percent over the past 25 years.

When many other states were plugging holes in their budget with the windfall they received from the multibillion-dollar 1998 national settlement of lawsuits against tobacco companies, Maryland was devoting much of it to cancer care and smoking prevention, Benjamin said. The state now has one of the lowest smoking rates in the nation.

“Public policy has always been a part of public health,” Benjamin said. “In Maryland, we strongly believe that public policy, when done right, does work.”

## KC area efforts

Those kinds of initiatives have started taking root locally.

Since 2008, Truman Medical Centers has run a weekly produce market at its Hospital Hill and Lakewood campuses. A few years ago, the hospital ripped the seats out of an old city bus and replaced them with bins to create a rolling produce stand that brings fresh fruit and vegetables to underserved neighborhoods.

The hospital’s next step is to build a grocery store on land it has acquired at 27th Street and Troost Avenue.

“The idea is to bring better choices of food to the people in those areas,” hospital spokesman Shane Kovac said.

Kansas City, Kan., was galvanized into action in 2009 after a county-by-county health ranking placed Wyandotte County dead last in the state.

The mayor at the time, Joe Reardon, summoned community leaders to come up with priorities for improving the city’s health and assembled teams of volunteers to develop plans. Their goals included making health care more affordable, fresh food more accessible, and streets and sidewalks friendlier to pedestrians and cyclists.

“We have an incredibly supportive commission and mayor, but we needed people like these in the community advocating,” said Wesley McKain, program coordinator of the Healthy Communities Wyandotte initiative, which came out of these early discussions.

The results are beginning to appear. About a year ago, Wyandotte County built its first bike lane. The 3 1/2-mile stretch along Southwest Boulevard is being extended along Merriam Lane to connect with Johnson County. Another bike lane is being developed along 10th Street.

During the enrollment periods for health insurance plans through the Affordable Care Act, Wyandotte County government and community groups mobilized to sign up the uninsured. Banks of volunteers were stationed at the health department and other locations to help people enroll. By last spring, the uninsured rate in Wyandotte County had fallen from 26 percent to 18 percent.

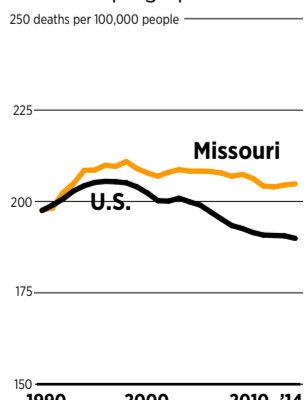
The Unified Government Commission last month approved a master plan, spearheaded by Mayor Mark Holland, to redevelop downtown Kansas City, Kan., as a “healthy campus” with a community and recreation center, grocery store, farmers market, green space, recreation fields, trails and sidewalks. Fundraising for the community center is underway.

“I do have faith that change is possible,” Patrick said. “The idea is, how do we roll up our sleeves and deal with these issues?”

To reach Alan Bavley, call 816-234-4858 or send email to abavley@kcstar.com.

## CANCER DEATHS

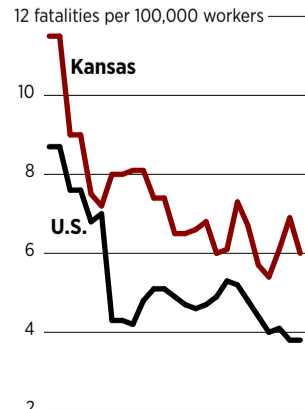
While the nation’s cancer death rate has been slowly going down, Missouri’s has been creeping up.



Source: United Health Foundation THE KANSAS CITY STAR

## OCCUPATIONAL FATALITIES

Although Kansas’ rate has dropped, it remains more than 50 percent higher than the national rate.



Source: United Health Foundation THE KANSAS CITY STAR

# Independence voters pass levy increase to hire teachers

By Brandon Dumsky  
brandon.dumsky@examiner.net

Apr. 8, 2015 at 1:01 AM

Independence, Mo. - The Independence School District was so confident that the 24-cent operational levy increase question on the ballot would pass, it began interviewing teachers for the next school year before election results were in Tuesday night, said Superintendent Dale Herl.

Voters approved the district levy increase question on Tuesday with 4,228 voters, or nearly 65 percent, voting “yes” and 2,292 voters, or 35 percent, saying “no.” This is the first time in nearly 12 years the district operational levy has increased.

“I’d really like to thank the voters for believing in the district,” Herl said. “This is a huge impact for our kids to move forward. We continue to grow at a rapid pace, but we’re excited about it.”

The tax increase is expected to generate \$2 million in local revenue for the district, with \$1.4 million going toward reducing overcrowded classrooms by hiring more teachers, \$500,000 for replacing approximately 3 million square feet of rooftop and HVAC upgrades at various district buildings and \$100,000 to train teachers for the upcoming Career Academies at the district’s high schools.

Herl estimated the grade levels experiencing the student population spike the most, K-3, will need 25 to 35 additional teachers for the 2015-16 school year alone. The district’s total student population has increased by an average of 250 to 350 students each school year since 2008.

The district levy for taxpayers will be \$4.67 per \$100 of assessed valuation, or an average of \$3.80 a month, beginning November 2016.


Independence School District will still be “tightening its belts and make do without” despite the voter-approved increase in local revenue, Herl added.

The \$2 million that will be generated by the levy increase covers less than half of the \$4.5 million the district loses in local revenue annually.



# 2015 Summer Programs

District	Location	Summer School	Before & After Summer School	Summer Camp	
<b>Center</b>	Boone Elem.		June 1-25		
<b>Fort Osage</b>	Blue Hills Elem.			July 6-31	
<b>Grandview</b>	Conn-West Elem.		June 4-July 1		
	Meadowmere Elem.			July 6-17	
<b>Hickman Mills</b>	Ervin Early Learning Ctr.		June 4-July 1		
	Dobbs Elem.			July 6-17	
	Johnson Elem.				
	Truman Elem.				
	Warford Elem.				
	Smith-Hale Middle				
	Hickman Freshman Ctr.				
<b>Kansas City</b>	Gladstone Elem.		June 1-July 10		
	Paige Elem.				
	Wheatley Elem.				
	ACCPA	June 1-July 10			
	Banneker Elem.				
	Border Star Montessori				
	Carver Elem.				
	Faxon Elem.				
	Garcia Elem.				
	Garfield Elem.				
	Hale Cook Elem.				
	Hartman Elem.				
	Holliday Montessori				
	James Elem.				
	King Elem.				
	Melcher Elem.				
	Phillips Elem.				
	Pitcher Elem.				
	Trailwoods Elem.				
Whittier Elem.					
<b>N. Kansas City</b>	Topping Elem.			June 1-26	June 29-July 24
<b>Charter</b>	Tolbert Academy			June 1-July 2	



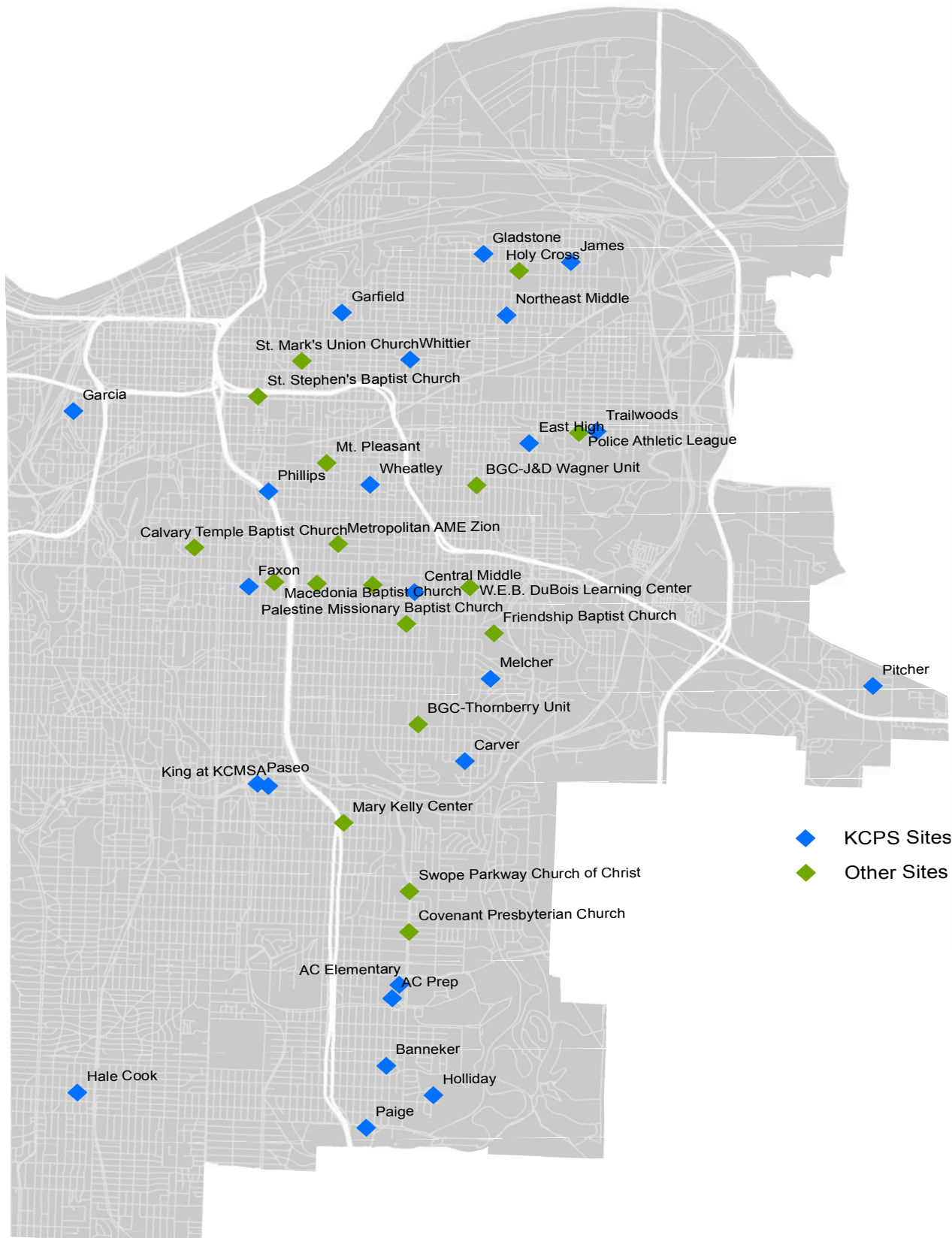
# Summer. experience

**KCPS 2015 PARENT HANDBOOK**

# Site Directory

Summer School Site	Dates	Times	Grades	Management	Address
AC Prep Lower	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	6410 Swope Parkway
ACCPA Upper	June 1st - July 10th	7:30 - 12:25	Rising 9-12	KCPS Enrichment/ Credit Recovery/ 7 Strategic	3500 E Meyer Blvd
Banneker Elementary	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	7050 Askew Ave
Border Star Montessori	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	6321 Wornall Rd
Carver Dual Language	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	4600 Elmwood Ave
Calvary Temple Baptist Church	June 8th - July 31st	7:30 - 6:00	Grades K-4	Upper Room	2940 Holmes St
Central Middle	June 1st - July 10th	7:30 - 12:25	Rising 7-8	KCPS Enrichment/ Credit Recovery 7 Strategic	3611 E. Linwood Blvd
Covenant Presbyterian Church	June 8th - July 31st	7:30 - 6:00	Grades 3-4	Upper Room	5931 Swope Pkwy
East High School	June 1st - July 10th	7:30 - 12:25	Rising 9-12	KCPS Enrichment/ Credit Recovery/ 7 Strategic	1924 Van Brunt Blvd
Faxon Elementary	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	1320 E. 32nd Terrace
Friendship Baptist Church	June 8th - July 31st	7:30 - 6:00	Grades K-6	Upper Room	3530 Chelsea Dr
Garcia Elementary	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	1000 W 17th St
Garfield Elementary	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	436 Prospect Ave
Gladstone Elementary	June 1st - July 10th	7:00 - 6:00	Pre-K-6	LINC, KCPS-ELL, SB319	335 N Elmwood Ave
Grace Baptist Church	June 8th - July 31st	7:30 - 6:00	Grades 1-6	Upper Room	7203 Paseo Blvd
Hale Cook Elementary	June 1st - July 10th	7:00 - 6:00	Rising K-3	LINC	7302 Pennsylvania Ave
Hartman Elementary	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	8111 Oak St
Holliday Montessori	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	7227 Jackson Ave
Holy Cross	June 8th - July 31st	7:30 - 6:00	Rising K-8	Upper Room	121 N Quincy Ave
James Elementary	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	5810 Scarritt Ave
King Elementary	June 1st - July 10th	7:00 - 6:00	Rising K-6	SIG/LINC	4848 Woodland
J&D Wagner Unit	June 1st - July 31st	7:00 - 6:00	Grades K-12	Boys & Girls Club	2405 Elmwood Ave
Jamison Temple CME Church	June 8th - July 31st	7:30 - 6:00	Grades 1-8	Upper Room	3115 E Linwood Blvd
Macedonia Baptist Church	June 8th - July 31st	7:30 - 6:00	Grades K-5	Upper Room	1700 E Linwood Blvd
Mary Kelly Center	June 8th - July 31st	7:30 - 6:00	Grades 1-5	Upper Room	2803 E 51st St
Melcher Elementary	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	3958 Chelsea Dr
Metropolitan AME Zion	June 8th - July 31st	7:30 - 6:00	Grades K-5	Upper Room	2828 Prospect Ave
Metropolitan Missionary Baptist Church	June 8th - July 31st	7:30 - 6:00	Grades K-8	Upper Room	2310 E Linwood Blvd
Mt. Pleasant	June 15th - July 31st	7:30 - 6:00	Rising K-9	Freedom School	2200 Olive St
Northeast Middle	June 1st - July 10th	7:30 - 12:25	Rising 7-8	KCPS Enrichment/ Credit Recovery/ 7 Strategic	4904 Independence Ave
Northeast Middle	June 1st - July 10th	7:30 - 12:25	Rising 7-8	KCPS Enrichment/ Credit Recovery	4904 Independence Ave
Paige Elementary	June 1st - July 10th	7:00 - 6:00	Rising-K-6	KCPS/LINC- Retention, SB319	3301 E. 75th St
Paige Elementary	June 1st - July 10th	7:00 - 6:00	Grades 1-2	YMCA	3301 E. 75th St
Palestine Missionary Baptist Church	June 8th - July 31st	7:30 - 6:00	Grades 1-8	Upper Room	3619 E 35th St
Phillips Elementary	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	1619 E. 24th Terr
Paseo Academy	June 4th - July 10th	7:30 - 2:45	Grades 7-12	Alvin Ailey	4747 Flora Ave
Paseo Academy	June 4th - June 20th	8:40 - 12:10	Rising 7	Summer Bridge	4747 Flora Ave
Pitcher Elementary	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	9915 E 38th Terr
Police Athletic League	June 8th - July 31st	7:30 - 6:00	Grades 1-8	Upper Room	1801 White Ave
St. Mark's Union Church	June 8th - July 31st	7:30 - 6:00	Grades K-8	Upper Room	1101 Euclid Ave
St. Stephen's Baptist Church	June 8th - July 31st	7:30 - 6:00	Grades 1-8	Upper Room	1414 E Truman Rd
Swope Parkway Church of Christ	June 8th - July 31st	7:30 - 6:00	Grades 5-6	Upper Room	5620 Swope Pkwy
Thornberry Unit	June 1st - July 31st	7:00 - 6:00	Grades K-12	Boys & Girls Club	3831 E 43rd St
Trailwoods Elementary	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	6201 E 17th St
Upper Room	June 8th - July 31st	7:30 - 6:00	Grades 1-2	Upper Room	5930 Swope Pkwy
W.E.B. DuBois Learning Center	June 1st - July 10th	7:30 - 2:45	Rising 7-8	W.E.B. DuBois	4510 Linwood Blvd
Wheatley	June 1st - July 10th	7:00 - 6:00	Rising K-6	KCPS - SPED	2415 Agnes Ave
Whittier	June 1st - July 10th	7:00 - 6:00	Rising K-6	LINC	1012 Bales Ave

# Map of Summer School Sites



## Multiple Locations

The Local Investment Commission (LINC) will offer a 6-week, all-day summer school and enrichment experience hosted at 17 school sites. Mornings will feature academic instruction in reading and math provided by a certified teacher. Afternoons will feature academic enrichment and youth development activities including field trips, arts, sports and fitness, character education, swimming and robotics.

### DATES

6-week Program  
June 1-July 10, 2015

### HOURS

7:00 a.m. - 6:00 p.m.

### COST

Free

### WEBSITE

[www.kclinc.org/kcps-summer](http://www.kclinc.org/kcps-summer)

### BEFORE & AFTER CARE

LINC will also offer Before & After Care for students in the KCPS Summer School programs.

### MEALS

Breakfast, lunch and snack provided.

### PARENT INVOLVEMENT

LINC encourages the active participation of parents and provides supportive resources and referrals. LINC will organize a special event to be held at the end of the summer program. The end of summer blast will include food and entertainment for the whole family.

### TRANSPORTATION

Transportation is not provided.

### LOCATIONS

#### AC Prep Lower

6410 Swope Parkway, Kansas City, MO 64131

#### Banneker Elementary

7050 Askew Ave, Kansas City, MO 64132

#### Border Star Montessori

6321 Wornall Rd, Kansas City, MO 64113

#### Carver Dual Language

4600 Elmwood Ave, Kansas City, MO 64130

#### Faxon Elementary

1320 E 32nd Terr, Kansas City, MO 64109

#### Garcia Elementary

1000 W 17th St, Kansas City, MO 64108

#### Garfield Elementary

436 Prospect Ave, Kansas City, MO 64124

#### Hale Cook Elementary

7302 Pennsylvania Ave, Kansas City, MO 64114

#### Hartman Elementary

8111 Oak St, Kansas City, MO 64114

#### Holliday Montessori

7227 Jackson, Kansas City, MO 64132

#### James Elementary

5810 Scarritt Ave, Kansas City, MO 64123

#### King Elementary

4848 Woodland, Kansas City, MO 64110

#### Melcher Elementary

3958 Chelsea Dr, Kansas City, MO 64130

#### Phillips Elementary

1619 E 24th Terr, Kansas City, MO 64108

#### Pitcher Elementary

9915 E 38th Terr, Kansas City, MO 64133

#### Trailwoods Elementary

6201 E 17th St, Kansas City, MO 64126

#### Whittier

1012 Bales Ave, Kansas City, MO 64127

### INCENTIVE

For good attendance (no more than two absences) students will earn \$100.

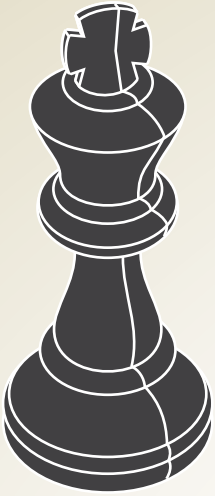
### ACADEMIC ENRICHMENT

The LINC Summer Camp program will incorporate three hours of academic enrichment each morning. LINC will provide learning experiences for students, both inside and outside of the classroom, in the following academic areas: reading and writing, mathematics, and science.

### DRESS CODE

Clean, neat and appropriate clothing for summer weather and activities.





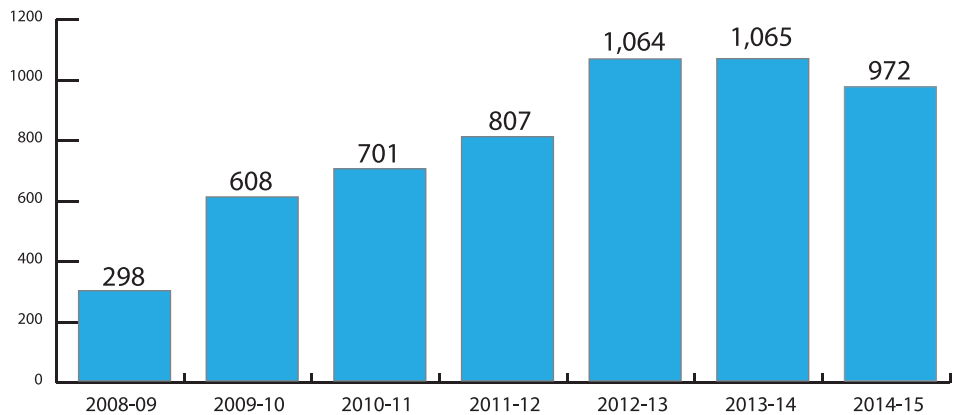
# LINC CHESS

## Program Overview

LINC believes that chess is a great way for children to learn and think strategically. We support active chess clubs in the afterschool program at many LINC Caring Communities sites. Students in LINC chess programs regularly compete in local tournaments. The programs use chess to enhance students' self-confidence, thinking skills and academic achievement.



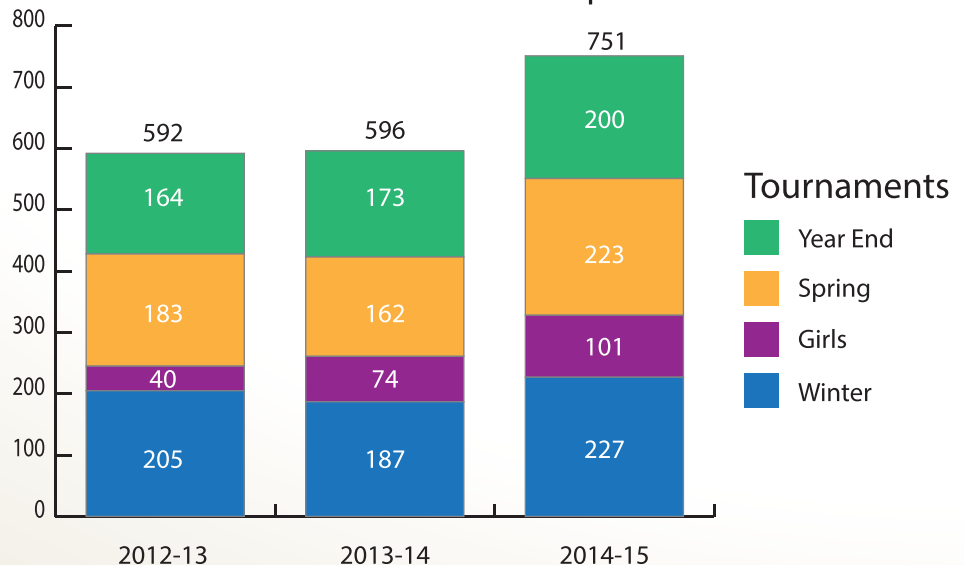
### Student Participation



In 2007, LINC Chess University was established to teach staff and volunteers how to instruct chess students.



### Tournament Participation



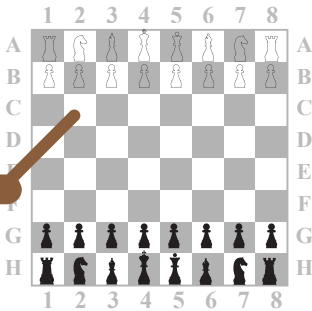
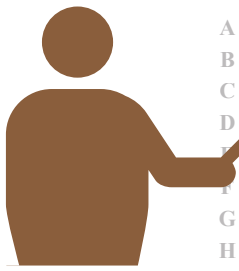
# Caring Communities Sites with LINC Chess

# 33

In 1997, a group at Blenheim Caring Communities known as Men on the Move started teaching children to play chess.

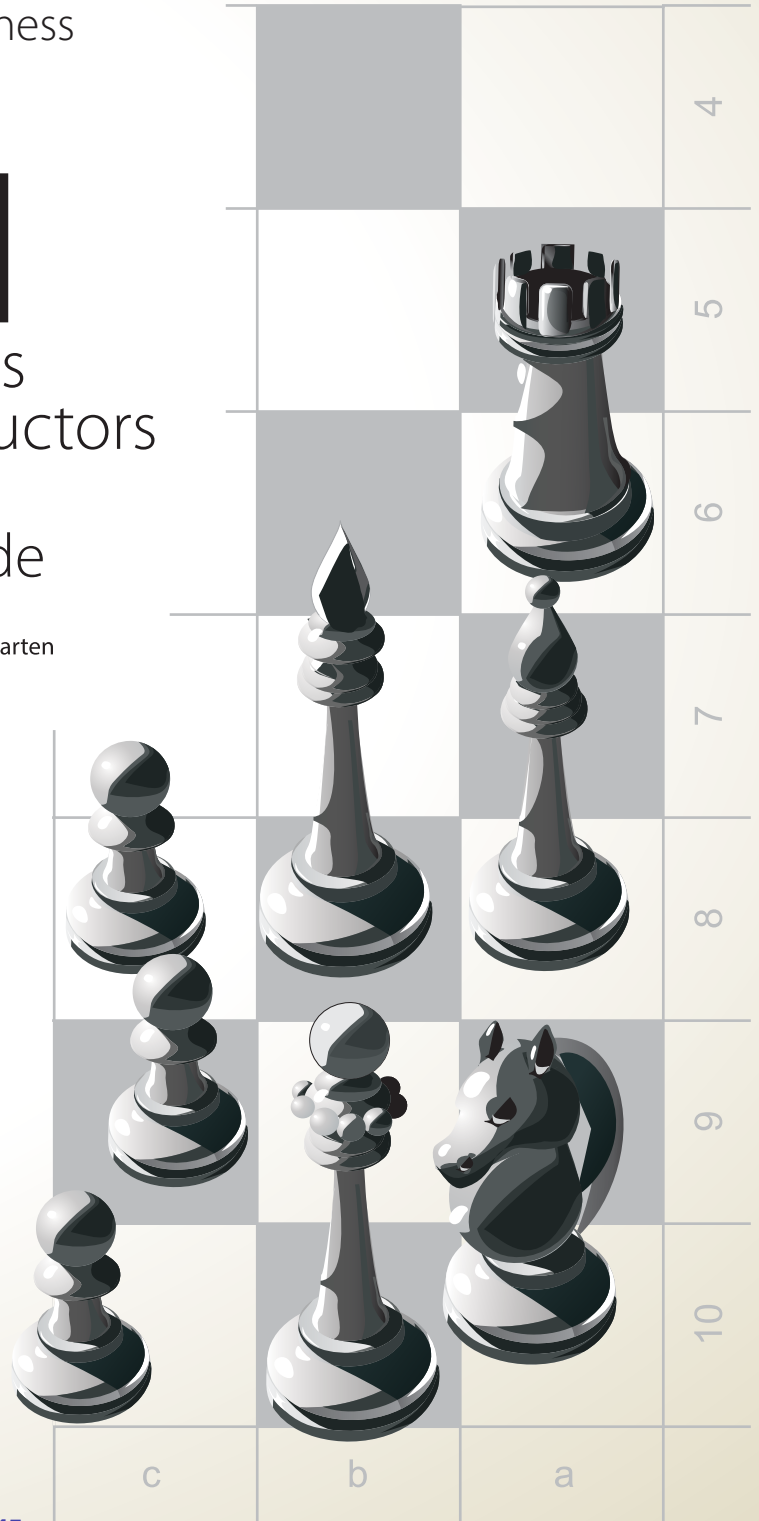
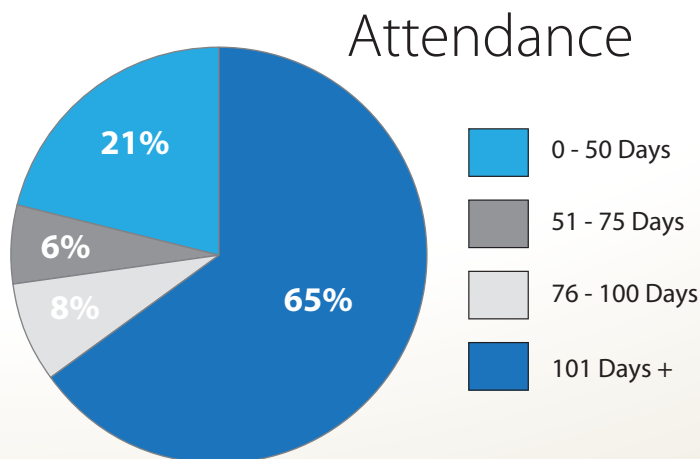
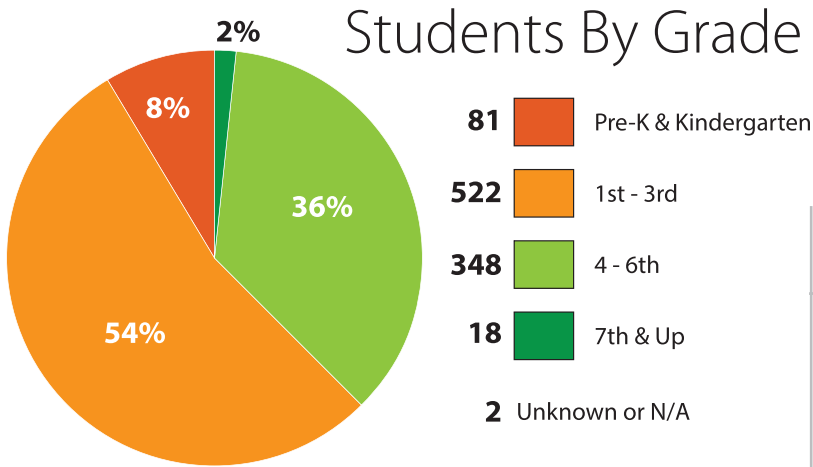
# 61

Schools  
Participating In Chess  
Tournaments



# 11

Chess  
Instructors



# LINC Chess End of Year Tournament

**Saturday, May 9**  
**Check-in: 8-9 a.m.**



Pre-register your student at [kclinc.org/chess](http://kclinc.org/chess) by Wed. May 6 at noon. Any player who is not pre-registered and not checked-in by 9 a.m. will not be able to play in the first round!

## Hickman Mills Freshman Center

9010 Old Santa Fe Road Kansas City, Mo. 64138

### Divisions:

K-3rd, K-6th, and K-12th

All K.C. area K-12 players are welcome to participate. All players must know how the pieces move and how to make a checkmate.

### Awards:

Top 10 players in each division will receive trophies. Top three schools in each division will receive a trophy. Each player will receive a medal.

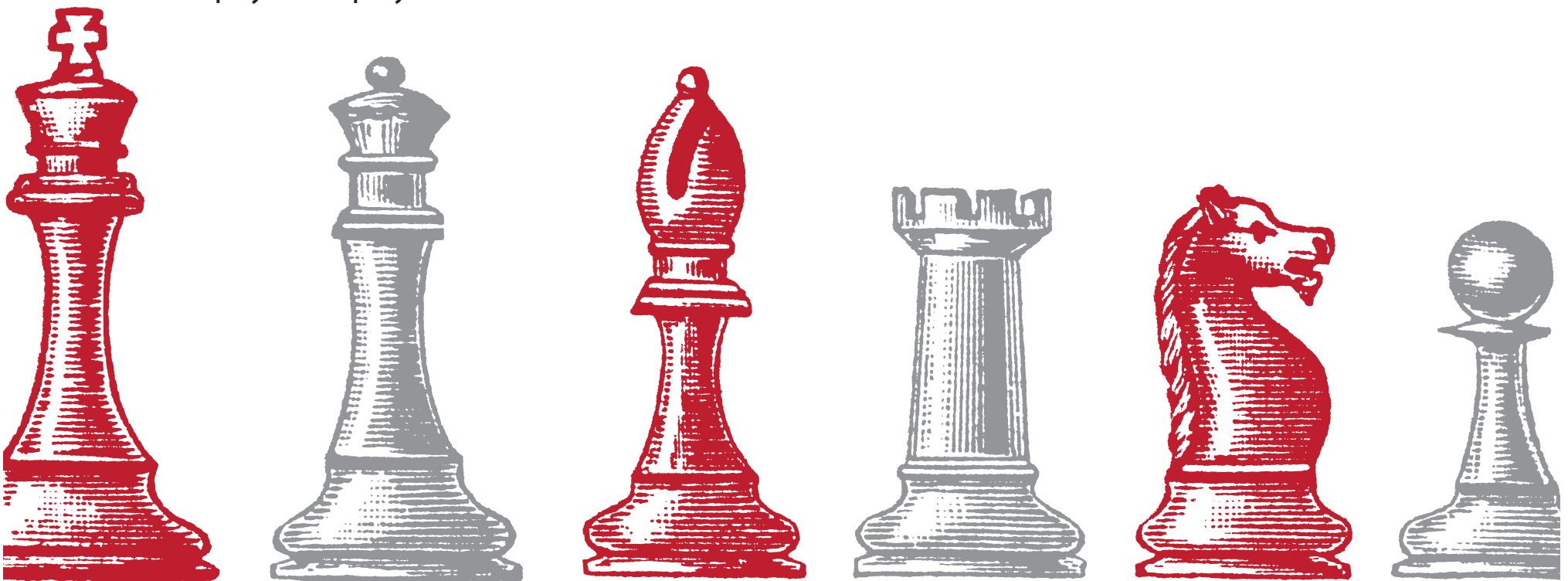
### Schedule:

First round begins at 9:30 a.m., last round ends by 4:30 p.m.

Players who pre-register and are on time will participate in all five rounds.

### Lunch:

A **FREE** lunch will be provided to players and families.



**LINC Chess**

816-650-7525 | [kclinc.org/chess](http://kclinc.org/chess)  
[facebook.com/LINCCchess](https://facebook.com/LINCCchess)



**LINC**

Local Investment Commission  
[www.kclinc.org](http://www.kclinc.org)





## **Gov. Nixon congratulates Missouri Children’s Division on its reaccreditation by the Council on Accreditation**

March 20, 2015

Missouri one of only five states in the nation to meet this high standard  
Jefferson City, MO

**Gov. Jay Nixon** today congratulated the **Missouri Children’s Division**, with the Missouri Department of Social Services, for having successfully met the high performance standards set by the **Council on Accreditation** and for earning reaccreditation by the council.

“I congratulate Directors Kinkade and Decker, and the men and women of Missouri’s Children Division on this hard-earned recognition and applaud them for their diligent work and dedication to ensuring that Missouri continues to meet the high criteria set forth by the national Council on Accreditation,” **Gov. Nixon** said. “The health and safety of Missouri’s children are of utmost importance, and through this accreditation process, we are ensuring that we are doing our best to provide excellent services to the children and families they assist.”

Last year, the Governor proposed, and the General Assembly approved, \$5.1 million in funding for additional technology and career-support for staff at the Children’s Division to improve services and strengthen staff retention efforts – key areas identified in the reaccreditation process.

“We appreciate the continued support of Gov. Nixon and the Missouri General Assembly as we work to help families in need,” said **Brian Kinkade, Missouri Department of Social Services Director**. “Accreditation is a high distinction to earn, and I applaud our frontline workers on their accomplishment.”

In Fiscal Year 2014, the Child Abuse and Neglect Hotline received nearly 119,000 calls of concern regarding children. Over 68,000 of the reports resulted in an investigation or family assessment due to allegations of child abuse or neglect involving 102,000 children in Missouri. The Children's Division provides services, including assistance in locating housing, applying for public assistance, connecting with counseling and setting up safety plans, to approximately 7,000 intact families each year and serves over 13,000 children and youth in foster care.

Missouri and only four other states are accredited by the Council on Accreditation. The Council on Accreditation is an independent, nonprofit accreditor of community-based behavioral healthcare and social service organizations.

“We are very proud that we have met increasingly rigorous standards to become reaccredited,” said **Tim Decker, Missouri Children’s Division Director**. “This reflects a significant accomplishment in agency history and a profound commitment to doing our best every day to increase the safety and wellbeing of Missouri's most vulnerable children.”

All counties in Missouri had to be in compliance with COA standards before the Children’s Division could be reaccredited. As part of the reaccreditation process the Children's Division completed an extensive agency self-assessment, and site visits were conducted throughout the state over a two year period by 15 external COA review teams. The process included an extensive review of best practice standards and performance and included interviews with over 200 community stakeholders. The Missouri Children’s Division first achieved accreditation January 14, 2010. This was the first opportunity for the division to seek reaccreditation.

“Reaccreditation is a tremendous achievement that demonstrates that your organization is recognized as a provider that continues to successfully implement high performance standards and, as such, is delivering the highest quality services to all of its stakeholders,” said **Richard Klarberg, president and CEO, Council on Accreditation**, in his congratulatory email to the Children’s Division

The mission of the Children’s Division is to protect Missouri children from abuse and neglect, and assuring their safety and well being by partnering with families, communities and government in an ethically, culturally and socially responsible manner.



**¡Día del  
niño!**  
Day of the Child

[kclinc.org/dayofthechild](http://kclinc.org/dayofthechild)

**FREE!**

**Sat. May 2, Noon- 3pm**

**Hill Park Pavilion,  
2201 S. Maywood St., Independence, MO**

**Entertainment • Food  
Community resources • Family fun**



# MISSOURI — KIDS COUNT —

mokidscount.org



Missouri KIDS COUNT has launched its new website, [mokidscount.org](http://mokidscount.org), including stories, policy briefs and connections to new and improved data connections.

The website includes Missouri KIDS COUNT data book that highlights indicators and county rankings, a searchable archive of Missouri KIDS COUNT data available since 1993 and data reports and research paper.

Missouri KIDS COUNT is a diverse team of public sector, non-profit and private sector members; together we are the Annie E. Casey (AECF) KIDS COUNT partner in Missouri.

The Family and Community Trust, the AECF KIDS COUNT grantee, is a non-profit corporation with Board members drawn from the top leadership in state government and the private sector to promote and support collaboration and innovation in service delivery for Missouri's children and families through its 20 Community Partnerships around the state.

LINC is the the Kansas City area community partnership.

FACT is joined by its Missouri KIDS COUNT partners, the University of Missouri Office of Social and Economic Data Analysis (OSED) and the Children's Trust Fund (CTF).

The screenshot displays the Missouri KIDS COUNT website. At the top, there is a navigation bar with links for 'About Kids Count', 'Data & Tools', 'Public Policy', and 'MISOURI KIDS COUNT'. The main content area features a large article titled 'MISSOURI'S NEW APPROACH TO TRAUMA' with a sub-headline 'How Head Start Trauma Screen in Kansas City is Leading Translational Child and Youth Communities...'. Below this, there is a section titled 'It is through partnerships that we succeed!' followed by 'Who is Missouri's KIDS COUNT?' and a list of partners including OSED, FACT, and CTF. The bottom of the page has two call-to-action buttons: 'VISIT OSED'S SITE TO EXPLORE THE DATA IN YOUR COUNTY.' and 'VISIT AECF TO EXPLORE DATA IN MISSOURI AND OTHER STATES.' The footer includes the Missouri KIDS COUNT logo and logos for OSED, FACT, and CTF.