

# LINC Commission Meeting

April 17, 2017



LINC Before and After-School students participate in a recent robotics tournament. Robotics is a core component of STEM activities (Science, Technology, Engineering, and Math).

# 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 17, 2017 | 4 – 6 pm  
Kauffman Foundation  
4801 Rockhill Rd.  
Kansas City, Mo. 64110

---

## Agenda

---

- I. Welcome and Announcements
- II. Approvals
  - a. March minutes (motion)
- III. Superintendent Reports
- IV. Introduction of Dr. Randall Williams  
Director, Missouri Department of Health & Senior Services
- V. LINC Caring Communities – 21<sup>st</sup> Century  
Community Learning Centers
  - a. Overview
  - b. LINC Site Coordinator Panel
- VI. Health Issues – Kansas City and Missouri
  - a. Dr. Bridget McCandless  
President, Health Care Foundation of Greater KC
- VII. Other
- VIII. Adjournment



## THE LOCAL INVESTMENT COMMISSION – MARCH 20, 2017

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

Sharon Cheers  
Jack Craft  
Tom Davis  
Aaron Deacon  
Steve Dunn  
Mark Flaherty  
Herb Freeman  
SuEllen Fried  
Rob Givens

Anita Gorman  
Sly James  
Tom Lewin  
Rosemary Lowe  
Mary Kay McPhee  
Ken Powell  
David Ross  
Marge Williams

*A motion to approve the minutes of the Feb. 27, 2017, LINC Commission meeting was passed unanimously.*

Kansas City **Mayor Sly James** reported on the city's \$800 million general obligation bond program up for election on April 4. The program is split into three questions: \$600 million for streets, bridges, and sidewalk repair; \$150 million for flood control; and \$50 million for ADA compliance and replacement of outdated animal shelter. The bonds would create revenue to allow the City to pay for residential sidewalks repairs, rather than charging homeowners. The bonds would be financed by a property tax increase. Discussion followed.

*A motion to approve the appointment of Tom Lewin to the LINC Finance and Audit Committee was passed unanimously.*

Superintendent **Dale Herl** reported on the Independence School District's \$38 million bond issue question to be decided by voters on April 4. The no-tax increase bond would be used to fund the elimination of mobile trailers and reduce overcrowding. Projects would include construction of a new elementary school at 31st Street and Hardy and modernization and remodeling of Van Horn, Truman, and William Chrisman high schools. A video on the bond issue was shown.

Superintendent **Kenny Rodriquez** reported on the Grandview School District's \$9 million bond issue question to be decided by voters on April 4. The no-tax increase bond would be used to fund capital improvement projects including safety and security enhancements, classroom/restroom renovations and improvements, extracurricular and co-curricular enhancements, and roofing, heating, ventilation, and air conditioning improvements.

### **Superintendent Reports**

- **Sharon Nibbelink**, Superintendent (Center School District), encouraged people to support mental health services for students. The district is using the LINC Before & After School program as an opportunity to provide tutoring for students in advance of spring testing. The district is expanding its career-ready initiative as well as its "Grow Your Own Teachers" initiative.
- **John Ruddy**, Assistant Superintendent (Fort Osage School District), reported Fort Osage Career and Tech Center robotics team CTC Inspire is one of five area teams to move on from the Greater Kansas City FIRST Robotics Competition, held March 6-18, to the FIRST Worlds Championship, to be held on April 28 and 29 in St. Louis.
- **Yolanda Cargile**, Assoc. Superintendent (Hickman Mills School District), reported on the district's racial equity initiative ensuring culturally relevant instruction. The district will be

moving all administrative staff to a single building. The district is partnering with Children's Mercy Hospital to provide classes, led by a judge from Truancy Court, for parents with children with low class attendance.

- **Christy Harrison** (Principal, Kansas City Public Schools), reported superintendent Mark Bedell is finishing up his "Brown Bag Tour" getting feedback from children and teachers. The district is getting ready for MAP testing, and is in the midst of strategic planning.

**McClain Bryant** of the Mayor's Office and Assistant City Manager **Rick Usher** gave a presentation on Kansas City's Digital Equity Strategic Plan. The plan defines the path by which Kansas City can create opportunities for all residents to have equal access to and utilization of the digital economy, from digital inclusion to economic mobility and entrepreneurship. Potential projects include gigabit opportunity zones, community learning center network, expanded digital upcycling, and providing internet services for recipients of minor home repair/weatherization. **Aaron Deacon** reported the plan was adopted by the City Council on March 7 following 5-6 years of work by the staff.

The meeting was adjourned.

## **Dr. Randall Williams Bio**

Dr. Williams is an obstetrician and gynecologist who graduated from the University of North Carolina with Honors in History and Zoology and received his medical training at the University of North Carolina where he was a Holderness Fellow. He previously served as both the Deputy Secretary for Health and State Health Director in the Department of Health and Human Services in North Carolina. His responsibilities there included developing, integrating and communicating state health policy and helping lead a 17,000 member agency with a 20 billion dollar budget that combined Medicaid, social services, public health and mental health services.

To help patients and families affected by the opioid crisis, Dr. Williams led efforts in North Carolina that resulted in the legislature voting unanimously to implement a statewide standing order to treat narcotic overdoses by making naloxone available to everyone in North Carolina under his authority. He also visited stakeholders and citizens in all 100 counties in the state during his time with the department.

Dr. Williams has also previously served on local and state boards of health in addition to delivering 2000 babies as a practicing obstetrician. He also helped serve medical needs of people overseas in conflict zones. His ongoing work has taken him to Iraq 12 times, and he has also worked in Afghanistan, Libya and Haiti. Recognition of these efforts was reflected in his selection as Triangle Red Cross Humanitarian of the Year and the Raleigh News & Observer's Tar Heel of the Week.

He is also an avid runner. Dr. Williams believes physical exercise contributes greatly to a sense of wellness and led a campaign to encourage families to run 5Ks for charity. He enjoys training for and running marathons and has run marathons in Boston, New York, Paris, Athens, Florence and Jerusalem.

Dr. Williams looks forward to meeting with health officials in all 114 counties throughout Missouri and in the cities of Kansas City and St. Louis. He wishes to listen and learn from Missourians about their ideas, as we work together to integrate clinical care and population health to provide for the health, safety and wellness of all Missourians.

# 21<sup>st</sup> Century Community Learning Centers

## Providing Locally Designed Afterschool and Summer Learning Programs for Families

February 2017



Afterschool programs are locally driven solutions that help students, families, and employers get ahead. These programs keep kids safe, inspire them to learn, and help parents keep their jobs. Students in afterschool attend school more often, do better in school, gain skills for success, and are more likely to graduate.<sup>1</sup> But the demand for these programs far exceeds the supply. Nationwide, only one in three families who want afterschool for their children has access to programs.<sup>2</sup>

21<sup>st</sup> Century Community Learning Centers provide afterschool and summer learning opportunities in every state. Programs are selected for funding based on their ability to meet the needs of students and families and their connection to education priorities in the state. These Community Learning Centers provide:<sup>3</sup>

- ▶ opportunities for academic enrichment to meet the challenging state academic standards;
- ▶ a broad array of additional services, programs, and activities, such as youth development activities; service learning; nutrition and health education; drug and violence prevention programs; counseling programs; arts, music, physical fitness and wellness programs; technology education programs; financial literacy programs; environmental literacy programs; mathematics, science, career and technical programs; internship or apprenticeship programs; and other ties to an in-demand industry sector or occupation for high school students that are designed to reinforce and complement the regular academic program of participating students; and
- ▶ families of students with opportunities for active and meaningful engagement in their children's education, including opportunities for literacy and related educational development.

### Community Learning Centers by the numbers

1,682,469 children and youth served<sup>4</sup>  
431,122 adult family members served<sup>4</sup>  
9,556 school-based and community centers<sup>4</sup>

Programs stay open (on average)<sup>5</sup>  
13.8 hours per week  
5 days per week  
32 weeks per year

  
**Afterschool  
Alliance**

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

# Strong Results

Having afterschool choices helps parents keep their jobs, helps students succeed, and helps ensure businesses can hire the local workforce they need to thrive.

## Supporting Academic Achievement

- ▶ Regular participation in afterschool programs helped narrow the achievement gap between high- and low-income students in math, improved academic and behavioral outcomes, and reduced school absences.<sup>6</sup>
- ▶ Students who regularly participate in Community Learning Centers improved their school attendance, class participation and behavior, homework completion, and reading and math achievement scores and grades.<sup>7,8</sup>

## Supporting a Prosperous Economy

- ▶ Businesses want to hire problem solvers and team players, and they need employees with technical skills. Students learn by doing in afterschool programs and develop the skills they need for the jobs of tomorrow.
- ▶ STEM jobs are driving global economic growth—7 million students are exploring STEM in afterschool.<sup>9</sup>
- ▶ 8 in 10 parents say afterschool helps them keep their jobs.<sup>2</sup>

## Among students regularly attending a Community Learning Center:<sup>10</sup>



Close to 1 in 3  
**improved their  
math and Language  
Arts grades**



7 in 10  
**improved their  
homework completion  
and class participation**



2 in 3  
**improved their  
behavior in class**



Community Learning Center, PA

## Regular attendance produces greater gains

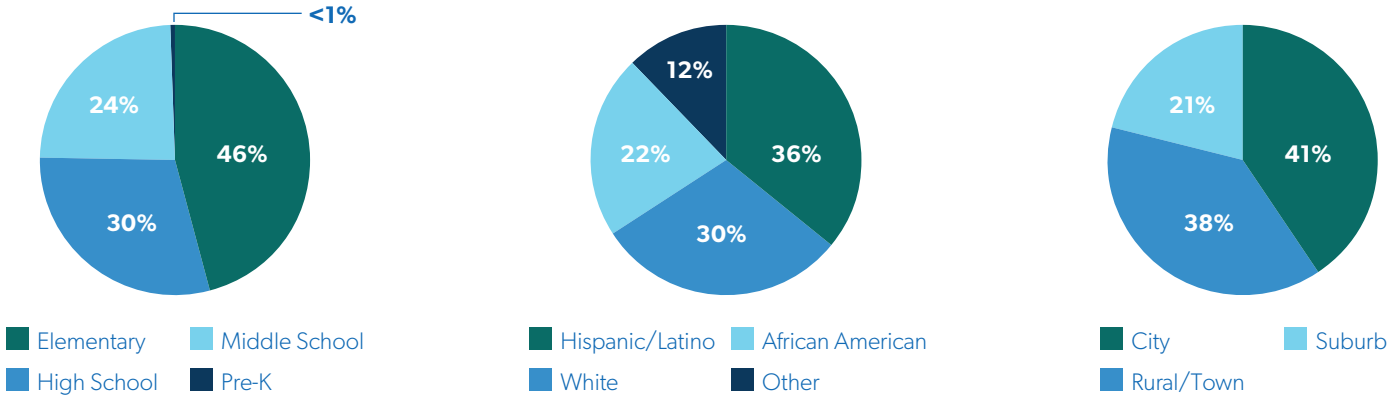
A study of approximately 3,000 low-income, ethnically diverse elementary and middle school students found that those who regularly attended high-quality programs (including Community Learning Centers) for more than two years gained up to 20 percentiles in standardized math test scores compared with peers who were routinely unsupervised during the afterschool hours. Students with lower program attendance gained 12 percentiles compared with their non-participating peers.<sup>11</sup>



# Reducing Barriers

21<sup>st</sup> Century Community Learning Centers provide essential support to students who are often underserved and help close educational opportunity and achievement gaps.

**Students served<sup>4</sup>** (based on 1,609,959 reported students)



▶ 73% participate in the federal Free or Reduced Price Lunch Program<sup>12</sup>

▶ 16% have Limited English Proficiency<sup>13</sup>

## Driven by Local Needs

21<sup>st</sup> Century Community Learning Centers work closely with schools, youth and community groups, faith-based organizations, and businesses. Each program is shaped by the local community to best meet the needs of the people and organizations it serves. Partners, in turn, contribute an average of \$67,000 to support programs.<sup>14</sup>

**Between 2006 and 2010, partners contributed more than \$1 billion.**

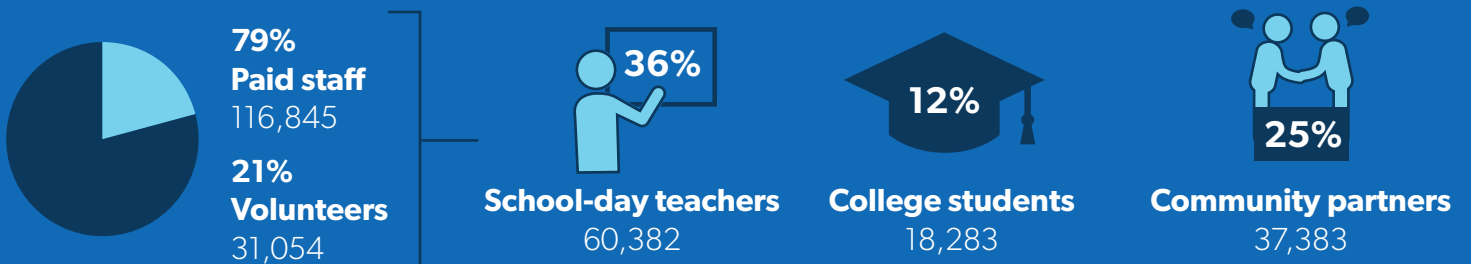
Community Learning Center, PA



**9 in 10** Community Learning Centers are located in schools<sup>10</sup>  
 Each grantee has an average of **9 partner organizations**.<sup>5</sup>  
 Among grantees:<sup>5</sup>

- ▶ **2 in 5 are community-based organizations, faith-based organizations, private schools, and charter schools**
- ▶ **3 in 5 are school districts**

**Staff Profile<sup>4</sup>** (based on 147,899 total staff)



# Funding and Unmet Demand

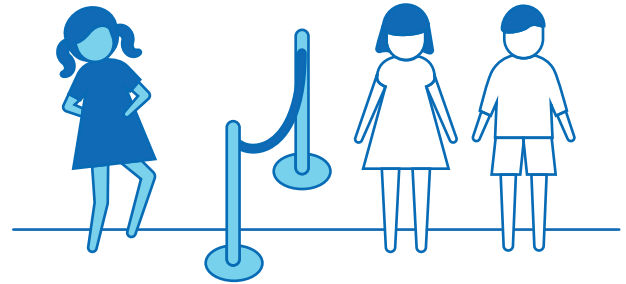
Parents across America want afterschool and summer programs for their children, but cost and lack of available programs are standing in their way.

For every child in an afterschool program, two are waiting to get in. And in rural communities, three children are waiting for every child enrolled.

21<sup>st</sup> Century Community Learning Center grants are the only federal funding source dedicated exclusively to providing afterschool and summer learning opportunities for children and youth. Over the last 10 years, unmet demand for afterschool grew by 20 percent, but funding has remained flat.

22 million youth nationwide are eligible to attend Community Learning Centers, but funding allows only 1.6 million to participate.<sup>4,15</sup>

Only 1 in 3 requests for funding Community Learning Centers is awarded. Over the last 10 years, \$4 billion in local grant requests were denied because of intense competition and lack of adequate federal funding.<sup>16</sup>



For every child in an afterschool program, two are waiting to get in.

## Annual cost of Community Learning Center programs

- ▶ **\$298,000** per grant<sup>5</sup>
- ▶ **\$1,543** per regular attendee<sup>4</sup>
- ▶ **\$122,000** per center<sup>5</sup>

## Every \$1 invested in afterschool programs saves \$9<sup>17</sup> by

- ▶ Increasing kids' earning potential
- ▶ Improving kids' performance at school
- ▶ Reducing crime and welfare costs

## Sources

- 1 Afterschool Alliance. (n.d.). Afterschool Alliance Research. <http://www.afterschoolalliance.org/research.cfm>.
- 2 Afterschool Alliance. (2014). America After 3PM: Afterschool Programs in Demand. <http://www.afterschoolalliance.org/AA3PM/>.
- 3 Every Student Succeeds Act of 2015. S. 1177—182, Part B—21<sup>st</sup> Century Community Learning Centers. <https://www.gpo.gov/fdsys/pkg/BILLS-114s1177enr/pdf/BILLS-114s1177enr.pdf>.
- 4 U.S. Department of Education. (2015). 21<sup>st</sup> Century Community Learning Centers (21<sup>st</sup> CCLC) analytic support for evaluation and program monitoring: An overview of the 21<sup>st</sup> CCLC performance data: 2013–14. <https://www2.ed.gov/programs/21stcccl/performance.html>.
- 5 Learning Point Associates. Profile and Performance Information Collection System (PPICS). Data retrieved May 1, 2014.
- 6 Pierce, K. M., Auger, A., & Vandell, D. L. (2013). Narrowing the Achievement Gap: Consistency and intensity of structured activities during elementary school. Unpublished paper presented at the Society for Research in Child Development Biennial Meeting, Seattle Wa. <http://www.expandinglearning.org/docs/The%20Achievement%20Gap%20is%20Real.pdf>.
- 7 Naftzger, N., Sniegowski, S., Devaney, E., Liu, F., Hutson, M. & Adams, N. (2015). Washington 21<sup>st</sup> Century Community Learning Centers Program Evaluation: 2012-13 and 2013-14. American Institutes for Research. <http://www.k12.wa.us/21stCenturyLearning/pubdocs/Final2012-14StatewideEvaluationReport.pdf>.
- 8 Wisconsin Department of Instruction. (2014). 21<sup>st</sup> Century Community Learning Centers-Executive Summary 2012-2013. <http://dpi.wi.gov/sites/default/files/imce/sspw/pdf/clcevalreport2014.pdf>.
- 9 Afterschool Alliance. (2015). Full STEM Ahead: Afterschool Programs Step Up as Key Partners in STEM Education. <http://www.afterschoolalliance.org/AA3PM/>
- 10 U.S. Department of Education. (2014). 21<sup>st</sup> Century Community Learning Centers (21<sup>st</sup> CCLC) analytic support for evaluation and program monitoring: An overview of the 21<sup>st</sup> CCLC performance data: 2012–13. <https://www2.ed.gov/programs/21stcccl/performance.html>.

- 11 Vandell, D. L., Reiser, E. R. & Pierce, K. M. (2007). Outcomes Linked to High-Quality Afterschool Programs: Longitudinal Findings from the Study of Promising Afterschool Programs. Policy Studies Associates, Inc. <http://education.ucl.edu/childcare/pdf/afterschool/PP%20Longitudinal%20Findings%20Final%20Report.pdf>.
- 12 Learning Point Associates. (2011). 21<sup>st</sup> Century Community Learning Centers (21<sup>st</sup> CCLC) analytic support for evaluation and program monitoring: An overview of the 21<sup>st</sup> CCLC performance data: 2009–10. <https://www2.ed.gov/programs/21stcccl/performance.html>.
- 13 Learning Point Associates. (2006). 21<sup>st</sup> Century Community Learning Centers (21<sup>st</sup> CCLC) analytic support for evaluation and program monitoring: An overview of the 21<sup>st</sup> CCLC program: 2004–05. <https://www2.ed.gov/programs/21stcccl/performance.html>.
- 14 Griffin, S. S. & Martinez, L. (2013). The Value of Partnerships in Afterschool and Summer Learning: A National Case Study of 21<sup>st</sup> Century Community Learning Centers. Expanding Minds and Opportunities: Leveraging the Power of Afterschool and Summer Learning for Student Success. <http://www.expandinglearning.org/expandingminds/article/value-partnerships-afterschool-and-summer-learning-national-case-study-21st>.
- 15 National Center for Education Statistics. (n.d.). Title I. <https://nces.ed.gov/fastfacts/display.asp?id=158>.
- 16 O'Donnell, P. & Ford, J. R. (2013). The Continuing Demand for 21<sup>st</sup> Century Community Learning Centers Across America: More Than Four Billion Dollars of Unmet Need. Expanding Minds and Opportunities: Leveraging the Power of Afterschool and Summer Learning for Student Success. <http://www.expandinglearning.org/expandingminds/article/continuing-demand-21st-century-community-learning-centers-across-america-more>.
- 17 Brown, W. O., Frates, S. B., Rudge, I. S., Tradewell, R. L. (2002). The Costs and Benefits of After School Programs: The Estimated Effects of the After School Education and Safety Program Act of 2002. The Rose Institute of Claremont-McKenna College. [http://www.middlechildhoodmatters.ca/wp-content/uploads/2012/10/claremontmckenna\\_CostsandBenefits.pdf](http://www.middlechildhoodmatters.ca/wp-content/uploads/2012/10/claremontmckenna_CostsandBenefits.pdf).

## 21<sup>st</sup> Century Community Learning Centers

Find out more about access in your area.

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



**Afterschool Alliance**

# STEAM Education at LINC

STEAM (Science, Technology, Engineering, Arts and Math) represents how all topics in subject areas relate to each other and to the real world. The sentence that defines this is: Science & Technology, interpreted through Engineering & the Arts, all based in Mathematical elements.

The A stands for the broad spectrum of the arts going well beyond aesthetics; it includes the liberal arts, formally folding in Language Arts, Social Studies, Physical Arts, Fine Arts & Music that each shape developments in STEM fields.

STEAM is showing success in schools all around the world to better teach academic and life skills in a standards-backed, reality-based, personally relevant exploratory learning environment.

## Activities and Clubs

Aeronautics, Cooking, Construction, Chess, Computer Programming, Electronics, Graphic Design, Math Club, Filmmaking, Photography, Robotics, Zoology and more!

**30** LINC Programs with STEAM

**64** STEAM Activities

**17** LINC STEAM Training Sessions

**1,000** Hours of Instruction

**3,242** Students in LINC Programs with STEAM

**70%** of youth report a high level of interest in STEAM



*Washington Post – March 16, 2017*

## **Trump budget casualty: After-school programs for 1.6 million kids. Most are poor.**

By [Emma Brown](#)

Every weekday, 700 children from some of the poorest parts of the Atlanta area stay after school for three hours with Wings for Kids, a program that aims to bolster not only academic performance, but also social skills, relationships with caring adults and a sense of belonging at school.

The kids get a safe and enriching place to spend the afternoon and early evening, and their working parents get child care. But now, Wings for Kids and thousands of programs like it are on the chopping block, threatened by President Trump's proposal to eliminate \$1.2 billion in grants for after-school and summer programs.

"It's heart-wrenching," said Bridget Laird, chief executive of Wings for Kids, which serves 1,600 children in Atlanta; Charlotte; Charleston, S.C.; and rural Lake City, S.C. She said Thursday that without federal aid, those programs would be eliminated or gutted. "I can't imagine if that were turned off — all of those kids running around the streets."

The program Trump is seeking to ax — known as the 21st Century Community Learning Centers — helps school districts, churches and nonprofit groups serve more than 1.6 million children nationwide.

The administration argues that there is no evidence the program has been effective. But Heather Weiss of the independent Global Family Research Project — who has studied after-school programs for nearly 20 years — said that's not true.

"There is a lot of evidence," she said. "Engaging kids in high-quality after-school programs, many of which are supported by 21st Century Community Learning Centers grants, results in kids doing better in school. They're more likely to graduate and to excel in the labor market."

The proposal is one cut among many in a budget that would slash federal education spending by \$9 billion, or 13.5 percent, in 2018. Trump aims to eliminate billions for teacher training and scale back or end several programs that help low-income students prepare and pay for college.

At the same time, Trump is seeking to shift a historic amount of money — \$1.4 billion — into charter schools, private-school vouchers and Title I "portability," a

controversial form of choice that would allow \$1 billion in federal funds to follow poor children to the public school of their choice.

Advocates hope it would give poor children access to better schools and critics fear it would dilute funds available to the nation's neediest schools.

"The budget places power in the hands of parents and families to choose schools that are best for their children," Education Secretary Betsy DeVos said in a statement. It is "the first step in investing in education programs that work."

Some conservatives hailed the budget as a sign that Trump intends to make good on his campaign pledge to downsize the Education Department.

"I see this as a good step toward limiting federal intervention in education and restoring state and local control," said Lindsey Burke of the Heritage Foundation. "It's not appropriate for the federal government to be funding and managing after-school programs."

But the budget proposal drew condemnation from many in the education world, including teachers' unions, superintendents, school boards, and representatives of state education chiefs and urban school systems.

John King Jr., who was education secretary under President Barack Obama, called the proposal "an assault on the American Dream that would disproportionately harm the poor and children of color. Randi Weingarten, president of the American Federation of Teachers, said it would "take a meat cleaver to public education."

Even some advocates for charter schools — which would get a 50 percent funding increase — rejected the blueprint: "Charter schools are part of—not a substitute for—a strong public education system," Greg Richmond, president of the National Association of Charter School Authorizers, said in a statement. "Charter schools cannot succeed without strong teachers and a seamless, affordable path to college for their graduates."

Adding to the unease is the fact that more reductions have yet to be identified. Those disclosed in the two-page budget summary do not add up to the \$9 billion total proposed by the administration.

"There are a bunch of cuts we don't know about," said Chris Minnich, executive director of the Council of Chief State School Officers.

Minnich said state education chiefs are "deeply concerned" that the budget prioritizes school-choice experiments over existing programs that serve all students. Among the chiefs' top priorities is saving the money for teacher training. The administration proposed eliminating the \$2.4 billion program,

arguing that it is “poorly targeted and spread thinly across thousands of districts with scant evidence of impact.”

Minnich said there are obviously ways to improve how the money is spent. “But it doesn’t mean we cut the money,” he added. “We should be talking about using that money to make sure every kid has a great teacher.”

Michael Casserly, executive director of the Council of the Great City Schools, a coalition of 68 urban school systems, said his members rely on the fund mostly to reduce class size, which is allowed under current rules.

Casserly estimated that schools in his coalition, including those in the District, receive about \$600 million from the program, which pays the salaries of thousands of teachers.

Several observers said it’s too soon to predict how Trump’s proposal will play in Congress. Despite the Republican zeal for shrinking the Education Department, lawmakers are likely to face pressure to preserve funding for their constituents.

Trump’s push for choice is also likely to face political head winds: Democrats almost uniformly oppose vouchers. So do some Republicans. And the president’s proposal to allow \$1 billion in federal funds to follow poor children to the public schools of their choice — while thin on details — sounds a lot like a proposal that failed to pass the GOP-led Senate in 2015.

“It’s unclear to me that the politics of that has changed just in the last year and a half,” Casserly said.

# Health Care Foundation OF GREATER KANSAS CITY

LINC was instrumental in the formation of the Health Care Foundation of Greater Kansas City (HCF) and REACH Healthcare Foundation.

These two foundations were created through the 2002 sale of the non-profit Health Midwest to the for-profit HCA, the nation's largest hospital system. The purchase price was \$1.2 billion.

LINC and our board facilitated community discussions about the transaction, developed background information on hospital conversion foundations, and engaged skilled advocacy organizations. LINC brought the issue to the attention of the Missouri Attorney General, the state's legal entity for determining the disposition of assets from such sales. The Kansas Attorney General subsequently also became involved.

LINC provided information to the Kansas City community on the impact of the expected hospital closures and potential racial disparities in health outcomes influenced by access and quality of care.

This community advocacy and engagement led directly to the creation of the two separate foundations – one in Missouri and one in Kansas – that serve a six-county area including Kansas City, Mo. HCF was established in 2004 and received over \$400 million from the sale proceeds.

HCF has made over \$200 million in grants to over 400 organizations in the past decade. HCF has emerged as a leader of health care reform and advocacy in the area and achieved significant outcomes with tobacco cessation, active living, healthy lifestyle and mental health initiatives. Current HCF assets total more than \$700 million, making it one of the largest foundations in the region.

LINC itself has successfully applied for over a dozen grants for its own or partner initiatives totaling \$2.3 million. One major accomplishment was establishing a Federally Qualified Health Clinic in an area of underserved Kansas City.



Grants Awarded

2005 to 2015

# \$200,000,000

2,000  
Grants

To

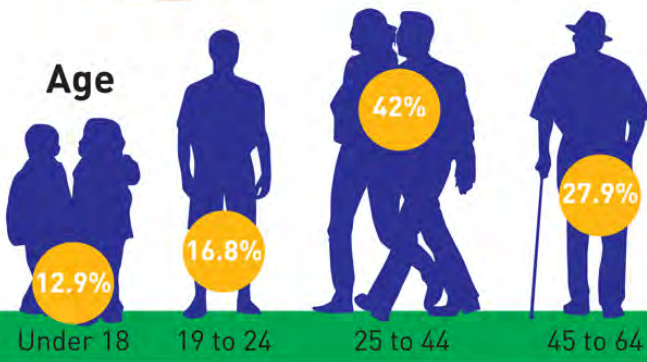
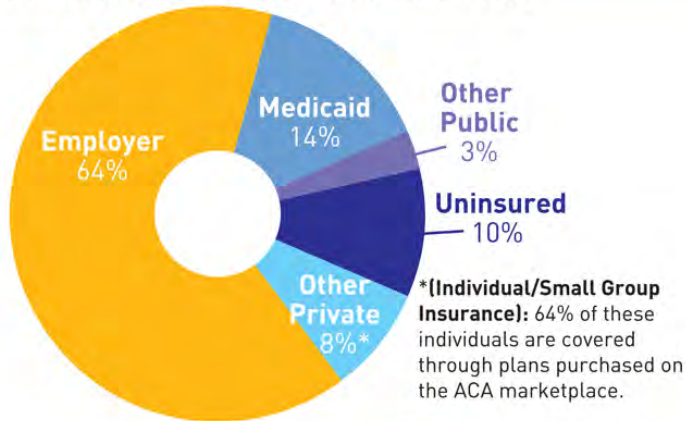
400  
Organizations

# LEFT BEHIND:

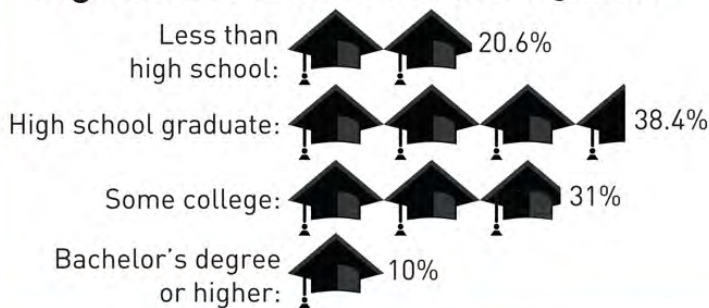
## MISSOURI'S UNINSURED

A profile of Missouri's uninsured population

### Insurance Status (<65 Years Old)

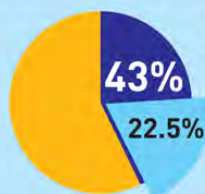


### Highest Level of Education (Ages 25+)



### ACA-Related Coverage

- 4.2% receive health insurance through the ACA marketplace.
- 5% would receive health insurance through Medicaid if the program were expanded.



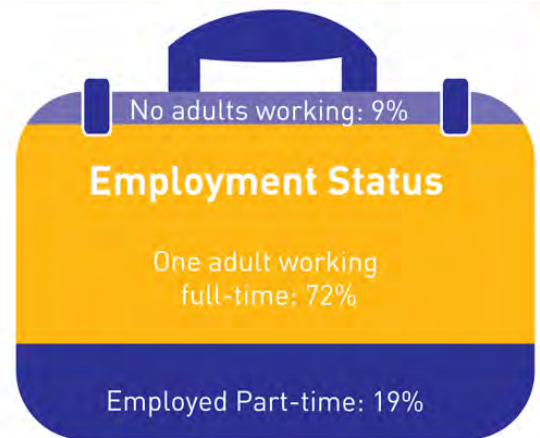
have pre-existing conditions, such as asthma, cancer or diabetes — including **22.5%** of MO's children.

**50,000** young adults were able to have coverage through a parent's plan until age 26.

**23.8%** have gained coverage for at least one preventative health care service in 2011-12.



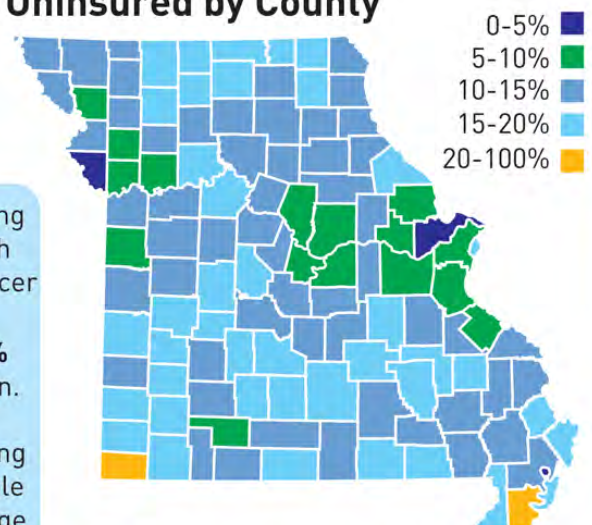
### Employment Status



### Poverty Status



### Percentage Under 65 Uninsured by County



**Health Care Foundation**  
OF GREATER KANSAS CITY  
[www.hcfcgkc.org](http://www.hcfcgkc.org)

\*FPL = Federal Poverty Level. In 2016 FPL for a family of 4 is \$24,300.

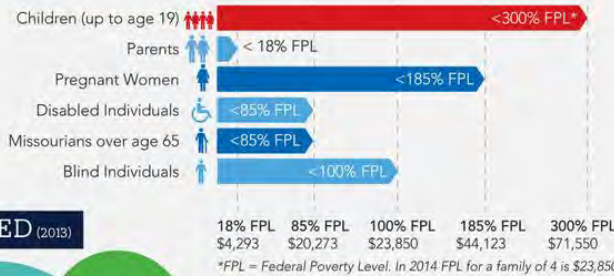


# MISSOURI MEDICAID 101

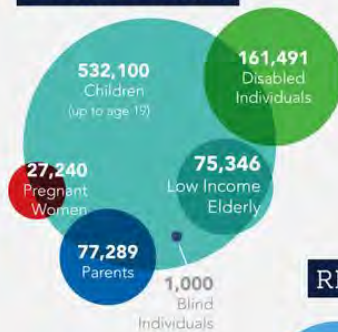
Medicaid is a federal-state partnership that provides health coverage for low-income people. The federal government offers matching funds to states to support the financing of Medicaid. In general, for every dollar spent on Medicaid, \$.62 comes from the federal government and \$.38 comes from the state. MO Health Net is the name of the Medicaid program in the state of Missouri.

## COVERED POPULATIONS

In general, MO Health Net covers low-income children and their parents, aged, blind, or disabled individuals.



## # ENROLLED (2013)



## ANNUAL EXPENDITURES

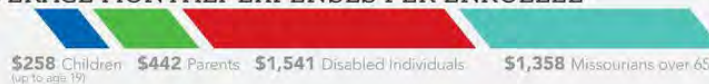


## REVENUE SOURCES

Sources for MO Health Net's 2011 State budget



## AVERAGE MONTHLY EXPENSES PER ENROLLEE



## SERVICES COVERED BY MEDICAID

- Inpatient hospital
- Outpatient care
- Physician services
- Family planning
- Nursing facilities and home care
- Home health services
- Durable medical equipment
- Lab and x-rays
- Midwife and nurse practitioner care
- Medical and surgical dental care
- Non-emergency medical transportation
- Screening and treatment of children under 21
- Pharmacy services
- Rehabilitation services
- Mental health services
- Psychiatric care
- In-home care
- Some dental services

## DELIVERY SYSTEM

MO Health Net delivers services through two primary payment methods:

**Fee-for-service:** Missouri pays provider for each medical encounter.

**Managed care:** Provides a particular range of benefits to each enrollee in return for a fixed payment to the provider.

### Fee-for-Service

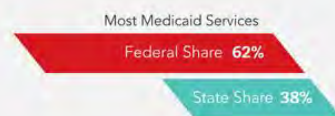
Aged, Blind, and Disabled Individuals  
Children and Parents in non-managed care counties.

### Managed Care

Adults and children in 54 counties, primarily along the I-70 corridor.



## FINANCING & EXPENDITURES



The 2013 MO Health Net budget was spent on:



# COST OF UNTREATED MENTAL ILLNESS

# JACKSON COUNTY, MISSOURI



## 1 IN 10 ADULTS

residing in Jackson County, Missouri has a serious mental illness (SMI). Without treatment, these can lead to unemployment, increased hospital and emergency room use, incarceration, suicide, and early death due to chronic medical conditions.



Major Depression



Schizophrenia



Bipolar Disorder



Anxiety Disorders

# 40%

of cases with serious mental illnesses like these are generally untreated.

An economic model was developed by The HSM Group to estimate the costs of untreated SMI among adults, using Census data combined with prevalence rates.



Overall, the annual cost burden of untreated serious mental illness to Jackson County is estimated to be **\$283 million**.

## WHAT ARE THE COSTS OF SERIOUS MENTAL ILLNESS?



\*The remaining costs are due to criminal activity, Social Security disability, and social welfare administration costs.

IN JACKSON COUNTY, UNTREATED SMI IS ASSOCIATED WITH



## WHO PAYS FOR UNTREATED SERIOUS MENTAL ILLNESS?

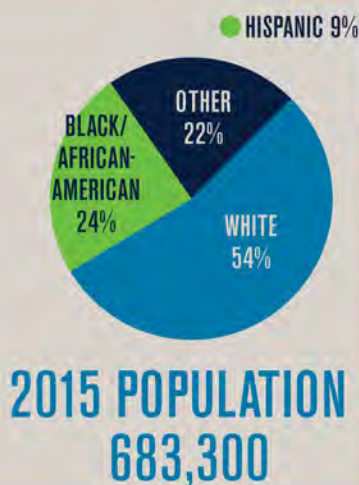


Mental illness also affects many other lifestyle factors that, although very important and often preventable, could not be quantified in this model.

To use the calculator, visit [hcfgkc.org/costs-untreated-mentalillness](http://hcfgkc.org/costs-untreated-mentalillness)

# USING TO IMPROVE HEALTH

The KC HealthMatters website is a one-stop shop for data and resources to help you understand and improve your community's health.

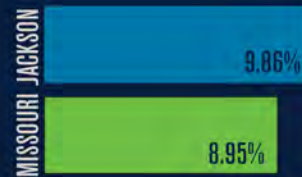


## JACKSON COUNTY

### MEDIAN HOUSEHOLD INCOME



### FAMILIES BELOW POVERTY



### UNEMPLOYMENT

#### INDICATORS TOWARD PROGRESS:

### HEALTHY WEIGHT

ADULT FRUIT & VEGETABLE CONSUMPTION  
5+ TIMES DAILY



JACKSON COUNTY IS IN THE TOP HALF OF ALL MISSOURI COUNTIES.

#### RELATED INDICATORS:

- HIGH BLOOD PRESSURE
- OBESITY
- ADULTS WHO ARE SEDENTARY

Eating adequate fruits and vegetables is key to maintaining a healthy diet. However, an individual's nutritional choices are influenced by many factors, including income, the community's physical environment, taste, cost, convenience and cultural norms. Eating healthy foods is key to maintaining a healthy weight, which in turn can help to reduce risk for conditions such as heart disease and diabetes.

#### INDICATORS NEEDING IMPROVEMENT:

### VULNERABLE POPULATIONS



INCOME INEQUALITY

#### RELATED INDICATORS:

- MEDIAN HOUSEHOLD INCOME
- FAMILIES LIVING BELOW POVERTY LEVEL
- ACCESS TO HEALTH CARE
- FAIR/POOR SELF-PERCEIVED HEALTH STATUS

Socioeconomic status and personal income are strongly correlated with an individual's health status; new studies show the level of economic inequality in a community is a predictor of health.

### RISKY BEHAVIORS

CHLAMYDIA INCIDENCE RATE,  
FEMALES 15-19/PER 100,000



#### RELATED INDICATORS:

- TEEN PREGNANCY RATE
- PAP TEST HISTORY
- ADULTS WHO DRINK EXCESSIVELY
- DEATH RATE DUE TO DRUG POISONING
- ALCOHOL-IMPAIRED DRIVING DEATHS

Risky behaviors among youth and young adults can increase their risk for negative health consequences.

2,173  
LOCAL & NATIONAL

10  
LOCAL PRACTICES

PROMISING PRACTICES

+ ADD YOUR OWN!



PROGRAM EVALUATION

WAYS TO USE THE WEBSITE DATA



GRANT WRITING



RESEARCH



POLICYMAKER ENGAGEMENT



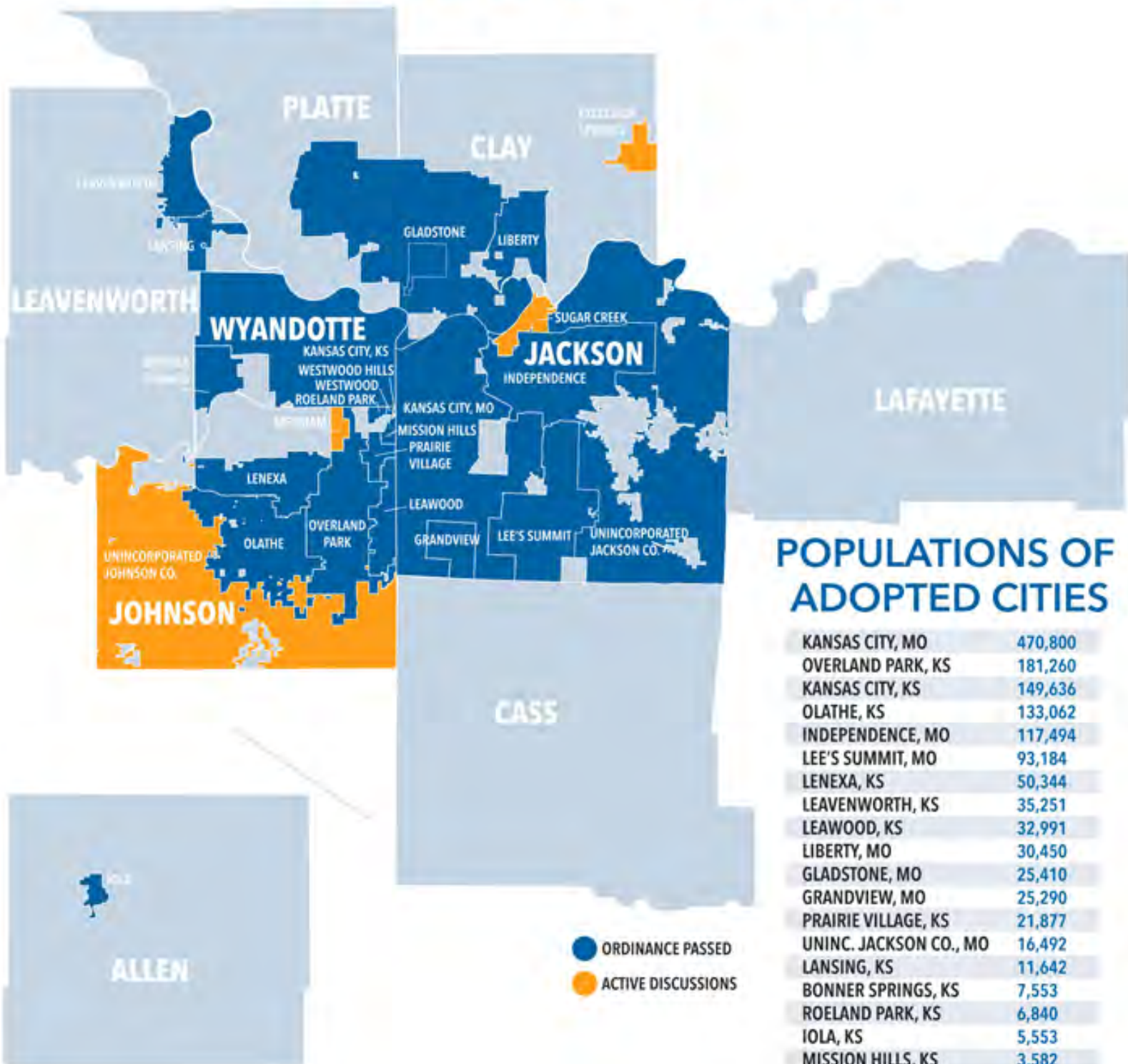
COMMUNITY HEALTH IMPROVEMENT PLANNING



COMMUNITY HEALTH NEEDS ASSESSMENT

Other website features such as a disparities dashboard, reporting tools, funding opportunities, CHNA guide and tutorial videos are valuable resources to help you improve the health of your community.

# TOBACCO 21 CITIES



## POPULATIONS OF ADOPTED CITIES

|                        |                  |
|------------------------|------------------|
| KANSAS CITY, MO        | 470,800          |
| OVERLAND PARK, KS      | 181,260          |
| KANSAS CITY, KS        | 149,636          |
| OLATHE, KS             | 133,062          |
| INDEPENDENCE, MO       | 117,494          |
| LEE'S SUMMIT, MO       | 93,184           |
| LENEXA, KS             | 50,344           |
| LEAVENWORTH, KS        | 35,251           |
| LEAWOOD, KS            | 32,991           |
| LIBERTY, MO            | 30,450           |
| GLADSTONE, MO          | 25,410           |
| GRANDVIEW, MO          | 25,290           |
| PRAIRIE VILLAGE, KS    | 21,877           |
| UNINC. JACKSON CO., MO | 16,492           |
| LANSING, KS            | 11,642           |
| BONNER SPRINGS, KS     | 7,553            |
| ROELAND PARK, KS       | 6,840            |
| IOLA, KS               | 5,553            |
| MISSION HILLS, KS      | 3,582            |
| WESTWOOD, KS           | 1,528            |
| WESTWOOD HILLS, KS     | 359              |
| <b>TOTAL</b>           | <b>1,420,598</b> |



# HIDI HealthStats

Statistics and Analysis From the Hospital Industry Data Institute

MAY 2017 ■ Drug Deaths Increase Among Middle-Aged, White Missourians



## Background

In 2015, two Princeton economists made a startling discovery. For decades, public health advances in the U.S. had resulted in life expectancy gains and sharply decreasing mortality rates. This was a well-known trend. What Sir Angus Deaton and Anne Case stumbled upon was that these gains were not benefiting all population subgroups equally. The overall mortality rate for middle-aged, non-Hispanic whites in the U.S. diverged from the downward trend of the previous decades and turned sharply upward in the late 1990s. Moreover, they found that this trend was unique to the U.S. and not experienced in other developed countries, or even by other racial and ethnic groups within the U.S. Appallingly, the study found that if the mortality rate for whites between ages 45 and 54 had continued the same downward trajectory during the previous two decades instead of turning sharply upward, a half a million deaths would have been avoided between 1999 and 2013.<sup>1</sup>

---

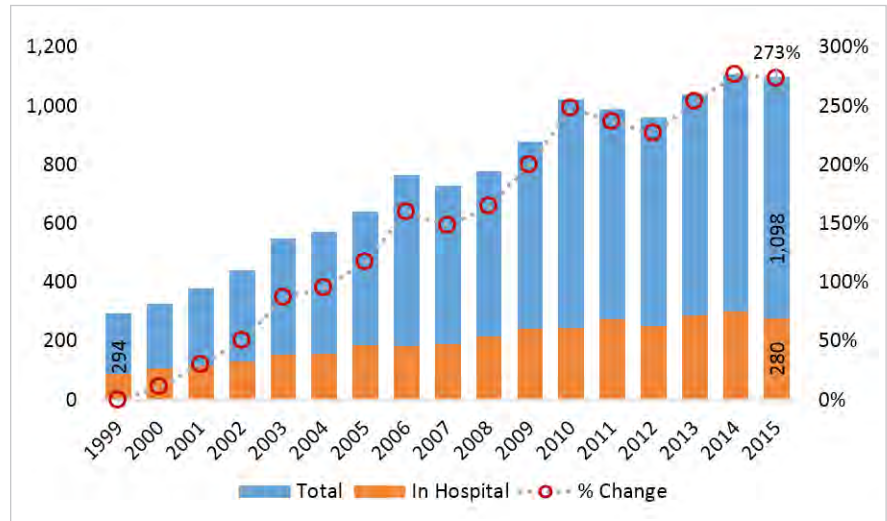
## Key Findings

- Missouri is the only state in the nation without a prescription drug monitoring program.
- The human toll of the opioid crisis in Missouri has been extensive, with 12,585 drug-induced overdose deaths in the state since 1999.
- During the same period, the age-adjusted rate of drug-induced deaths in Missouri increased by 247 percent.
- Similar to recent national studies, drug-induced deaths in Missouri have been most impactful to the middle-aged non-Hispanic white population.
- Drug-induced mortality caused more than three-quarters of the 11 percent increase in the overall mortality rates for white males ages 25 to 54 in Missouri since 1999.
- 75 percent of new heroin users report that their addiction began by abusing prescription opioids that can typically be tracked by a PDMP.
- 43 percent of hospital patients with a heroin overdose death in 2016 had a history of hospital utilization for prescription opioid abuse during the previous four years.

Case and Deaton went on to find that the survival losses in middle-aged American whites were being driven primarily among individuals with a high school education or less, and by three primary causes: suicide, liver disease or cirrhosis, and poisoning from drugs or alcohol. In 1999 — the beginning of the uptick in mortality for this group — drugs and alcohol caused fewer than 10 deaths per 100,000. By 2013, they had more than tripled and were the primary drivers of increased mortality for this cohort. In reviewing the findings, Harvard health economist David Cutler stated that it was well known that more people were dying from opioid addiction, but most experts assumed the crisis would result in little more than a blip that would be covered up by larger improvements in vital health statistics. Much to the contrary, Cutler said that the Case-Deaton findings “show those blips are more like incoming missiles.”<sup>ii</sup>

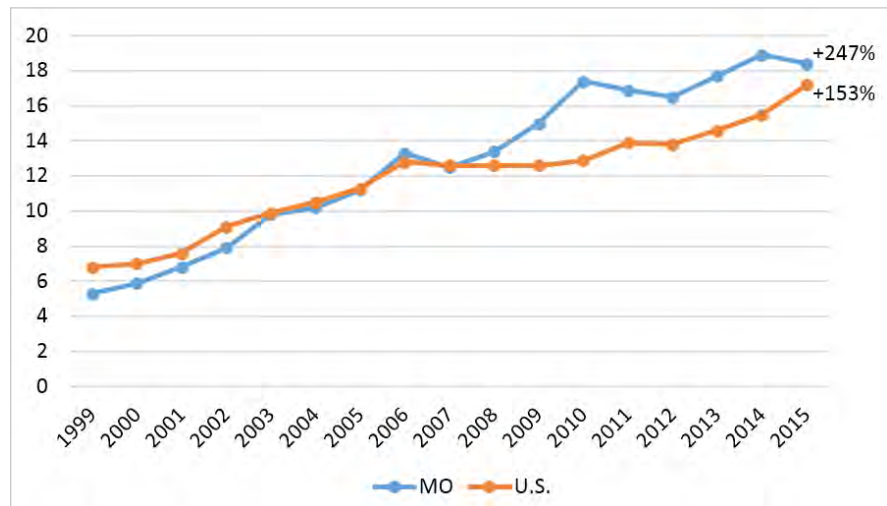
What remained unclear was exactly what was driving these “deaths of despair.” As economists, they theorized the trend could be explained by the contemporary deterioration of the blue collar labor market alongside dramatic increases in prescribed narcotics.<sup>iii</sup> In a companion study published in March 2017, Case and Deaton formally tied the deaths of despair to a “cumulative disadvantage” that begins with fewer and less stable labor market opportunities for middle-aged whites without a college education, resulting in poorer marriage and family outcomes, and culminating in worsened physical and emotional well-being. They also found that the reduction in life expectancy for middle-aged whites was seen across the U.S., including Missouri.<sup>iv</sup>

Figure 1: Drug-Induced Deaths in Missouri by Setting and Percent Change From 1999



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database.

Figure 2: Age-Adjusted Drug-Induced Death Rates in Missouri and the U.S., 1999-2015



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database.

**Data**

This publication examines “deaths of despair” in Missouri using death certificate data from the U.S. Centers for Disease Control and Prevention between 1999 and 2015, and hospital discharge data for opioid-related overdose deaths in fiscal year 2016.<sup>v</sup>

Death certificate data present a more accurate estimate of the overall human toll of the opioid crisis because so few overdose victims survive long enough to be treated in a hospital; however, hospital discharge data are more current and offer greater granularity than the public-use death certificate data.

**Analysis of Death Certificate Data**

Between 2012 and 2015, just over 1 in 4 drug-induced overdose deaths in Missouri occurred in a hospital setting, while 54 percent occurred in the decedent’s home. According to CDC death certificate data, 12,585 Missourians died from a drug-induced overdose between 1999 and 2015. Similar to the Case-Deaton findings, Missouri saw a dramatic 273 percent increase in the number of overdose deaths during the same period with 294 occurring in 1999 and 1,098 in 2015 (Figure 1).

Missouri — the only state in the country without a statewide prescription drug monitoring program — also experienced significantly higher rates of growth for drug-induced overdose deaths compared to the rest of the country. In 1999, Missouri was below the national rate for age-adjusted overdose deaths. By 2006, Missouri had converged with the national rates; however, during the first four years of the great recession the state experienced significant growth and has eclipsed the national death rate for

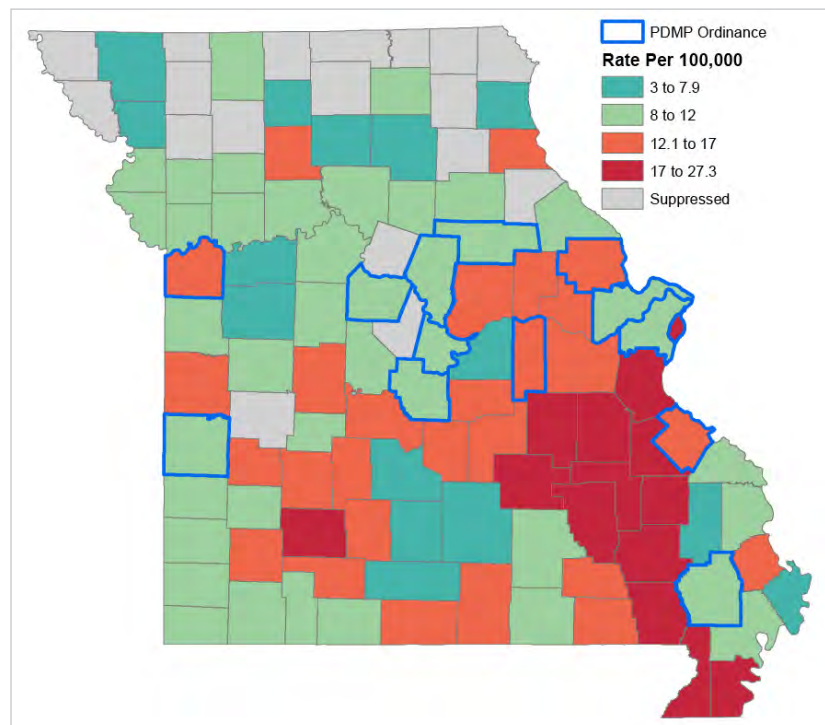
drug overdose every year since 2008. Throughout the entire period, the age-adjusted drug-induced death rate increased by 247 percent in Missouri compared to 153 percent nationally (Figure 2).

Geographically, since 2000, the highest rates of drug-induced overdose deaths in Missouri have occurred in St. Louis City, Greene County and the region stretching from Jefferson County through the lead-belt and into Pemiscot and Dunklin counties in the Bootheel (Figure 3). The map was created by pooling data from 2000 to 2015 because of CDC data suppression rules; however, other studies suggest significant recent problems with opioid abuse in the state’s most populous region — St. Louis County.<sup>vi</sup>

Additionally, CDC data indicate the three most populous counties in the state with data available in 1999 and 2015 — St. Louis, Jackson and St. Louis City — had significant increases in the drug overdose death rate at 193, 168 and 171 percent, respectively.

Demographically, the CDC death certificate data for Missouri drug-induced overdose deaths reinforced the Case-Deaton findings. In fact, their latest study found that white people, ages 25 to 54 with a high school education or less, have higher mortality rates than the black population of the same age range, which traditionally suffers from large disparities in health outcomes.<sup>iv</sup>

**Figure 3: Rate of Drug-Induced Deaths for Missouri Counties, 2000-2015 and Counties or Major Cities Adopting a Prescription Drug Monitoring Ordinance (as of 3/23/17)**



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database.

In 2015, among the 1,098 overdose deaths in the state, non-Hispanic whites between the ages of 25 and 54 accounted for 59 percent of deaths, while accounting for just 41 percent of the total population (Figure 4, top panel). As a whole, whites accounted for 85 percent of the population and 87 percent of drug overdose deaths in 2015.

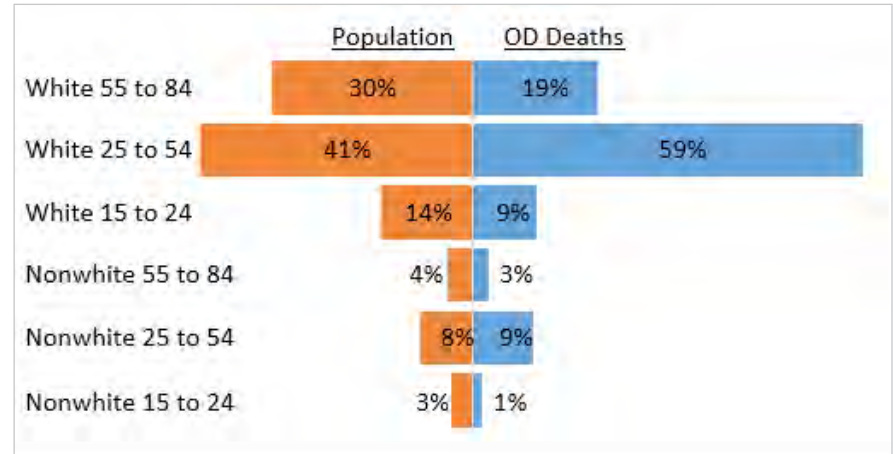
Drug-induced overdose deaths exceeding percent of population occurred in Missourians of all races between the ages of 25 and 54 during 2015. Whites in this age cohort experienced 43 percent more deaths than would be suggested by their population percentage alone, and non-white Missourians between 25 and 54 experienced 16 percent excess drug overdose deaths (Figure 4, middle panel).

Taken as a whole, the overall drug-related death rate for white Missourians surpassed the rate for nonwhite Missourians in 2000, and experienced the sharpest rates of growth during the great recession. During the same period, the drug-related death rates for nonwhite Missourians experienced the largest reductions observed during the 17-year study period (Figure 4, bottom panel).

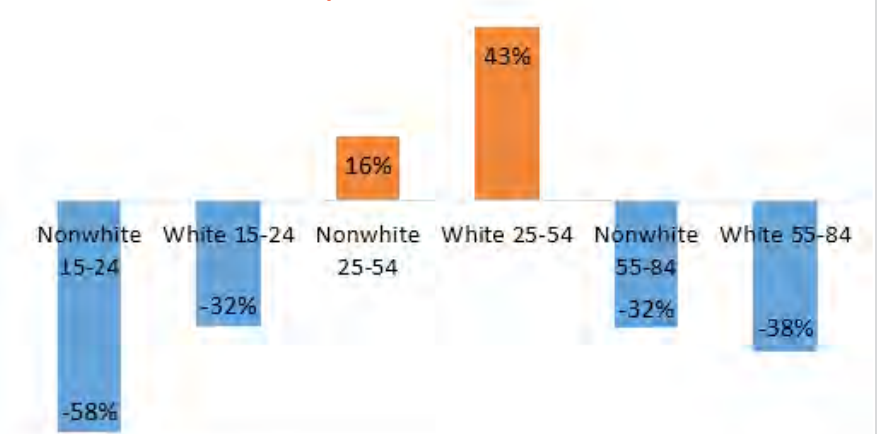
For all ages, since 1999, the drug-induced death rate for nonwhite Missourians increased by 164 percent, with nearly all of the increase occurring since 2009 — a 240 percent increase was observed during the last seven years of the study period.

For non-Hispanic white Missourians of all ages, the drug-related death rate nearly tripled between 1999 and 2015, increasing from 4.6 to 18.2 per 100,000 — an increase of 294 percent.

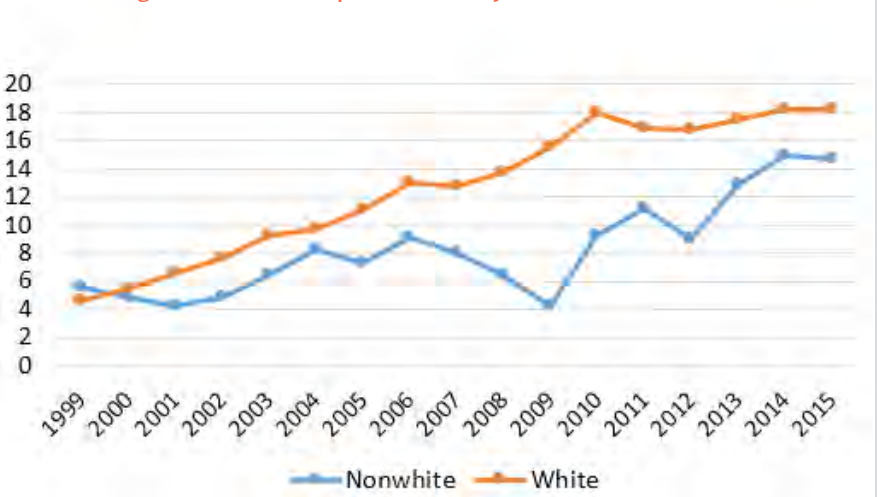
Figure 4: Distribution of Drug-Induced Deaths and Population by Age and Race in Missouri, 2015 Ages 15-84



Ratio of Drug-Induced Deaths to Population by Age and Race in Missouri, 2015 Percent Over/Under Expected



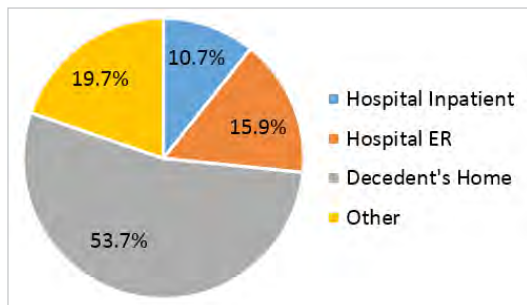
Rate of Drug-Induced Deaths per 100,000 by Race in Missouri, 1999-2015



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database.



Figure 5: Drug-Induced Deaths in Missouri by Setting, 2012-2015



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database.

### Analysis of Hospital Discharge Data

During FY 2016, 551 individuals died of an opioid-related overdose in a hospital setting in Missouri. Historically, among all drug-induced overdose deaths in Missouri, only 26.6 percent occur in a hospital setting (Figure 5). This suggests that Missouri could experience more than 2,000 opioid-related overdose deaths in 2016, across all settings. Recent data have placed the number of heroin overdose deaths in St. Louis City alone at 256 during 2016.<sup>vii</sup>

Much of the increase in lethal heroin overdoses, which have more than quadrupled since 2010, has been attributed to the recent practice of cutting the drug with cheaper and more potent synthetic opioids, such as fentanyl.<sup>viii, ix</sup> Additionally, 75 percent of new heroin users report

Table 1: Archetype of Missouri Hospital Patients With Opioid-Related Overdose Death in FY 2016

|  | Type of Overdose               |                                |                | Total        |
|--|--------------------------------|--------------------------------|----------------|--------------|
|  | Primary Cause Heroin-Synthetic | Primary Cause Opioid Poisoning | Opioid-Related |              |
| <b>Total Number of Deaths</b>                    | <b>72</b>                      | <b>91</b>                      | <b>388</b>     | <b>551</b>   |
| <b>Hospital Utilization History FY 2012-2015</b> |                                |                                |                |              |
| Prescription Opioid Misuse                       | 43.1%                          | 16.2%                          | 24.1%          | 25.8%        |
| Heroin-Illicit Opioid Misuse                     | 20.8%                          | 2.9%                           | 1.5%           | 4.6%         |
| Average Visits for Any Reason                    | 10.2                           | 26.0                           | 30.1           | 26.5         |
| <b>Demographic Profile</b>                       |                                |                                |                |              |
| White Male Under 25                              | 15.3%                          | 0.0%                           | 2.1%           | 3.4%         |
| White Male 25 to 54                              | 29.2%                          | 7.7%                           | 12.4%          | 13.8%        |
| White Male 55 and Older                          | 8.3%                           | 20.9%                          | 26.3%          | 23.0%        |
| White Female Under 25                            | 5.6%                           | 2.2%                           | 0.5%           | 1.5%         |
| White Female 25 to 54                            | 13.9%                          | 13.2%                          | 11.6%          | 12.2%        |
| White Female 55 and Older                        | 6.9%                           | 34.1%                          | 33.5%          | 30.1%        |
| <i>White Total</i>                               | <i>79.2%</i>                   | <i>78.0%</i>                   | <i>86.3%</i>   | <i>84.0%</i> |
| Nonwhite Male Under 25                           | 0.0%                           | 2.2%                           | 0.0%           | 0.4%         |
| Nonwhite Male 25 to 54                           | 13.9%                          | 1.1%                           | 2.8%           | 4.0%         |
| Nonwhite Male 55 and Older                       | 1.4%                           | 9.9%                           | 3.6%           | 4.4%         |
| Nonwhite Female Under 25                         | 0.0%                           | 1.1%                           | 0.3%           | 0.4%         |
| Nonwhite Female 25 to 54                         | 2.8%                           | 3.3%                           | 3.4%           | 3.3%         |
| Nonwhite Female 55 and Older                     | 2.8%                           | 4.4%                           | 3.6%           | 3.6%         |
| <i>Nonwhite Total</i>                            | <i>20.8%</i>                   | <i>22.0%</i>                   | <i>13.7%</i>   | <i>16.0%</i> |
| <b>Payer Profile</b>                             |                                |                                |                |              |
| Medicare   | 23.6%                          | 53.8%                          | 53.9%          | 49.9%        |
| Medicaid   | 13.9%                          | 14.3%                          | 16.8%          | 16.0%        |
| Commercial                                       | 16.7%                          | 22.0%                          | 18.3%          | 18.7%        |
| Uninsured  | 45.8%                          | 8.8%                           | 8.5%           | 13.4%        |
| Other  | 0.0%                           | 1.1%                           | 2.6%           | 2.0%         |

Source: Hospital Industry Data Institute FY 2016 Inpatient and Outpatient Hospital Discharge Databases

that their addiction began by abusing prescription opioids,<sup>viii</sup> signaling the importance of a statewide prescription drug monitoring program with open access to providers and pharmacists in Missouri. A recent study by GE’s Healthmagination team on the measurement of population health recommends stratification matrices of the health outcome by subgroups of the overall population.<sup>x</sup> Table 1 presents this stratification for individuals with an opioid-related overdose death in a Missouri hospital during FY 2016.

Of the 551 decedents, 25.8 percent had a hospitalization for analgesic opioid misuse during the four-year period leading up to their opioid-related overdose death; an additional 4.6 percent were hospitalized at some point for illicit opioid overuse. The history of opioid abuse was most pronounced for patients who died of an overdose of heroin or synthetic opiates — 43 percent of these patients had a history of analgesic opioid abuse, signaling the relationship between prescription narcotic abuse and eventual substitution with less expensive heroin. A full list of ICD-10

CM codes used to categorize the types of opioid overdose deaths is included in the appendix.

Demographically, 84 percent of opioid-related overdose deaths in Missouri hospitals during FY 2016 were by white patients. Within the three types of overdoses, white males ages 25 to 54 accounted for the most overdose deaths from heroin or synthetic opioid poisonings, but white females ages 55 and older had the most deaths attributed to other opioid poisonings and opioid-related causes.

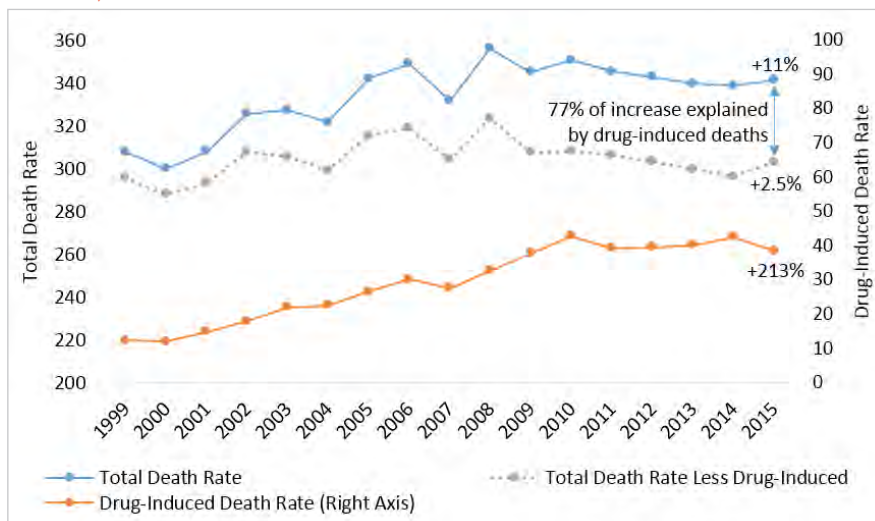
Evaluated by payer, Medicare patients accounted for half of all opioid-related overdose deaths in a Missouri hospital last year. For heroin and synthetic opioid overdose deaths, the decedents were most commonly uninsured at 45.8 percent, enrolled in Medicare at 23.6 percent, or covered by a private commercial health plan at 16.7 percent. Among other opioid poisoning deaths, more than half were covered by Medicare, and more than 1 in 5 had private commercial coverage. A similar pattern was observed for non-poisoning opioid-related deaths.

### Conclusion

The human toll of the opioid crisis in Missouri has been extensive with more than 12,500 “deaths of despair” in the state since 1999, and an additional 551 last year occurring in a hospital setting alone. Opioid-related deaths have hardest hit middle-aged white Missourians, and while socioeconomic data are not available, recent national research suggests within this group, that blue-collar individuals with a high school education or less are most impacted. Similar to the Case-Deaton findings, the overall mortality rate for non-Hispanic white males ages 25 to 54 in Missouri has increased 11 percent since 1999. Removing drug-related deaths from the statistics would have resulted in a 2.5 percent increase over the same period, indicating that drug overdoses caused more than three-quarters of the increased mortality for this cohort in Missouri (Figure 6).

The CDC recommends a variety of evidence-based interventions that states can pursue to minimize the burden of opioid-related overdose deaths.<sup>xi</sup> Statewide PDMPs are among the most effective when deployed with policies that ensure universal use, real-time access to information, active management and limited barriers to use for providers and dispensers.<sup>xii</sup> Missouri remains the only state in the nation without a statewide PDMP.

Figure 6: Death Rates per 100,000 for Non-Hispanic White Males Ages 25-54 in Missouri, 1999-2015



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database.

### Suggested Citation

Reidhead, M. (2017, May). Drug deaths increase among middle-aged, white Missourians. *HIDI HealthStats*. Missouri Hospital Association. Hospital Industry Data Institute. Available at <http://web.mhanet.com/hidi-analytics-research>

- <sup>i</sup> Case, A. & Deaton, A. (2015, December). Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. *Proceedings of the National Academy of Sciences of the United States of America*, 112(49). doi: 10.1073/pnas.1518393112. Retrieved from <http://www.pnas.org/content/112/49/15078.abstract>
  - <sup>ii</sup> Kolata, G. (2015, November 2). Death rates rising for middle-aged white Americans, study finds. *The New York Times*. Retrieved from [https://www.nytimes.com/2015/11/03/health/death-rates-rising-for-middle-aged-white-americans-study-finds.html?\\_r=0](https://www.nytimes.com/2015/11/03/health/death-rates-rising-for-middle-aged-white-americans-study-finds.html?_r=0)
  - <sup>iii</sup> Kolata, G. (2015, November 3). More white people die from suicide and substance abuse: Why? *The New York Times*. Retrieved from <https://www.nytimes.com/2015/11/03/insider/more-white-men-die-from-suicide-and-substance-abuse-why.?action=click&contentCollection=Health&module=RelatedCoverage&region=Marginalia&pgtype=article>
  - <sup>iv</sup> Case, A. & Deaton, A. (2017, March). *Mortality and morbidity in the 21st century*. Retrieved from [https://www.brookings.edu/wp-content/uploads/2017/03/6\\_casedeaton.pdf](https://www.brookings.edu/wp-content/uploads/2017/03/6_casedeaton.pdf)
  - <sup>v</sup> Sources: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved from <http://wonder.cdc.gov/mcd-icd10.html>
- Hospital Industry Data Institute, FY 2016 Hospital Inpatient and Outpatient Discharge Databases.
- Notes: Fiscal year 2016 covers hospital discharges occurring on or between Oct. 1 to Sept. 30, 2015. Historical hospital records for patients with opioid-related overdose deaths during FY 2016 were gathered from HIDI FY 2012-2015 Hospital Inpatient and Outpatient Discharge Databases. The appendix includes a full list of ICD-10 CM codes used to identify opioid-related overdose deaths.
- <sup>iv</sup> Missouri Department of Health and Senior Services Bureau of Vital Statistics. (2015, December). *Accidental drug poisoning deaths with heroin involvement in Missouri*. Retrieved from <http://health.mo.gov/data/focus/pdf/AccidentalDrugPoisoningDeaths2015.pdf>
  - <sup>vii</sup> Bogan, J. (2017, February 20). A mass killer: St. Louis heroin deaths hit new high. *St. Louis Post-Dispatch*. Retrieved from [http://www.stltoday.com/news/local/metro/a-mass-killer-st-louis-heroin-deaths-hit-new-high/article\\_2fd6130c-3c35-524a-891e-e51eff2e40b4.html](http://www.stltoday.com/news/local/metro/a-mass-killer-st-louis-heroin-deaths-hit-new-high/article_2fd6130c-3c35-524a-891e-e51eff2e40b4.html)
  - <sup>viii</sup> Heroin overdose data. (2017, January). Retrieved from <https://www.cdc.gov/drugoverdose/data/heroin.html>
  - <sup>ix</sup> Reported law enforcement encounters testing positive for fentanyl increase across US. (2016, August). Retrieved from <https://www.cdc.gov/drugoverdose/data/fentanyl-le-reports.html>
  - <sup>x</sup> Vuik, S., Siegel, S. & Darzi, A. (2017, March 17). How should we measure the distribution of health in a population? [Blog post]. Retrieved from <http://healthaffairs.org/blog/2017/03/17/how-should-we-measure-the-distribution-of-health-in-a-population/>
  - <sup>xi</sup> Promising state strategies. (2016, June). Retrieved from <https://www.cdc.gov/drugoverdose/policy/index.html>
  - <sup>xii</sup> What states need to know about PDMPs. (2016, March). Retrieved from <https://www.cdc.gov/drugoverdose/pdmp/states.html>



HOSPITAL INDUSTRY DATA INSTITUTE  
The Data Company of the Missouri Hospital Association

© 2017 Hospital Industry Data Institute  
P.O. Box 60  
Jefferson City, MO 65102-0060

*New York Times – April 1, 2017*

## Who Needs Charters When You Have Public Schools Like These?

[David L. Kirp](#)



Starting in kindergarten, the students in the Union Public Schools district in Tulsa, Okla., get a state-of-the-art education in science, technology, engineering and math. Credit Andrea Morales for The New York Times

TULSA, Okla. — The class assignment: Design an iPad video game. For the player to win, a cow must cross a two-lane highway, dodging constant traffic. If she makes it, the sound of clapping is heard; if she's hit by a car, the game says, "Aw."

"Let me show you my notebook where I wrote the algorithm. An algorithm is like a recipe," Leila, one of the students in the class, explained to the school official who described the scene to me.

You might assume these were [gifted students](#) at an elite school. Instead they were 7-year-olds, second graders in the Union Public Schools district in the eastern part of Tulsa, Okla., where more than a third of the students are Latino, many of them English language learners, and 70 percent receive free or reduced-price lunch. From kindergarten through high school, they get a

state-of-the-art education in science, technology, engineering and math, the STEM subjects. When they're in high school, these students will design web pages and mobile apps, as well as tackle cybersecurity and artificial intelligence projects. And STEM-for-all is only one of the eye-opening opportunities in this district of around 16,000 students.

Betsy DeVos, book your plane ticket now.

Ms. DeVos, the new secretary of education, dismisses public schools as too slow-moving and difficult to reform. She's calling for the expansion of supposedly nimbler charters and vouchers that enable parents to send their children to private or parochial schools. But Union shows what can be achieved when a public school system takes the time to invest in a culture of high expectations, recruit top-flight professionals and develop ties between schools and the community.

Union has accomplished all this despite operating on a miserly budget. Oklahoma has the dubious distinction of being first in the nation in cutting funds for education, three years running, and Union spends just \$7,605 a year in state and local funds on each student. That's about a third less than the national average; New York State spends three times more. Although contributions from the community modestly augment the budget, a Union teacher with two decades' experience and a doctorate earns less than \$50,000. Her counterpart in Scarsdale, N.Y., earns more than \$120,000.

"Our motto is: 'We are here for all the kids,' " Cathy Burden, who retired in 2013 after 19 years as superintendent, told me. That's not just a feel-good slogan. "About a decade ago I called a special principals' meeting — the schools were closed that day because of an ice storm — and ran down the list of student dropouts, name by name," she said. "No one knew the story of any kid on that list. It was humiliating — we hadn't done our job." It was also a wake-up call. "Since then," she adds, "we tell the students, 'We're going to be the parent who shows you how you can go to college.' "

Last summer, Kirt Hartzler, the current superintendent, tracked down 64 seniors who had been on track to graduate but dropped out. He persuaded almost all of them to complete their coursework. "Too many educators give up on kids," he told me. "They think that if an 18-year-old doesn't have a diploma, he's got to figure things out for himself. I hate that mind-set."

This individual attention has paid off, as Union has defied the demographic odds. In 2016, the district had a high school graduation rate of 89 percent — 15 percentage points more than in 2007, when the community was wealthier, and 7 percentage points higher than the national average.

The school district also realized, as Ms. Burden put it, that "focusing entirely on academics wasn't enough, especially for poor kids." Beginning in 2004, Union started revamping its schools into what are generally known as community schools. These schools open early, so parents can drop off their kids on their way to work, and stay open late and during summers. They offer students the cornucopia of activities — art, music, science, sports, tutoring — that middle-class families routinely provide. They operate as neighborhood hubs, providing families with access to a health care clinic in the school or nearby; connecting parents to job-training opportunities;

delivering clothing, food, furniture and bikes; and enabling teenage mothers to graduate by offering day care for their infants.

Two fifth graders guided me around one of these community schools, Christa McAuliffe Elementary, a sprawling brick building surrounded by acres of athletic fields. It was more than an hour after the school day ended, but the building buzzed, with choir practice, art classes, a soccer club, a student newspaper (the editors interviewed me) and a garden where students were growing corn and radishes. Tony, one of my young guides, performed in a folk dance troupe. The walls were festooned with family photos under a banner that said, “We Are All Family.”

This environment reaps big dividends — attendance and test scores have soared in the community schools, while suspensions have plummeted.

The district’s investment in science and math has paid off, too. According to Emily Lim, who runs Union’s STEM program, the district felt it was imperative to offer STEM classes to all students, not just those deemed gifted.

Photo



Students congregate at the start of the Global Gardens after school program at Union Public Schools district’s Christa McAuliffe Elementary School in Oklahoma. Credit Andrea Morales for The New York Times

In one class, I watched eighth graders create an orthotic brace for a child with cerebral palsy. The specs: The toe must be able to rise but cannot fall. Using software that's the industry standard, 20 students came up with designs and then plaster of Paris models of the brace.

"It's not unusual for students struggling in other subjects to find themselves in the STEM classes," Ms. Lim said. "Teachers are seeing kids who don't regard themselves as good readers back into reading because they care about the topic."

A fourth grader at Rosa Parks Elementary who had trouble reading and writing, for example, felt like a failure and sometimes vented his frustration with his fists. But he's thriving in the STEM class. When the class designed vehicles to safely transport an egg, he went further than anybody else by giving his car doors that opened upward, turning it into a little Lamborghini. Such small victories have changed the way he behaves in class, his teacher said — he works harder and acts out much less.

Superintendents and school boards often lust after the quick fix. The average urban school chief lasts around three years, and there's no shortage of shamans promising to "disrupt" the status quo.

The truth is that school systems improve not through flash and dazzle but by linking talented teachers, a challenging curriculum and engaged students. This is Union's not-so-secret sauce: Start out with an academically solid foundation, then look for ways to keep getting better.

Union's model begins with high-quality prekindergarten, which enrolls almost 80 percent of the 4-year-olds in the district. And it ends at the high school, which combines a collegiate atmosphere — lecture halls, student lounges and a cafeteria with nine food stations that dish up meals like fish tacos and pasta puttanesca — with the one-on-one attention that characterizes the district.

Counselors work with the same students throughout high school, and because they know their students well, they can guide them through their next steps. For many, going to community college can be a leap into anonymity, and they flounder — the three-year graduation rate at Tulsa Community College, typical of most urban community colleges, is a miserable 14 percent. But Union's college-in-high-school initiative enables students to start earning community college credits before they graduate, giving them a leg up.

The evidence-based pregnancy-prevention program doesn't lecture adolescents about chastity. Instead, by demonstrating that they have a real shot at success, it enables them to envision a future in which teenage pregnancy has no part.

"None of this happened overnight," Ms. Burden recalled. "We were very intentional — we started with a prototype program, like community schools, tested it out and gradually expanded it. The model was organic — it grew because it was the right thing to do."

Building relationships between students and teachers also takes time. "The curriculum can wait," Lisa Witcher, the head of secondary education for Union, told the high school's faculty last fall. "Chemistry and English will come — during the first week your job is to let your students know you care about them."

That message resonated with Ms. Lim, who left a job at the University of Oklahoma-Tulsa School of Community Medicine and took a sizable pay cut to work for Union. “I measure how I’m doing by whether a girl who has been kicked out of her house by her mom’s boyfriend trusts me enough to tell me she needs a place to live,” she told me. “Union says, ‘We can step up and help.’ ”

Under the radar, from Union City, N.J., and Montgomery County, Md., to Long Beach and Gardena, Calif., school systems with sizable numbers of students from poor families are doing great work. These ordinary districts took the time they needed to lay the groundwork for extraordinary results.

Will Ms. DeVos and her education department appreciate the value of investing in high-quality public education and spread the word about school systems like Union? Or will the choice-and-vouchers ideology upstage the evidence?

[David L. Kirp](#) is a professor at the University of California, Berkeley, a senior fellow at the Learning Policy Institute and a contributing opinion writer.

*Follow The New York Times Opinion section on [Facebook](#) and [Twitter](#) (@NYTOpinion), and sign up for the [Opinion Today newsletter](#).*



*Kansas City Star – April 12, 2017*

## **Philanthropists tap the village to raise student performance in Kansas City schools**

By Mará Rose Williams

There's a new nonprofit in town, and it's going after public schools in Kansas City with more than \$50 million to help improve student performance within the next decade.

SchoolSmartKC is a collaboration funded by the Kauffman Foundation, the Hall Family Foundation and the Walton Family Foundation. Its goal is to close the achievement gap in public schools in Kansas City.

In a statement Tuesday, SchoolSmartKC said it wants "to double the percentage of Kansas City schools and students that demonstrate performance at or above the state level over the next 10 years." The effort is targeting Kansas City Public Schools and public charter schools within the city's district boundaries.

Partnering with the district, charters, faith groups, social services and the business community, SchoolSmartKC intends to focus on three key strategies:

- Increase parent engagement in city schools.
- Link schoolchildren with social service agencies that would help repair social challenges outside the school that affect pupil performance in the classroom.
- Serve as an unyielding voice communicating the needs of schools in Kansas City with state officials responsible for setting policy that affects K-12 education across Missouri.

At the Tuesday evening SchoolSmartKC launch, the nonprofit announced the first of three financial investments it will make this month.

An initial grant of more than \$563,000 is to be spent over two years creating new support programs for low-income students at six Kansas City district schools and four charter schools through a program called Communities In Schools. Two other investments, to total about \$3.4 million, will be announced later in April.

School-to-community coordinators will be placed in charters — Alta Vista High School, Benjamin Banneker Elementary, Frontier School of Excellence and Crossroads — and district schools — Central Academy of Excellence, Central Middle School, George Melcher Elementary School, Northeast High School, Northeast Middle School and Kansas City Neighborhood Academy, which is a district-sponsored charter.

"We are excited to be part of a conversation that brings all education stakeholders together to find common ground and solutions for kids," Dean Johnson, executive director of Crossroads Charter Schools, said in a statement.

Coordinators, working with services already in schools, such as Mayor Sly James' Turn the Page KC and AmeriCorps' red-jacket-wearing City Year volunteers, will help identify students with

out-of-school challenges including poverty, health and violence in the home. They will then find the appropriate social services and link them to the child and the family.

“Then the schools can focus on what it is they are there to do — educate the students. And the students are in a better place to learn,” said Awais Sufi, president and CEO of SchoolSmartKC.

“My goal as superintendent is to ensure that we have quality seats for every single kid in this city, and SchoolSmartKC is providing a real opportunity for us to work together to demonstrate that the education landscape in Kansas City is a model for the country,” said Kansas City Public Schools Superintendent Mark Bedell.

Sufi, a Topeka native, left a leadership position with the International Youth Foundation in Washington to run the new Kansas City charity. Since November 2015, he has been meeting with local education stakeholders to establish a framework for the nonprofit.

SchoolSmartKC will first assess which schools are already performing above state levels, which are just under the mark and which are fairly far behind and then figure out what each school needs to pull performance up.

Over 10 years, SchoolSmartKC expects to invest \$56 million in schools in Kansas City. The first 10 schools are expected to act as pilots generating data and best-practice information, Sufi said. And “hopefully this will initiate a set of models that can be expanded throughout the city.”

Mará Rose Williams: [816-234-4419](tel:816-234-4419), [@marawilliamskc](https://www.instagram.com/marawilliamskc)

## **SchoolSmartKC Launches as Independent Collaborative to Support Quality in Kansas City Schools**

*Initial \$563,000 Grant Supports Low-Income Students at 10 Schools*

**KANSAS CITY, Mo., (April 11, 2017)** – SchoolSmartKC launches today as an education organization dedicated to closing the achievement gap in the Kansas City public school system in the next 10 years.

The new nonprofit seeks to double the percentage of Kansas City schools and students that demonstrate performance at or above the state level over the next 10 years. SchoolSmartKC’s collaborative approach includes engagement from all education stakeholder groups in Kansas City, including parents, teachers and administrators at both Kansas City Public Schools (KCPS) and charter schools.

“Every student in the Kansas City public school system deserves the opportunity to achieve success in education, work and life after high school,” said Awais Sufi, President and CEO of SchoolSmartKC. “Working together as a community, we can focus our collective energies and financial support to expand and fortify quality schools and bring meaningful improvements in lower performing schools.”

SchoolSmartKC will utilize three key strategies to close the achievement gap in Kansas City:

- **Better parent engagement:** Cultivating a robust constituency of parents that are informed about school quality and empowered to take action
- **Direct investments in schools:** Making substantial, coordinated investments to expand and fortify quality school offerings, while also supporting the improvement of schools that can and should do better
- **Support pro-student policies:** Serving as an unyielding voice insisting on a quality education for all students in the area and supporting practical policy changes needed for sustained improvement

SchoolSmartKC announced its first direct investment, an initial grant of over \$563,000 over two years, to create new support programs for low-income students at six KCPS schools and four charter schools through a research-based program called Communities in Schools (CIS). CIS will place site coordinators at each of the ten schools to develop and coordinate services needed by low-income students to ensure they overcome both academic and non-academic barriers to achievement. Assistance provided includes support for clothing, nutrition, healthcare,

transportation and more. The 10 schools, together enrolling over 3,600 students, include:

- Alta Vista High School
- Benjamin Banneker Elementary School
- Central Academy of Excellence
- Central Middle School
- Crossroads Charter Schools
- Frontier School of Excellence
- George Melcher Elementary School
- Kansas City Neighborhood Academy
- Northeast High School
- Northeast Middle School

SchoolSmartKC intends to announce two additional, significant investments in the coming weeks. Combined with the CIS announcement today, SchoolSmartKC will donate roughly \$3.3 million to schools and programs in the coming weeks to help close the achievement gap.

“My goal as Superintendent is to ensure that we have quality seats for every single kid in this city and SchoolSmartKC is providing a real opportunity for us to work together to demonstrate that the education landscape in Kansas City is a model for the country,” said KCPS Superintendent Mark Bedell.

“We are excited to be part of a conversation that brings all education stakeholders together to find common ground and solutions for kids,” added Dean Johnson, Executive Director of Crossroads Charter Schools.

SchoolSmartKC was incubated out of the Kauffman Foundation and is funded by the Hall Family Foundation, the Walton Family Foundation and the Kauffman Foundation. It is an independent 501(c)3 organization.

###

**Media Contact:**

Amy Jordan Wooden

816-668-6946

[amy@ajwconsulting.us](mailto:amy@ajwconsulting.us)

## Editorial: Winners, losers and lessons from Kansas City's election are clear

Kansas Citians are still catching their breath after Tuesday's stunning municipal election. It was a big day for "yes."

[Voters overwhelmingly approved three separate tax increases for three bond issues totaling \\$800 million over 20 years.](#) They said yes to a [one-eighth cent, 10-year sales tax for improvements along the Prospect Corridor.](#) And they [reduced penalties for minor marijuana possession.](#)

More fundamentally, the voters strongly endorsed the broad direction of their city. There were many winners at the polls Tuesday, and a few non-winners:

Winners:

- **[Mayor Sly James](#):** The popular city leader staked his reputation on the three bond questions, campaigning tirelessly for their passage. James deserves credit for pushing the plan through the City Council and selling it to voters.
- **[City Manager Troy Schulte](#):** The city manager will have to make the plan work. Voters said they trust him to do so, a remarkable vote of confidence for someone in a pretty difficult job.
- **The petition process:** Hoping for a change in city policy? Get out your clipboard. The One City sales tax increase and the marijuana penalties question were both put on the ballot by petitioners. The campaigns for the two issues were small, too, and inexpensive.

Ordinary Kansas Citians have a greater chance than ever to make laws. They should seize that opportunity in the months ahead.

- **[The animal rights community](#):** After complaining about the city's shelter for years, animal rights activists shoehorned a new facility onto the bond issue ballot. They worked hard, and Question 3 passed easily.
- **[NORML](#):** Supporters of easing marijuana laws scored an impressive victory at the polls. Question 5 passed with the biggest margin of all. It's a clear message to officeholders across the state: Citizens are far ahead of where you are on pot possession and use.
- **Campaign consultants:** Longtime strategist Steve Glorioso and other consultants knew which buttons to push, and when, and where. Glorioso has worked campaigns for decades, but Tuesday's win might have been one of his greatest triumphs.
- **[Freedom, Inc.](#), and urban center affiliates:** A citywide sales tax for economic development seemed implausible just a few months ago. But urban voters turned out in sufficient numbers to pass the plan, and they were aided by wealthier voters who responded favorably to the One City argument.

- **KCI and the streetcar:** Plans to overhaul Kansas City International Airport will now proceed and should be wrapped up, we think, by the end of the summer. Let's ask voters for their views this year, before election-year politics intervene.

Expanding the streetcar south now seems more likely, too.

Non-winners:

- **The anti-tax crowd:** Kansas Citians opposed to just about everything assemble every time there's a ballot question. Their arguments are important: City Hall should never get a free pass to raise taxes or spend money.

But anti-tax gadflies are almost always hindered by a reliance on half-truths, misinformation, hyperbole and illogic. And sometimes bigotry: A last-minute radio ad, aired more than 100 times at a cost of \$10,000, referred to "hoodrats" on the city's streetcar system.

Kansas City's voters firmly and properly rejected the ad and the message of the people behind it.

- **President Donald Trump:** Surprised? Turnout Tuesday was nearly twice as large as it was in the 2015 mayor's race. Call that energy the Trump effect. The electorate is paying attention.

That's a lesson politicians ignore at their peril.

# LINC Chess

## T O U R N A M E N T



**Saturday, May 13**  
**Check-in: 8-9 am**

Pre-register at [kclinc.org/chess](http://kclinc.org/chess) by Wednesday, May 10 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! **All participants must play for the school they attend.**

## Center High School

8715 Holmes Rd, Kansas City, MO 64131

### 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.

### Divisions:

K-2, K-5, K-8, and K-12

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

### Awards:

Top seven players in each division and top three teams will receive trophies. Each player will receive a medal.

### Lunch:

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

### For more information:

Ken Lingelbach, LINC Chess Coordinator  
[klingelbach@kclinc.org](mailto:klingelbach@kclinc.org), (816) 650-7525



In partnership with the  
Center School District

Like Us!



/ LINCchess

Follow Us!



@ LINCchess

On the web!

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



Learn Their Stories  
[kclinc.org/blackhistorystories](http://kclinc.org/blackhistorystories)

