



Community Health Assessment 2009

City of Independence
Missouri

INDEPENDENCE

HEALTH

DEPARTMENT



Public Health
Prevent. Promote. Protect.

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City Description

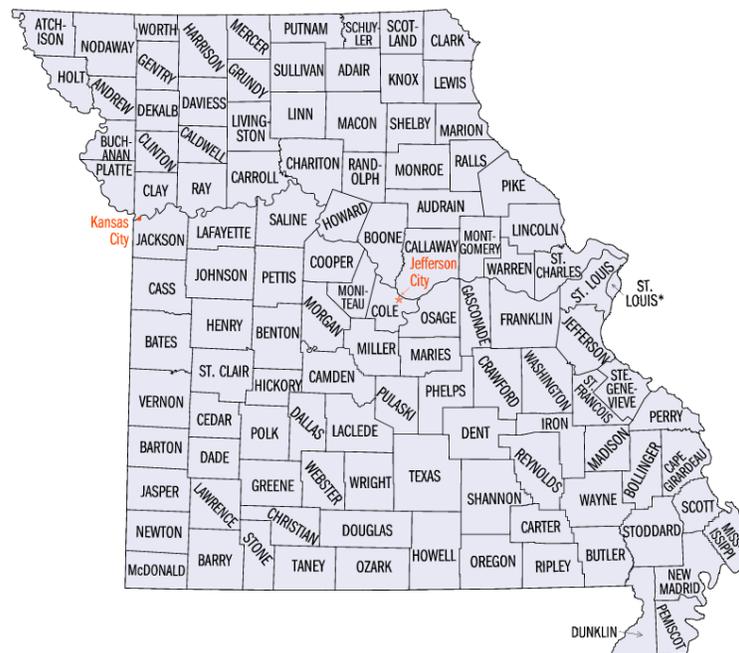
Independence is the fourth largest city in the state of Missouri, encompasses over 78 square miles and has a current population of approximately 115,000. It is the county seat of Jackson County, which has a total population of 660,095 people. The Kansas City metropolitan area encompasses 11 counties and has a total population of 1.925 million.

Independence residents enjoy over 40 parks, excellent schools and outstanding shopping facilities that offer a wide variety of choices ranging from the historic Independence Square to one of the finest malls in the surrounding area.

Independence is also a city with many opportunities for business and economic development. The development of the Little Blue Valley in the eastern part of the city has already brought new jobs and career opportunities. An estimated 5,000 new jobs will also be created in the next 20 years, bringing 20,000 new residents to Independence. Redevelopment is also occurring in the older, more established western sections of the city.

Independence enjoys four distinct seasons, with none being overly severe. The coldest month is January with an average temperature of 35 degrees F, and the warmest month is July with an average temperature of 89 degrees F. Independence averages 34.1 inches of rain and 20.2 inches of snow per year. The driest month is February and the wettest is June. The city of Independence lies 1,000 feet above sea level.

Source: US Census Bureau and Independence Chamber of Commerce



Source: US Census Bureau map of Missouri by counties

City Description

Selected Demographics

The table below portrays key demographic information about the City of Independence and how it compares to Missouri.

Selected Demographic Statistics, 2006 Estimates					
Independence	119,158	%	Missouri	5,842,713	%
White	105,778	88.8	White	4,905,832	84.0
African American	5,289	4.4	African American	661,535	11.3
Hispanic	7,601	6.4	Hispanic	160,898	2.8
Female	61,775	51.8	Female	2,990,882	51.2
Male	57,383	48.2	Male	2,851,831	48.8
Median Family Income	\$51,541	-	Median Family Income	\$53,026	-
Per Capita Income	\$21,912	-	Per Capita Income	\$22,916	-
Median HH Income	\$40,960	-	Median HH Income	\$42,841	-

Source: US Census Bureau

Age Distribution

The majority of Independence's population race is White (88.8%) then Hispanic (6.4%) and African Americans (4.4%) make up the smallest percent of the population when comparing these races alone.

The ratio of men to women is very comparable and is also very similar to Missouri's ratio.

In regards to income, the median family income, per capita income and median household income are all slightly lower than Missouri's average.

Independence has the highest percent of the population within the ages of 40 to 49 years old. There is a steady decline in the percent of the population over 50 years of age. Also, before 40 years of age, the smallest percent of the population is between the ages of 20 to 24.

Subject	Total	Male	Female
AGE			
Under 5 years	7.30%	9.40%	5.30%
5 to 9 years	6.80%	8.00%	5.70%
10 to 14 years	6.50%	7.20%	5.90%
15 to 19 years	6.20%	6.70%	5.70%
20 to 24 years	4.80%	4.40%	5.20%
25 to 29 years	6.60%	6.20%	7.10%
30 to 34 years	5.50%	4.90%	6.00%
35 to 39 years	6.20%	5.80%	6.50%
40 to 44 years	8.30%	6.70%	9.80%
45 to 49 years	8.30%	9.20%	7.60%
50 to 54 years	6.60%	7.40%	5.90%
55 to 59 years	5.90%	5.10%	6.70%
60 to 64 years	5.10%	5.80%	4.40%
65 to 69 years	4.00%	3.40%	4.60%
70 to 74 years	3.90%	3.90%	3.90%
75 to 79 years	3.00%	2.80%	3.10%
80 to 84 years	3.00%	2.00%	3.80%
85 years and over	1.90%	1.00%	2.80%

Source: US Census Bureau

Population Change from 2000 to 2006

A comparison between the 2000 census and the 2006 population estimate indicates that Independence has had a decrease in the percentage of people within the age groups 20-44 and an increase in the percentage of people within the age groups 45-64. The 2006 population estimate indicates that the population of Independence residents who are Black or African American, and a race other than White, American Indian, Asian, or Pacific Islander has increased since 2000.

From the 2000 census to the 2005-2007 American Community Survey, the overall population of Missouri increased. The percentage of the total population that are males increased and the percentage of females decreased. The median age of Missouri residents increased from 36.1 to 37.3. In regards to race and ethnicity in Missouri, the percentage of White residents decreased and the percentage of Black or Asian have increased. (US Census Bureau)

City Description

Types of Employment

In 2006, the City of Independence's leading industries for the employed population 16 years and older were educational services, healthcare, social assistance and retail trade. Educational services, healthcare and social assistance all had the highest percent employed with 17% of the population employed in those fields. Retail trade was the second leading industry with 13% of the employed population. (US Census Bureau)

When looking at the workforce by occupation, the two most common categories of occupations for Independence residents are sales and office occupations (28.6%) and management, professional and related occupations (26.9%) totaling over 50% of the workforce.

Workforce by Occupation in 2006				
Occupation	Independence		Missouri	
	#	%	#	%
Management, professional & related occupations	15,290	26.9	895,021	31.5
Service occupations	7,361	12.9	463,004	15.0
Sales and Office occupations	16,259	28.6	743,532	26.9
Farming, Fishing & Forestry occupations	N	0.0	17,683	0.6
Construction, extractions & maintenance occupations	7,580	13.3	279,276	9.8
Productions, Transportation & material moving occupations	10,444	18.3	402,929	16.3

Source: MCDC Demographic Profile; Missouri 2006 American Community Survey

In October 2008, the following unemployment rates were reported:

	2007 (%)	2008 (%)	% Difference
Jackson County	6.0	7.2	-1.2
Kansas City metro area	5.6	6.5	-0.9
State of Missouri	5.1	6.1	-1.0
United States	4.4	6.1	-1.7

Source: Missouri Department of Economic Development

Independence businesses employ many residents in service, trade and manufacturing sectors, with high growth continuing in the retail sector as well. Residents are within commuting distance to business and manufacturing districts in the Greater Kansas City metropolitan area. (Independence Chamber of Commerce)

City Description

Education

The City of Independence has a student enrollment of approximately 15,000 pupils, served by five school districts. Independence takes great pride in the high quality educational programs that is provided for the students. The school districts include: Independence, Blue Springs, Fort Osage, Kansas City and Raytown. (City of Independence)

Public School Districts that Serve Independence (2008-2009)		
School District	# Students	# Teachers
Independence	11,420	934
Blue Springs	13,899	1,063
Fort Osage	4,913	409
Kansas City	22,262	2,158
Raytown	8,819	690
TOTAL	61,313	5,254

Source: Self- Reported

Private Schools (2008-2009)		
Private School	# Students	# Teachers
St. Mary's High School	178	14
Nativity of Mary	245	16
CPRS	264	10
Tri City	263	15
Messiah Lutheran	132	10
Family Christian Academy	45	7
The School House	28	3
TOTAL	1,155	82

Source: Self- Reported

Private, public, community college, university-level education and vocational training are all readily available in Independence. The metro area's adult population continues to excel in education. Kansas City is above the national average for high school and college graduates. The Independence and Fort Osage school districts serve the majority of Independence residents; however, some students may attend Blue Springs, Kansas City or Raytown schools. (Independence Chamber of Commerce)

City Description

In 2006, 88% of the population in Independence 25 years and over had at least graduated from high school, which is an increase of 5.1% since 2000. In addition, 18% had a bachelor's degree or higher which increased from 15.2% in 2000. In comparison, Kansas City had 86% of people 25 years and over that at least graduated from high school and 29% that had a bachelor's degree in 2006.

Independence School District					
	2004	2005	2006	2007	2008
Number of Graduates	699	712	738	701	698
Graduation Rate	76.8	84.4	81	82.7	84.9
Percent of Graduates Entering College	72.0	65.3	70	68.2	64.2
Percent of Graduates Scoring at or Above the National Average on the ACT	26	29.4	30.2	30.9	26.9
Pupil/Regular Classroom Teacher Ratio Excludes Spec. Ed., Remedial Read., Chapter I, & Vocational Teachers	20/1	19/1	19/1	19/1	19/1

Source: DESE

The Independence School District had 698 students graduate in 2008, which is less than the previous four years. Although the graduation rate increased by a rate of 2.2, the rate of graduates entering college is only 64.2. When comparing males to females in the Independence School District, males have a higher dropout rate than females and the dropout rate for females continually decreases. Independence has a dropout rate of 3.4 which is less than the total Missouri rate of 4.2.

School District Data, 2008 Graduates							
	% College (4yr or 2yr)	% Post Secondary (Non- College) Institution	% Entering Workforce	% Military	% Other	% Dropouts	Pupil/Regular Classroom Teacher Ratio
Independence	64.2	4.7	22.2	3.7	0.7	3.4	19/1
Blue Springs	81.6	0.2	12.8	4.0	1.5	1.7	20/1
Kansas City	36.9	2.7	16.2	0.1	0.0	41.2	15/1
Lee's Summit	74.8	0.8	12.4	1.8	3.4	1.3	19/1
Liberty	87.1	1.9	9	1.0	0.0	1.6	17/1

Source: DESE

City Description

Poverty

In 2006, over 15,000 (13%) Independence residents were below poverty level. Eleven percent of all families and 31% of families with a female householder and no husband present had incomes below the poverty level. The most common age group below poverty level are those residents that are younger than 18. As the population age increases, the % below the poverty level decreases. There is a slightly higher percentage of female residents below poverty level than there are males. Trends show that the more education one receives the less likely they are to fall below poverty level.

Since the year 2000, Independence has shown increased percentages of people living in poverty. In 2000, 8.6% of the population was in poverty. Of the 8.6% below poverty level, 11.8 % of related children under 18, 6.7% over the age of 65 and 21.5% of families with a female householder and no husband present had incomes below the poverty level.

Independence does have lower percentages than of neighboring Kansas City. According to the 2006 estimates Kansas City had 19% of its population in poverty, 30% of related children under 18, 12% over the age of 65 and 36% with a female householder and no husband present all had incomes below the poverty level. (US Census Bureau)

Independence Poverty Status in the Past 12 Months, 2006		
	Number of Residents below Poverty Level	% of Residents below Poverty Level
Less than high school graduate	1,762	18.6
High School graduate	3,187	10.6
Some college, associate's degree	1,551	5.8
Bachelor's degree or higher	444	3.1
Currently Employed	3,782	6.6
Currently Unemployed	1,927	50.9
Worked full-time, year round in the past 12 months	851	2.1
Worked part-time or part-year in the past 12 months	4,833	20.8
Did not work in the past 12 months	4,047	13.9

Source: US Census Bureau

Juvenile Crime Rates

Juvenile crimes are defined as crimes committed by persons under the age of 18. The data below are total arrests for each type of crime.

Type of Crime	2006	2007	% Difference
Homicide	0	0	0
Forced Rape	2	0	-100
Robbery	9	8	-11.1
Aggravated Assault	29	18	-37.9
Burglary	31	25	-19.4
Larceny	590	624	5.8
Auto Theft	21	22	4.8
Arson	19	2	-89.5
Totals	701	699	-0.3

Source: Uniform Crime Reporting Statistical Query from the Missouri State Highway Patrol Statistical Analysis Center.

The overall total of juvenile crime has increased from 2006 to 2007. Above, the chart shows over the last three years there has been an increase in larceny and auto theft. Larceny increased 5.1% from 2006 to 2007. All other types of crime arrests have shown a decrease from 2005 to 2007. Arson decreased 89% from 2006 to 2007.

Adult Crime Rates

The data to the right is the total arrests for each type of crime committed by persons 18 and over.

Crime rate arrests for people 18 years old and over overall have shown an increase from 2005 to 2007. Burglary, larceny, auto theft and arson all showed an increase since 2006. Robbery, aggravated assault, and forced rape have decreased from 2005-2007. Forced Rape has decreased 60% from 2006 to 2007.

Type of Crime	2005	2006	2007
Homicide	4	7	6
Forced Rape	4	7	3
Robbery	24	24	20
Aggravated Assault	182	159	135
Burglary	83	64	69
Larceny	1,119	1,102	1,210
Auto Theft	31	186	230
Arson	7	1	2
Totals	1,454	1,550	1,675

Source: Uniform Crime Reporting Statistical Query from the Missouri State Highway Patrol Statistical Analysis Center.

Public Safety

These are all cases that were reported for different types of offenses but arrests were not necessarily made.

Type of Offense	2006	2007	% Difference
Homicide	2	7	250
Forced Rape	56	41	-26.8
Robbery	138	154	11.6
Aggravated Assault	612	631	3.1
Burglary	1,236	1,304	5.5
Larceny	5,538	5,547	0.16
Auto Theft	834	1,082	29.7
Arson	40	35	12.5
Totals	8,456	8,801	4.1

Source: Uniform Crime Reporting Statistical Query from the Missouri State Highway Patrol Statistical Analysis Center.

Rape and Arson cases in Independence have decreased from 2006 to 2007. Homicide, robbery, aggravated assault, burglary, larceny and auto theft cases in the City of Independence have increased from 2006 to 2007. Auto theft has also increased 23% from 2006 to 2007 while forced rape has decreased 29% from 2006 to 2007.

Alcohol/ Drug Related Traffic

Alcohol/ Drug Related Traffic			
	Pending	Filed	Disposed
Independence	6,080	565	608
Blue Springs	341	412	338
Lee's Summit	304	379	403
Sugar Creek	32	40	39

Source: Highway Safety report - Municipal Division FY-2007

Domestic Violence

Crimes involving domestic violence (The statistics shown are the results of Crime Analysis reports run on January 5, 2006. Some numbers for 2005 may vary slightly, depending upon any possible reclassification of some reports for December, 2005.)

	2001	2002	2003	2004	2005
Offense Reports	1,747	1,742	1,859	2,020	1,963
Common Assaults	1,057	1,124	1,170	1,248	1,217
Aggravated Assaults	101	133	179	159	168

Source: Independence Police Department

Adult Abuse

1996-2006	Independence # of Events	Independence Age-Adjusted Rate	Missouri Age-Adjusted Rate
Deaths	0	0.0	0.0
Hospitalizations	7	0.1	0.1
ER Visits	315	0.3	0.2

(Emergency Room rates are per year per 1,000 population and are age-adjusted to the U.S. 2000 standard population)
Source: MICA

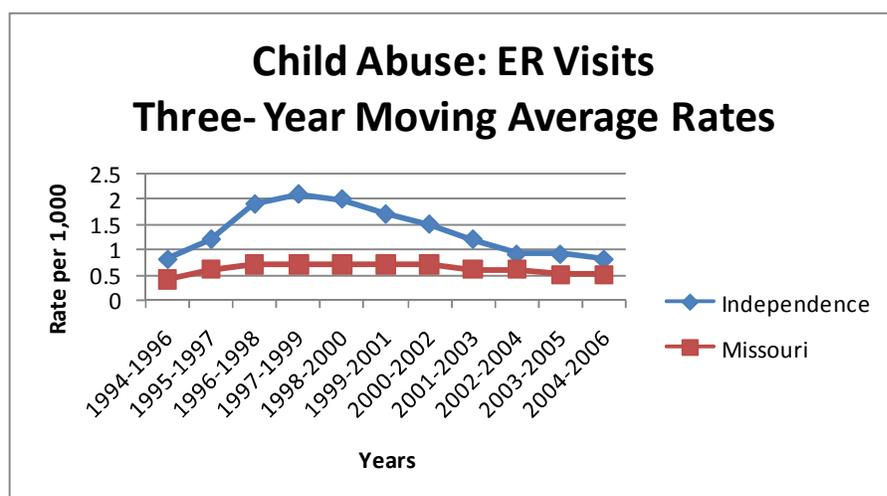
Emergency room visits in Independence for adult abuse was comparable to the Missouri rate. Missouri's rate trend shows a statistically significant increase from 1994-2006.

Child Abuse

1996-2006	Independence # of Events	Independence Age-Adjusted Rate	Missouri Age-Adjusted Rate
Deaths	0	0.0	0.1
Hospitalizations	38	1.3	0.7
ER Visits	408	1.4	0.6

(Death rates are per year per 100,000 population and are age-adjusted to the U.S. 2000 standard population. Hospitalization rates are per year per 10,000 population and are age-adjusted to the U.S. 2000 standard population. Emergency Room rates are per year per 1,000 population and are age-adjusted to the U.S. 2000 standard population.)
Source: MICA

Emergency room visits and hospitalizations for child abuse in Independence were both significantly higher than the state rate.



Source: MICA

Housing

Approximately 21.7% of Independence housing was built before the 1950's. The majority of the older housing in Independence is located west of Noland Road. Much of this housing is rentals and is populated by low to lower-middle income families.

Independence Housing Characteristics, 2006 Estimates		
Housing Type	Number	%
Occupied housing units	50,247	93.9
Family Households	31,504	62.7
Nonfamily Households	18,742	37.3
Mobile Homes	1,105	2.2

Source: US Census Bureau; 2006 American Community Survey

Lead

There were 1,654 lead tests performed on individuals in the months of January through December of 2008, compared to 1,103 tests performed in the months of January through November. Some of these tests may have been repeat tests. Of those tested 0.12% or 2 out of 1,654 had levels of 10 or above which is less than the previous two years. Also, 8% or 131 out of 1,654 had levels above 5 or more.

If the levels are less than 10, there is a reassessment in a year and no action is required. Levels that range from 10-19, there is a retest in 2-3 months, education is provided and sometimes they are referred to social services. When lead levels are over 19, the state comes and determines the source of the exposure.

Environmental Health

Water

The City of Independence Water Department is committed to providing the highest quality product to residents at the most reasonable cost. The Water Department believes every aspect of their contact with residents is a part of the product, including water treatment, service, billing and distribution.

The City of Independence supplies water to about 250,000 people, including residents of Independence and 11 wholesale customers.

The water is supplied from 40 wells located at the Courtney Bend Water Treatment Plant. The well water is softened and disinfected at the treatment plant and exceeds all federal, state, and local quality regulations.

Independence has a Wellhead Protection Plan in place for the area surrounding well fields, but various jurisdictions control land use and the plant is not located in the City of Independence. According to the City of Independence Water Department's Wellhead Protection Program there have not been any hazardous substance events that have occurred within a 10 year time of travel. The sewage treatment facility is approximately 3 miles west of the plant. The city has monitoring well network that allows the Water Department to analyze water quality information prior to the water entering the wells. The Water Department has not currently fluoridated the City's potable water supply.

Wastewater/ Stormwater

The Water Pollution Control Department is a city-owned utility dedicated to protecting the environment and health of the community by providing cost effective wastewater and stormwater services.

Water Pollution Control serves over 50,000 customers and maintains over 578 miles of sanitary sewers, and over 300 miles of storm sewer systems. The Department is responsible for the maintenance and operation of the City's wastewater treatment plant, 10 pumping stations, and 14 regional detention basins.

The Storm Water Division is responsible for the capital improvement program, the pollution control program, and the maintenance and repair of the storm sewer system. There are over 300 miles of storm sewers in Independence and approximately 12,000 storm water structures, such as curb inlets and culverts.

Unlike wastewater, which is treated at a treatment plant, stormwater goes directly from the storm sewer system into local creeks and rivers. Anything on sidewalks, streets, and parking lots, such as trash, motor oil, pet waste, or excess pesticides and fertilizers, is carried away by rain runoff and ends up in storm drains. The Water Pollution Control Department encourages residents to keep litter, pet wastes, leaves and grass clippings out of streets and curb inlets.

The department also provides maintenance and repair activities include cleaning of the structures and storm sewer systems, lid replacement, inspections, and repair and construction.

In May of 2007, the Health Department in cooperation with the Water Pollution Control Department issued a "Boil Advisory" for the City of Independence. Citizens were advised to boil water used for consumption and hygiene purposes. Food services and child care facilities were advised to close, however they were authorized to remain open provided they follow the boil order procedures listed in the DHSS's Environmental Health Operational Guidelines (EHOG).

Environmental Health

Indoor Air Quality

In 2006 the City of Independence passed an act called the Independence Clean Indoor Air Act of 2006. This act prohibits smoking within enclosed areas of public places and places of employment. The act took effect on March 17, 2007. See Appendix 1.

Animal Control

The City of Independence Animal Services Division works to protect animals and people. Animal Control Officers follow-up on dead animals, an animal in a trap, a stray animal in your possession, animals running loose, animal bites, dangerous animals and an unrestrained pit bull dog.

The following programs are offered by Animal Services:

- DART (Disaster Animal Response Team) is comprised of a group of volunteers trained to help in a disaster with animal rescue and housing.

- Check www.petfinder.com or www.independencemo.org/Health/AnimalControl.aspx for lost pets and adoptable animals.

- Microchips are now used on every pet leaving the shelter. This allows easy identification of animals and their owners, resulting in more pets being returned to owners this year than in any previous year.

- Operation Litter Less is a spay and neuter program for residents who cannot afford to spay or neuter their pet. This program is in partnership with local vets, where these services are offered one Saturday a month at the shelter.

- Hoof-n-Hound is a volunteer program that includes walking the dogs at the shelter so that they are more adoptable.

City Codes enforced:

- Any combination of no more than four (4 dogs or cats over the age of 6 months is allowed).
- Pit bulls are only allowed in the city limits if they were registered before August 28, 2006. No new pit bills are allowed to register after this date.
- All animals to be properly restrained within a security fenced yard or on a chain or leash. They are never to be unrestrained.
- Vaccination– rabies vaccine required annually
- All animals reckoned from the Independence Animal Shelter must be microchipped.

2008 Activity Report	
Total Animals Sheltered	
Dogs	2,343
Cats	2,637
Other	147
Total Animals Adopted	
Dogs	685
Cats	659
Other	52
Total Animals Euthanized	
Dogs	479
Cats	1,684
Other	40
Returned to Owner	
Dogs	774
Cats	62
Other	8

Along with enforcing the leash law, rabies prevention is done within the school district by teaching classes on bite safety.

Food and Food Safety

Staff from the Food and Institution Division work diligently to ensure that food supplies are stored, prepared, and served properly by inspecting all restaurants, caterers, mobile food units, retail food facilities, food warehouses, temporary and special events, and food service areas in long-term care facilities and schools. Routine inspections of food establishments is an ongoing process. In 2008, all 536 food establishments in the City of Independence are routinely inspected twice a year. However, if the Health Department deems it necessary, establishments may be inspected with more frequency. Inspections are also conducted on all daycares, commercial swimming pools, taxi cabs, lodging facilities, and tattoo parlors.

Violations:

Critical Violation– a violation that relates directly to factors which lead to food-borne illnesses.

Non-Critical Violation– a violation that relates to maintenance and cleanliness of food service operations.

All critical violations are corrected within 72 hours by food service establishments.

The Health Department provides Food Safety Training Classes each week for food handlers and managers. Classes are offered in English, Spanish, Chinese (Mandarin), and Sign Language for Hearing Impaired. Food Handler classes are \$15.00 and Food Manager classes \$30.00. There is no charge for Food Handler classes to those who are volunteers or over the age of 65.

Participants receive a Food Handler Permit after successfully passing a written test. These permits are certified for 3 years.

In 2008:

- Staff worked 35 product recalls requiring visits to grocery stores, hospitals, schools, and other facilities.
- More than 11,125 food service workers were trained in the Health Department’s Food Handler and Food Manager Food Safety classes in an effort to educate those individuals who prepare and serve food.
- 94 sites were opened for the first time, or had new owners and 108 sites were closed.

2008 Inspections	
Food establishments	1641
Follow-up inspections	206
Complaint investigations	95
Childcare facilities	123
Swimming pools	81
Other inspections	287
Totals	2433

Environmental Health

Code Compliance

The City of Independence has developed municipal codes intended to protect the life, health, safety, and welfare of its residents. The Property Maintenance Code, Dangerous Building Code, and Health Code set the standards by which development must conform.

It is the mission of the Code Compliance Division of the Health Department to work in partnership with the people of Independence to promote and maintain a safe and desirable living and working environment. We help maintain or improve the quality of our community in three ways:

1. Administer a fair and unbiased enforcement program to correct violations of municipal codes and land use requirements.
2. Work with residents, neighborhood associations, public service agencies and other City of Independence Departments to:
3. Participate in special programs targeted toward specific problems in Independence communities.

Enforcement Methods

In most cases, the person responsible for a code violation is given an opportunity to voluntarily comply with the law and correct the situation. Once the deadline in the Compliance Order has passed, the owner or responsible person is subject to one or both of the remedies listed below. (In addition to any fines that result, fees including administrative costs will be charged for any abatement action.)

Administrative Citation - This remedy is designed to address minor violations. The fines range from \$150 to \$500 and generally increase with each offense.

Abatement - This remedy is used where the City needs to take action to abate a nuisance. In a typical case, the Code Compliance Division will hire a private contractor to either demolish or board and secure a structure, or to clean a property of junk and debris.

In 2008:

- The City of Independence was awarded the Missouri Municipal League Innovation Award for its Neighborhood Code Compliance Program (NCCP). The Innovation Awards program showcases municipal projects that demonstrate new approaches for solving municipal problems.
- The Neighborhood Code Compliance Program (NCCP) was recognized by the National Association of County and City Health Officials' (NACCHO) as a Promising Practice.
- Two property maintenance officers were selected as the recipients of the 2008 Susan Paxton Block Public Service Award. The award is given in honor of Susan Block and recognizes a City employee, volunteer or elected official who has demonstrated outstanding public service, valor, and job performance with leadership.
- Identified 15 property owners responsible for repeated violations. Staff conducted approximately 480 inspections on properties owned by these individuals and initiated 56 proactive cases. This process facilitated compliance on potential problem properties without relying on a complaint being turned in by a neighbor.

2008 Activity Report	
Property Maintenance	
Initial Complaints	9,612
Initial Inspections	9,325
Top 4 Violations	
Trash/Rubbish/Garbage	2,709
Non-Operable Vehicles	1,291
Weeds	1,889
Open Storage	636

Maternal and Child Health Indicators

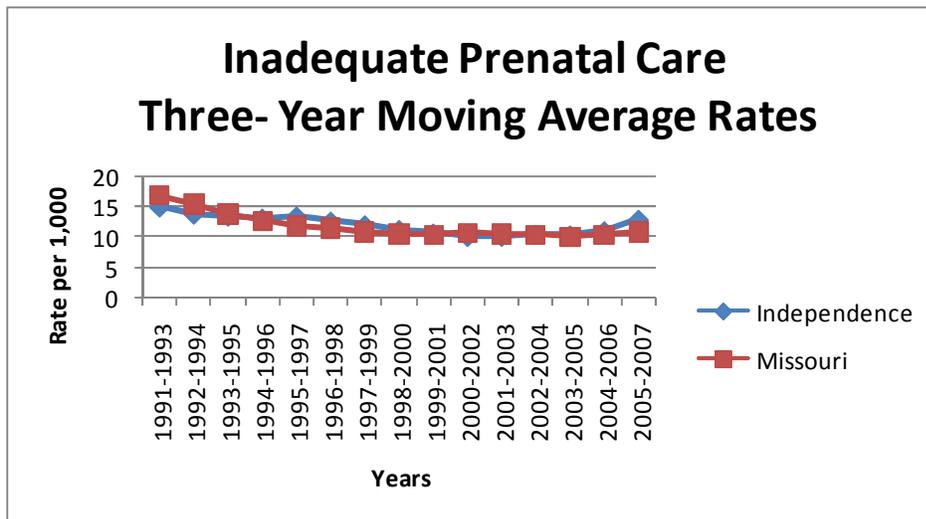
Prenatal Care

Inadequate prenatal care for Independence residents has shown a significant decrease on the three year moving trend from 1991 to 2006. The rate for inadequate prenatal care for 2003-2005 was 10.2 compared to the rate from 1991-1993 of 14.9. When comparing Independence's rates to Missouri's rates, Independence has a significantly higher rate than the state in all categories except for prenatal care that began in the first trimester. Women ages 20 to 24 in Independence have the highest rates in receiving no prenatal care and receiving inadequate prenatal care. Based on the Independence Health Departments Vital statistics in 2007, 96.2% of women received inadequate prenatal care which is a 4.5% increase from 2006 (91.7%) that received inadequate prenatal care. In 2006, 8.3% of women received no prenatal care and in 2007 there was a reported 3.8 % receiving no prenatal care.

Independence vs. Missouri Rates; 2007 (per 100 live births)

Type of Prenatal Care	Independence	Missouri
Began first trimester	80.3	86.4
No prenatal care	1.0	0.7
Inadequate prenatal care	16.4	11.9

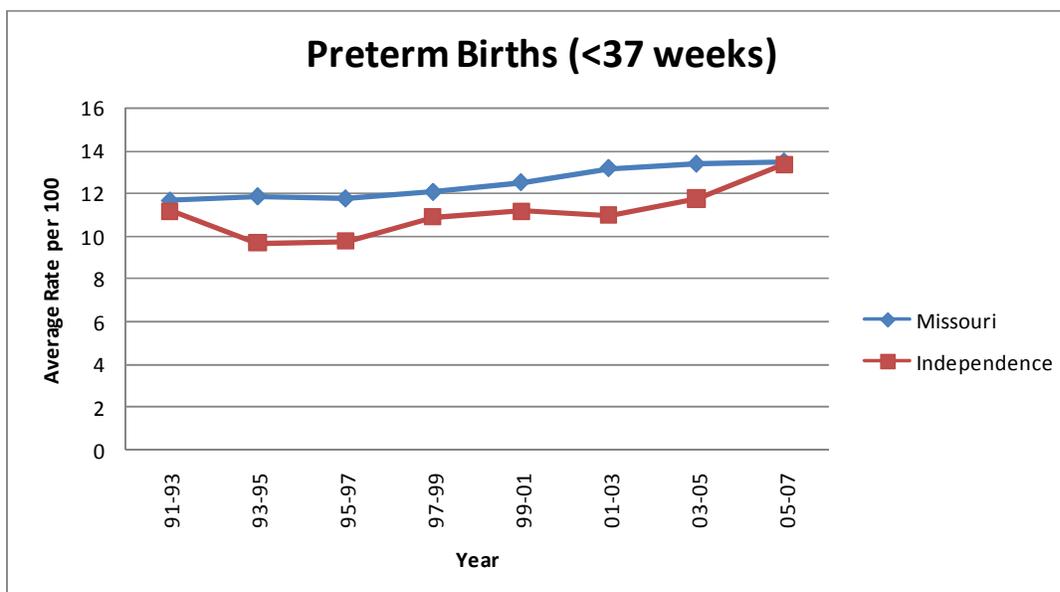
Source: MICA



Source: MICA

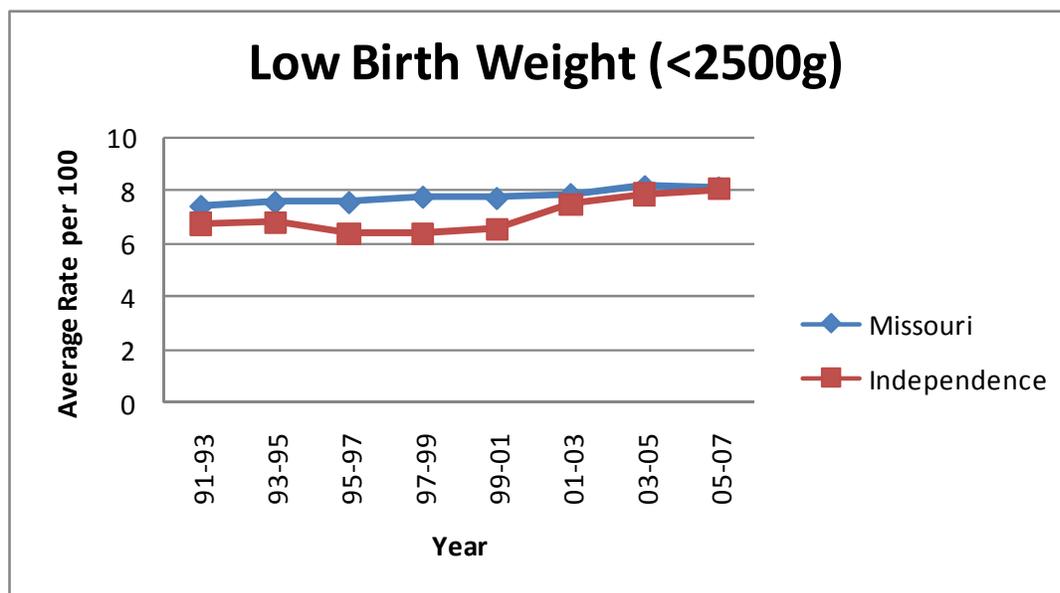
In 2008, there was a total of 1729 births in Independence from women of all ages and 4.6% of those did not have prenatal care and 21.2% received inadequate prenatal care which is a significant increase from 2007.

Maternal and Child Health Indicators



Source: MICA

Independence previously had a lower rate of preterm births but in the last few years, the rate has been increasing and now equal to the Missouri rate.



Source: MICA

In the previous years, Independence has had less women delivering a child with a low birth weight. Since 2000, this rate has been steadily increasing and is now equal to that Missouri rate.

Maternal and Child Health Indicators

Teen Pregnancy

Births to teens from 2002-2006

Age of Mother	Independence Rates per 100	Missouri Rates per 100
Under 15	0.2	0.2
15 to 17	3.7	3.4
18 to 19	8.9	7.9
Total 19 & under	12.8	11.5

Source: MICA

Both Missouri and Independence show a statistically significant decrease in teen pregnancy from 2002 to 2006.

Teen pregnancy which is defined as under the age of 18 years has shown a significant decrease on the three year moving trend lines between 1991 and 2005. In 1991, the rate in Independence was at 63.0 and in 2005 the rate had decreased to 36.1. Independence has a significantly higher rate (37.2) of mothers 19 and under compared to the state rate of Missouri (29.2). In 2006, out of the teens who received either inadequate prenatal care or no prenatal care; 91.4% had received inadequate care and 8.6% received no prenatal care. In 2007, out of teens who received either inadequate prenatal care or no prenatal care 100% received inadequate care while zero had received no prenatal care. In 2008, 261 (15%) out of the 1729 total births were teenagers when they gave birth.

Birth Spacing

Year	Independence Rate per 100	Missouri Rate per 100
2004	12.4	11.2
2005	11.1	11.7
2006	13.2	12.1
2007	14.5	12.8

Live births to mothers in Independence and Missouri which occurred within 18 months of a previous live birth

Source: MICA

There was no significant difference between the rate for Independence and Missouri. In 2007, Independence (14.5) had a higher rate than the overall rate of Missouri (12.8). Independence's rate has steadily increased over the last 3 years. Populations with the greatest number of births that occurred within 18 months of a previous live birth are the age groups of 20 to 24 year olds.

Maternal and Child Health Indicators

Smoking and Pregnancy

Age groups and rates per 100 for Independence and Missouri on women who smoked during pregnancy in 2007.

Age	Independence	Missouri	Difference
	2007	2007	
10 to 14	0	10.3	-10.3
15 to 17	12.7	18.0	-5.3
18 to 19	22.5	25.5	-3.0
20 to 24	25.7	24.8	0.9
25 to 29	19.3	16.4	2.9
30 to 34	12.0	10.2	1.8
35 to 39	13.9	10.1	3.8
40 plus	29.4	11.7	17.7
Total	20.2	17.7	2.5

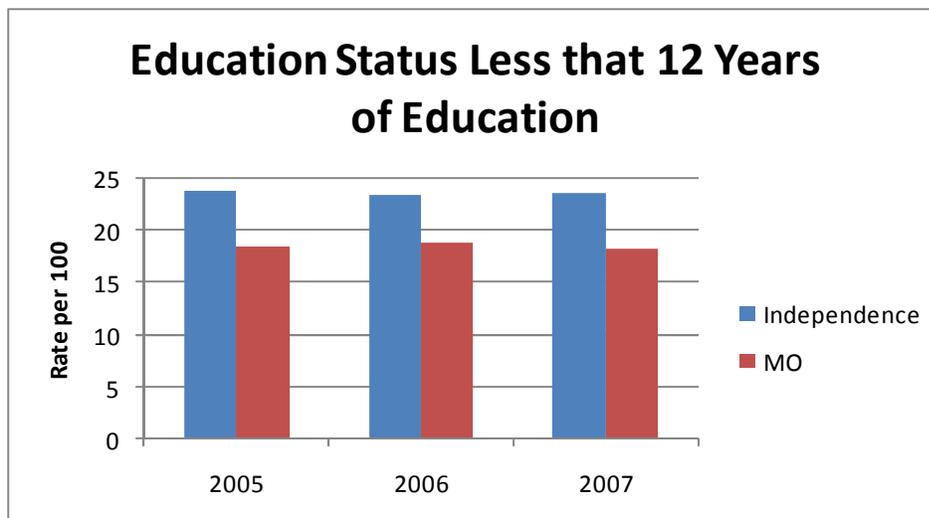
Source: MICA

There has been a significant decrease of women in Independence who smoked during pregnancy since 1991. In 1991 the city rate was 30.6 and in 2006 the rate had decreased to 23.7. When comparing Independence to the state of Missouri in 2006, Independence had a significantly higher rate (23.7) than the state (18.4) for all age groups. Women aged 18-19 years old had the highest rates of smoking during pregnancy in Independence and for the rest of the state from 2004-2006. According to Birth List data, in 2008, 23.3% of women smoked during pregnancy which has increased since 2007.

Maternal and Child Health Indicators

Births and Education Levels

Births and Education levels for Independence



Source: MICA

There has been a significant increase of women in Independence who have become pregnant with less than 12 years of education. The rate in 1991 was 21.2 and in 2007 the rate increased to 23.5. The City of Independence has a significantly higher rate of women with 12 years or less of education having children than the state of Missouri. Missouri's rate in 2007 was 18.2, which was significantly lower than Independence's rate of 23.5.

Infant Mortality

Infant Mortality 1996-2006

Mortality	Independence Rates	Missouri Rates
Neonatal Death rates per 1,000	4.4	5.0
Perinatal Death rates per 1,000	10.1	10.9
Post Neonatal Death rates per 1,000	3.5	2.7
Infant Death rates per 1,000	7.9	7.6
SIDS rate per 1,000	1.4	0.8

Source: MICA

The Independence rate trend shows a statistically significant increase in infant deaths from 1996-2006. There is not a statistically significant trend in regards to Missouri and Independence perinatal deaths. The number of SIDS cases in Independence have decreased from 2005-2007 from 5 to 0.

Maternal and Child Health Indicators

Immunizations

Immunization record audits were completed twice a year in all 59 child care centers and home daycares located within Independence, representing a total of over 5,000 records. After interventions, the compliance rate was 100%.

According to the Independence School District there were 10,715 students enrolled in the school district during the 2007-08 school year. Out of the 10,715 students 10,419 are compliant with their immunizations, 296 students are in the process of becoming compliant and there is an average of 73 students that claim medical and or religious exemptions.

Dental Health

Services to Independence School District; 2008-2009

Many services are made available and utilized by the Independence School District to meet the needs of the students who are currently on Medicaid. LINC does not pay for transportation for children for screenings/dental work.

The Independence School District uses Reach Out America Healthcare for dental services. The local middle and high schools receive dental screenings while elementary schools receive dental screenings, bus rides to Rogers, and on-site volunteer dental services. The Head Start locations in the community also receive dental screening and exams.

SUR Dental Clinic, staffed by one dentist, sees on average 18-25 children per day who are in need of dental services and are unable to pay. Appointments are usually fully booked with approximately a three month wait to see the dentist. Children’s Mercy Hospital Dental Clinic takes urgent cases that most often allows appointments to be made the same day.

Dental providers accepting MC+ patients in Independence

There are approximately 14 dental practices in the metro area that serve Medicaid patients. Some may not be easily accessible due to transportation needs.

	CM/FHP	First Guard	BCBSKC	Healthcare USA
David Ashley/ Peter Gray	XX			
William Cleveland	XX			
Michael Cottrill	XX			
SUR Clinic	XX			
Swope Health Independence	XX	XX	XX	XX

Barriers identified by health services personnel:

- Private dentists often do not see children under the age of 5
- Transportation
- Parental follow-through

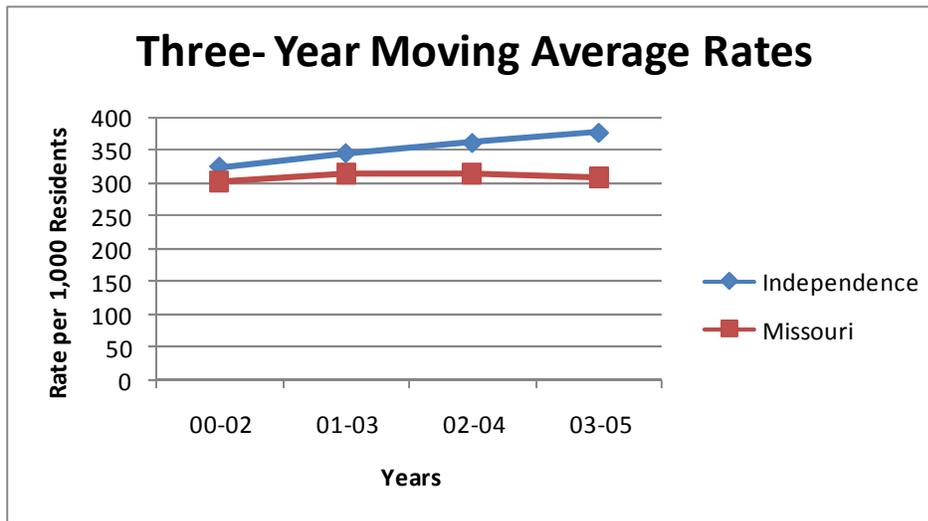
Waiting time for appointments (2-3 months at some clinics)

Maternal and Child Health Indicators

Currently the role of Independence Health Department is that of resource/referral for the public. We also actively promote enrollment in MC+ for families that may qualify. School district personnel (nurses and social workers) provide the referral and guidance for children in Early Head Start, Head Start and students of school age.

WIC Utilization

The graph below illustrates an unduplicated count of Independence resident children ages 1 through 4 participating in WIC and the % this number is of all resident children ages 1 through 4 using noted year population estimates.



Source: MICA; WIC Certification Data Set

Obesity Trends

A report from the Independence School District reported BMI results for elementary students from 6 sites during the 2006-2007 school year.

BMI Average	2 nd grade	3 rd grade	4 th grade	Total
Overweight	34%	38%	43%	38%
Normal	65%	60%	54%	61%
Underweight	1%	2%	1%	1%

Source: Independence School District

This trend parallels the trend in the increase of diabetes in children. According to the CDC, between 1988 and 2002, diagnosed diabetes jumped from 4.9 to 7.3%; more than 80% of people with diabetes are overweight. Other populations have not been well studied, but cases are now occurring in all population groups, especially in ethnic minorities. Type 2 diabetes among youth is an emerging public health problem, for which there is a great potential to improve primary and secondary prevention.

Maternal and Child Health Indicators

Two programs the Independence Health Department implemented in the school district to decrease childhood obesity rates is CATCH (Coordinated Approach to Child Health) and Kid Power. Both of these programs focus on nutrition education and physical activity for 5-12 year olds and their families.

Asthma

Asthma is a chronic illness that is a growing problem in America. The National average of students with asthma is currently at 8%. In the 2007-2008 school year, Independence School District reports show that 12% of the students have asthma. This is above the national average.

Asthma can be life-threatening; it causes breathing problems called asthma “attacks” or “episodes” that range from mild to serious.

Asthma affects student and faculty absenteeism and productivity, and it demands an immense amount of time and attention of the Independence School District nurses and health services staff. It is one of the leading serious chronic childhood illnesses and is a leading medical cause of school absenteeism.

Open Airways is an asthma program that the Independence Health Department has implemented in the school district. Open Airways helps children with asthma learn to manage their asthma, improve school performance and have fewer and less severe asthma episodes.

Source: American Lung Association and Independence School District

Leading Cause of Mortality in Children for Independence

Top six causes of death between the ages of one and fourteen for Independence residents compared to the rates for the rest of the state from 1996-2006 are listed below.

Independence Ranking	Cause of Death	Independence Rate	Missouri Rate	Difference
	All Causes	21.4	24.5	-3.1
1	Total Unintentional Injuries	6.6	10.1	-3.5
2	Motor Vehicle Deaths	3.1	5.2	-2.1
3	All Cancers (Malignant Neoplasms)	3.5	2.4	1.1
4	Birth Defects	2.2	1.9	0.3
5	Homicide	2.2	2	0.2
6	Heart Disease	0.9	0.9	0

Source: MICA

Independence has higher rates in the following categories: all cancers, birth defects and homicides. Independence and Missouri have the same heart disease death rates. Missouri has higher rates in the following categories: all causes, total unintentional injuries and motor vehicle deaths.

Adolescent Health

Dental Health

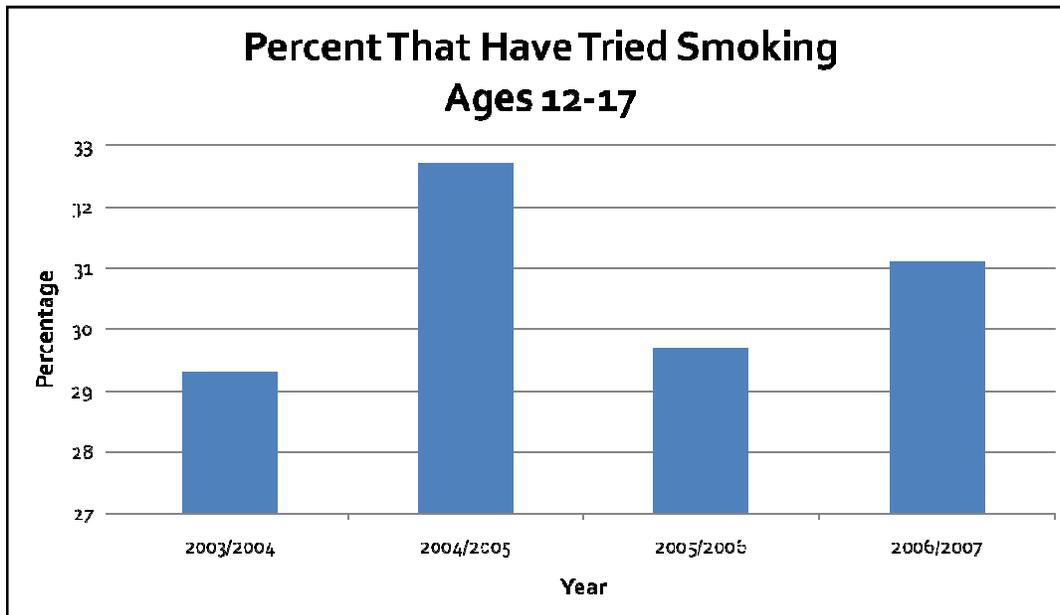
The Independence School District does not have a grant for the middle school and high school aged kids in regards to dental care. The Samuel U. Rogers dental clinic does have a walk in clinic that is offered to adolescents and they are charged based on a sliding scale. Also, Priority Dental takes Medicaid and most dental insurances.

Mental Health

Estimated Past- Year Major Depressive Episode (%)	
	2005/2006
U.S. Ages 12-17	8.36
MO Ages 12-17	9.34

Source: U.S. Department of Health and Human Services, SAMHSA

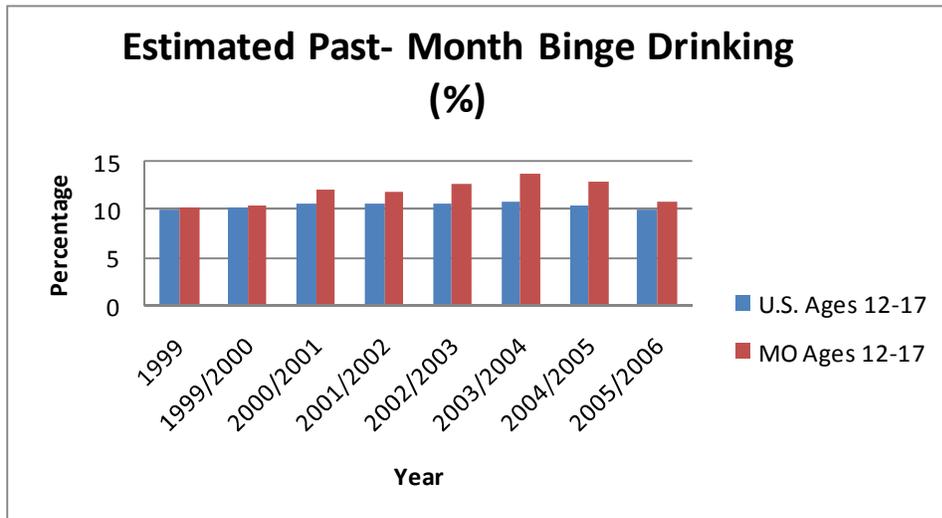
Behavioral Risk Factors of Adolescents



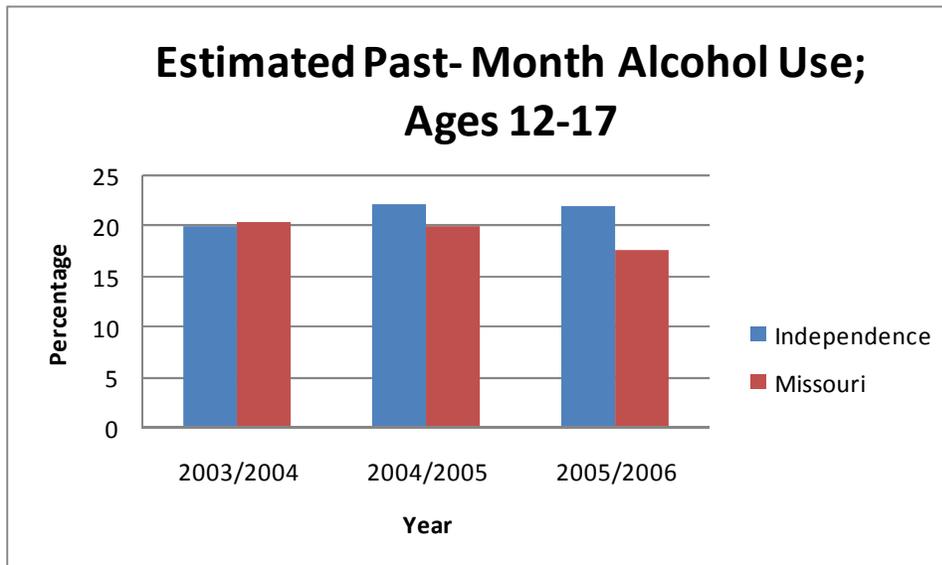
Source: L.I.F.E. Survey. Independence School District.

The percentage of adolescents that have tried smoking has fluctuated from 2003– 2007. From 1999– 2006, Missouri had a higher percentage compared to the US in regards to adolescents who have tried smoking a cigarette in the past month.

Adolescent Health



Source: U.S. Department of Health and Human Services, SAMHSA



Source: U.S. Department of Health and Human Services, SAMHSA

Asthma

Asthma, Ages 12-17			
	2005/2006	2006/2007	2007/2008
%	12	13	12

Source: Independence School District

Approximately 9.7% of children in Missouri currently have asthma based on the population estimates in 2006. (MO Asthma Surveillance Report)

Leading Cause of Mortality in Adolescents for Independence

Top six cause of death between the ages of 15 and 19 for Independence residents compared to the rates for the rest of the state from 1999-2006 are listed below.

Independence Ranking	Cause of Death	Independence Rate	Missouri Rate	Difference
	All Causes	75.0	85.6	-10.6
1	Total Unintentional Injuries	39.4	47.3	- 7.9
2	Motor Vehicle Deaths	34.3	39.7	- 5.4
3	Homicide	6.4	12.4	-6
4	Suicide	11.4	9.7	1.7
5	All Cancers (Malignant Neoplasms)	6.4	3.8	2.6
6	Heart Disease	3.8	2.1	1.7

Source: MICA

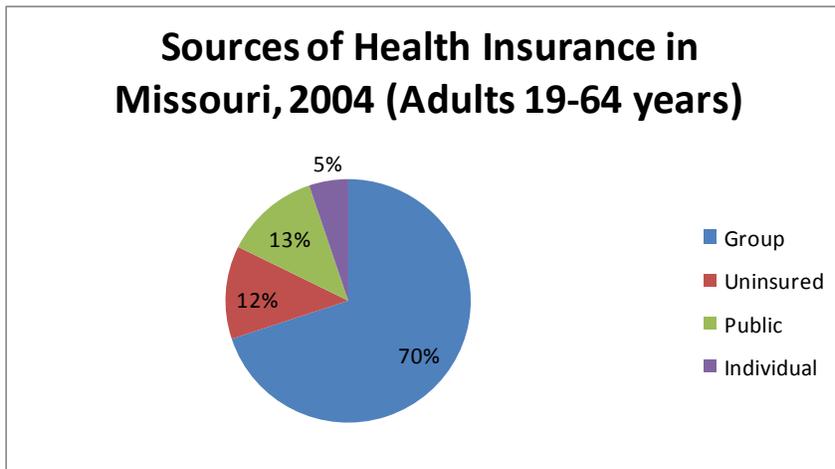
Independence has higher adolescent death rates in the following categories: all cancers, heart disease and suicide. Missouri has higher adolescent death rates in the following categories: all causes, homicide, motor vehicle deaths and unintentional injuries.

Adult Health Factors

Health Insurance

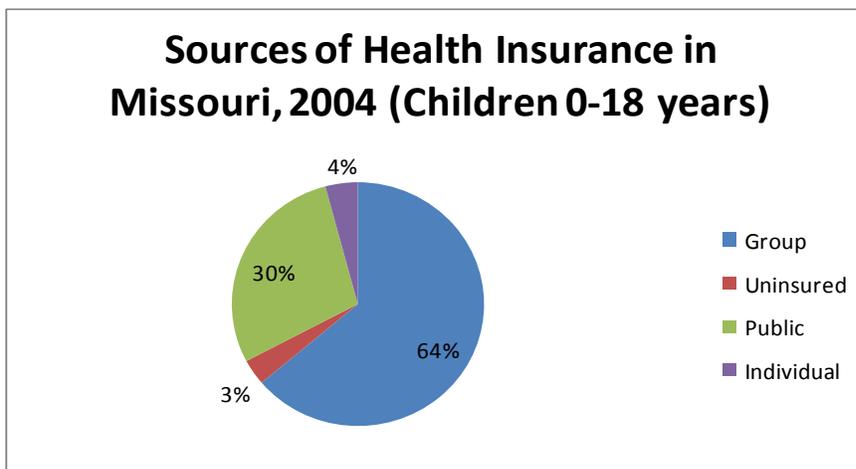
The results of the 2004 Missouri Health Care Insurance and Access Survey indicate the overall level of uninsurance for the state of Missouri, across all age groups, is 8.4% (approximately 463,000 individuals.) For adults ages 19-64 the uninsured rate is 12.3%, and for children ages 0-18 the uninsurance rate is 3.4%.

The various sources of health insurance among adults are displayed below. The majority (69.9%) of adults in Missouri are covered by health insurance through an employer. Missouri's public programs cover 12.5% of the adult population. An additional 5.2% purchased private individual insurance.



Source: Missouri Health Care and Access Survey

The various sources of health insurance coverage among children are displayed below. Missouri's public programs cover a larger proportion of children (28.5%), while rates of group (63.9%) and individual coverage (4.2%) for children are similar to the rates of the adult population.



Estimated rates of uninsurance vary with the definitions of "uninsured" which, in turn, depend on the timeframe of the measurement. Four general timeframes are commonly used in measuring coverage: (1) at the time of the survey or point-in-time, (2) over an entire year, (3) for a portion of the year and (4) all or part of the year.

Source: Missouri Health Care and Access Survey

Adult Health Factors

According to the DHSS’s Missouri Health Care Insurance and Access Survey of 2004, 11% of Jackson County, Missouri is uninsured.

2007 Medicaid Participation

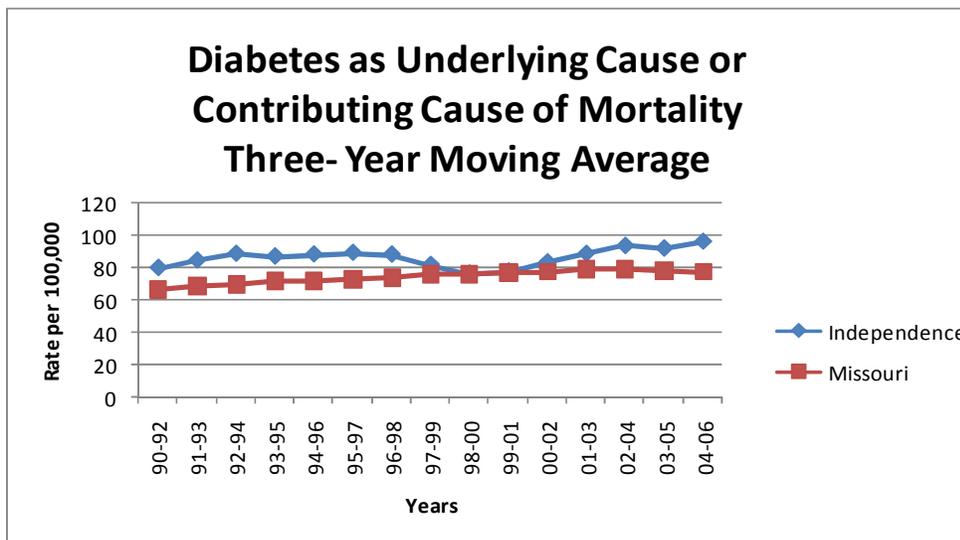
In Independence there is 17.5% of the population under 65 years old that participate in Medicaid, while 15.2% of Missourians under the age of 65 are enrolled in Medicaid.

Age	Enrolled in Independence	% of Population	Enrolled in Missouri	% of Population
Under 19	10,585	60	490,646	57.4
Under 65	16,250	92.5	767,654	90
65 & Over	1,323	7.5	86,882	10.2
Total	17,574		854,688	

Source: MICA

Disparities– Diabetes

The Missouri rate trend does show a statistically significant increase when looking at the three year moving average rates of diabetes as the underlying cause or contributory cause of mortality, whereas the Independence rate does not. The Independence rate has consistently been higher than the Missouri rate as far back as 1990. In addition, the Independence rate is higher than both the rest of Jackson County and the Kansas City Metro area.

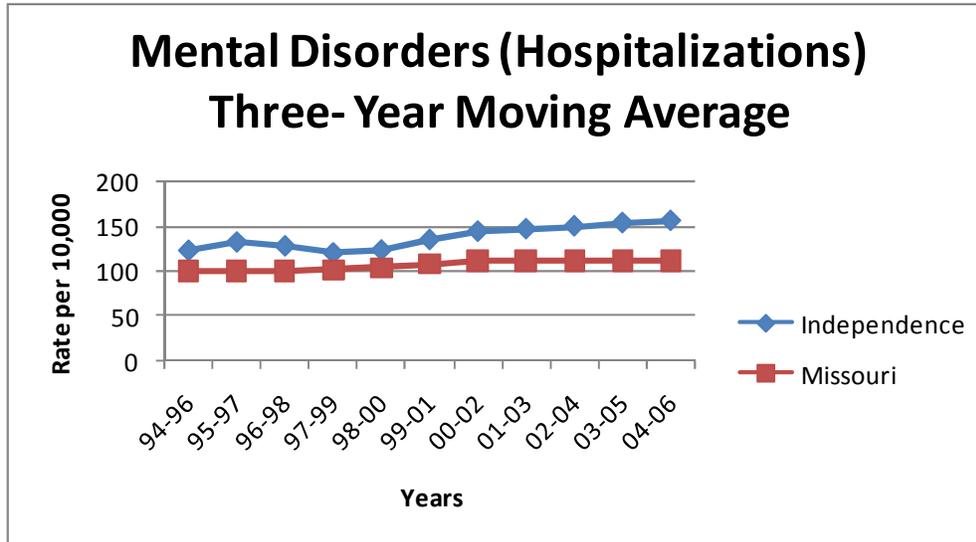


Source: MICA

Adult Health Factors

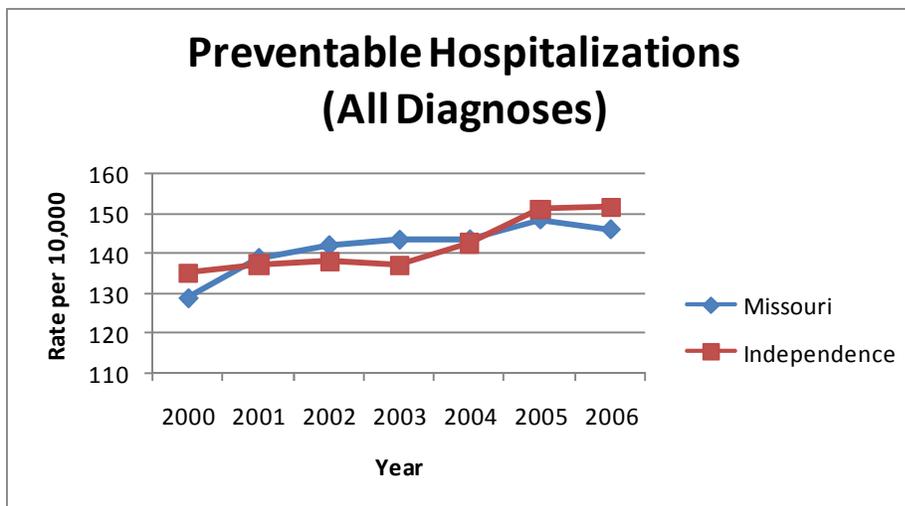
Mental Health

The Missouri and the Independence trends both show a statistically significant increase in hospitalizations due to mental disorders. The Independence rate has consistently been higher than that of the overall rate of the state of Missouri since 1994. The Independence rate in 2006 was 151.3 compared to Jackson County rate of 107.7 and the Kansas City rate of 98.4.



Source: MICA

Preventable Hospitalizations



Source: MICA

Independence does not show any significant difference in the rate of preventable hospitalizations when compared to Missouri.

Adult Health Factors

Independence has seen a continuous rise in the rate of preventable hospitalizations due to COPD in residents 45-64 years old. The Independence rate has consistently been higher than that of the overall rate of the state of Missouri since 2003.

Preventable Hospitalizations- COPD, Ages 45-64								
	2003		2004		2005		2006	
	Number	Rate per 10,000						
Independence	104	36.8	106	36.6	117	39.6	157	52.1
Missouri	4,767	34.8	4,462	31.7	5,103	35.2	5,048	33.8

Source: MICA

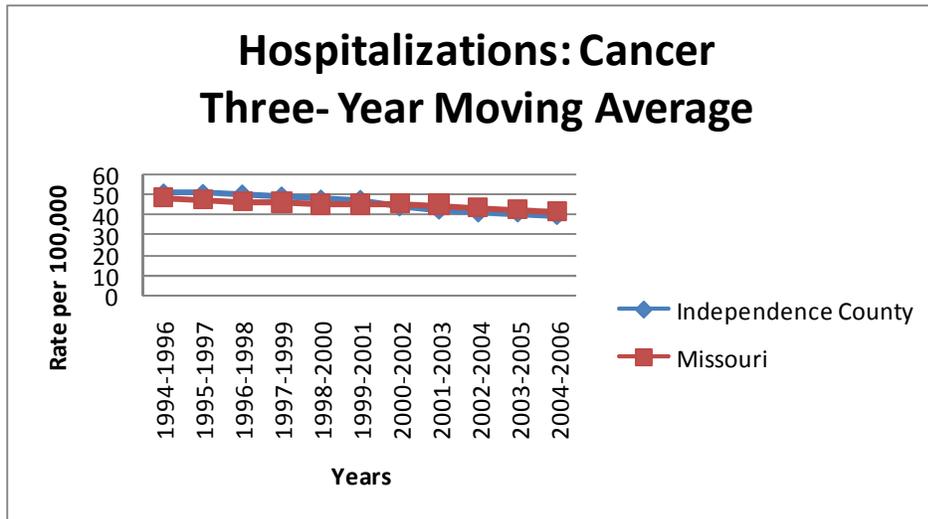
Independence rates for preventable hospitalizations due to asthma in residents age 45-64 increased from 2003-2005 and decrease by a rate of 3.6 in 2006. With the exception of 2005, the state of Missouri has had higher rates of hospitalizations due to asthma during 2003 to 2006.

Preventable Hospitalizations- Asthma, Ages 45-64								
	2003		2004		2005		2006	
	Number	Rate per						
Independence	31	11	35	12.1	42	14.2	32	10.6
Missouri	1,802	13.1	1,733	12.3	1,954	13.5	1,967	13.2

Source: MICA

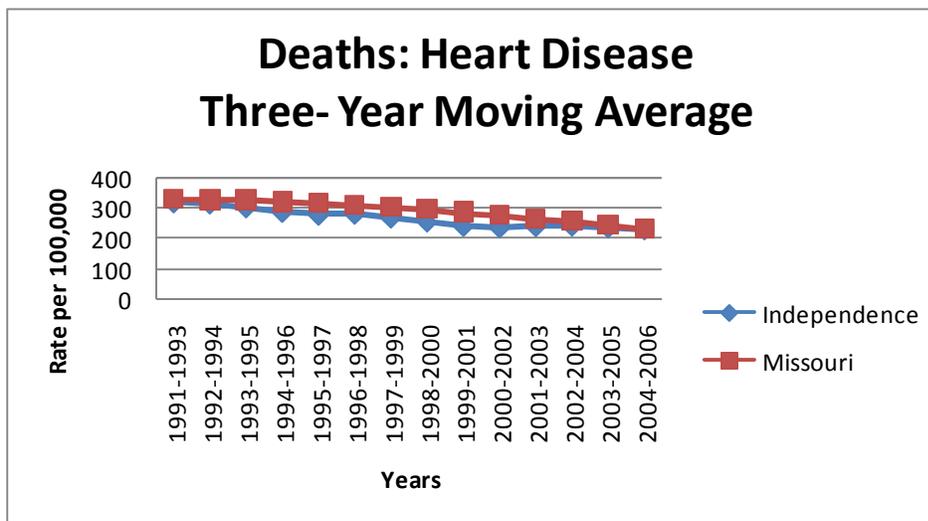
Injuries- Falls, Ages 65+								
	2003		2004		2005		2006	
	Number	Rate per 100,000						
Independence	1,004	5886.8	901	5356.7	1,028	6194.4	1,072	6541
Missouri	41,031	5380.7	40,561	5291.8	41,722	5397.7	43,150	5539.9

Source: MICA



Source: MICA

The Independence and Missouri death rates of hospitalizations from cancer both show a statistically significant decrease from 1994-2006.



Source: MICA

The Independence and Missouri death rates from heart disease both show a statistically significant decrease from 1991-2006.

Overall Leading Causes of Mortality

Overall Leading Causes of Mortality in Independence

Below is the ranking of the leading causes of deaths in Independence. The three year moving trend for heart disease in Independence shows that there has been a significant decrease in deaths from 1995 to 2005. Cancer rates from 1995 to 2005 have shown an increase but on the three year moving trend the increase is not significant. In Independence there has not been a significant increase for smoking attributable deaths or for stroke/other cerebrovascular diseases. Chronic lower respiratory disease has shown a significant increase in deaths from 1996 to 2006.

Leading Causes of Mortality in Independence; 1996-2006
1. Heart Disease
2. All Cancer
3. Smoking Attributable
4. Chronic Lower Respiratory Disease
5. Stroke/Other Cerebrovascular Disease

Source: MICA

Causes of death for Independence the rates were higher than the state of Missouri rate. (All rates are per year per 100,000 population and are age-adjusted to the US 2000 standard population.)

Age-Adjusted Death Rate; 1996-2006

	Independence Age- Adjusted Rate	Missouri Age- Adjusted Rate	Difference
Heart Disease	248.8	271.9	-23.1
All Cancers	201.3	204.4	-3.1
Stroke/Cerebrovascular Disease	54.6	60	-5.4
Chronic Lower Respiratory Disease	55.5	46.8	8.7
Diabetes Mellitus	25.7	24.6	1.1
Alzheimer's Disease	26.7	17.0	9.7
Kidney Disease	17.3	15.4	1.9
Suicide	16.5	12.7	3.8
Smoking Attributable	160.6	157.6	3.0
Alcohol/Drug Induced	19.9	14	5.9

Source: MICA

Analysis of Communicable Disease Rates

Independence Influenza Season

In Missouri, the influenza season began on the east side of the state and then traveled west in the beginning of January. All regions, except for the southeast, had an increase in the number of cases reported.

Like many areas in the Kansas City region, influenza hit the City of Independence hard with a significant increase in the number of reported influenza cases for the 2007-2008 influenza season. The total number of cases for the 2007-2008 influenza season was 573 compared to the total 249 cases during the previous year. This is more than twice as many cases during this flu season than the previous year.

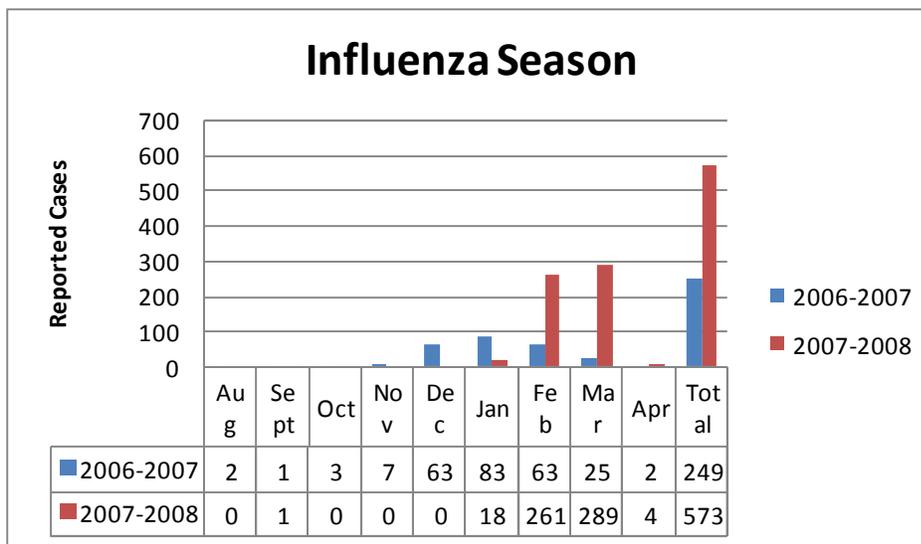
The graphs below show the peak in the 2007– 2008 flu season was in February, whereas last year it was more evenly distributed with a slight peak in January. Also, over 50% of the reported cases were Type A and the majority of reported cases were from children aged 0-4.

As for the 2008- 2009 influenza season, FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) met in February and recommended that vaccines in the U.S. contain the following:

- an A/Brisbane/59/2007 (H1N1)-like virus
- an A/Brisbane/10/2007 (H3N2)-like virus
- a B/Florida/4/2006-like virus

The influenza vaccine composition to be used in the 2008-2009 influenza season in the U.S. is identical to that recommended by the World Health Organization on February 14, 2008, for the Northern Hemisphere's 2008-2009 influenza season.

Information obtained from the FDA at www.fda.gov/Cber/flu/flu2008.htm on 3/20/2008.



Independence Influenza Numbers	
Type A	326
Type B	81
Untyped	166
Total	573
Age Distribution	
0-4	184
5-14	127
15-24	59
25-64	154
65+	49

Analysis of Communicable Disease Rates

Communicable Disease Report

Disease/Condition		YTD 2006	YTD 2007	YTD 2008
Influenza-like Illness		8450	4283	6538
Hemorrhagic Disease		0	0	0
Gastrointestinal Illness		9853	10197	10018
Neurologic Illness		1289	1833	1984
Rash Illness		978	976	1145
Fever Illness		3928	5058	5762
Respiratory Illness		8396	10582	8783
Chemical Exposure		11	5	4
Animal bites		152	85	126
GI Illness	Salmonellosis	11	15	13
	Giardiasis	6	7	6
	Campylobacter	5	17	6
	Cryptosporidium	12	1	2
	Shigellosis	3	6	0
	E. Coli 0157:H7	0		1
Respiratory Illness	Influenza A	239	80	338
	Influenza B	40	27	82
	Influenza, untyped	121	97	176
	Legionellosis	0	2	1
	Tularemia, francisella	0	0	0
Vaccine-Preventable	Chickenpox	222	247	147
	Rubella	0	0	1
	H. influenzae, invasive	0	1	3
	Measles	1	0	0
	Mumps	20	0	0
	Pertussis	11	0	2
Hepatitis	A	0	0	2
	B	35	31	39
	C	216	225	226
Streptococcal Illness	Strept, Group A, invasive	1	3	4
	Strept pneumoniae, invasive	0	3	0
CNS Illness	Encephalitis	0	0	0
	Menigitis, viral	0	0	1
	Menigitis, bacterial	0	0	0
	West Nile Virus	2	5	0
	Lyme Disease	2	0	2
	Erlichiosis	1	0	2
	Rocky Mountain Spotted Fever	2	0	5
Total		3924	2622	2417

Analysis of Communicable Disease Rates

HIV/AIDS and STD Profile

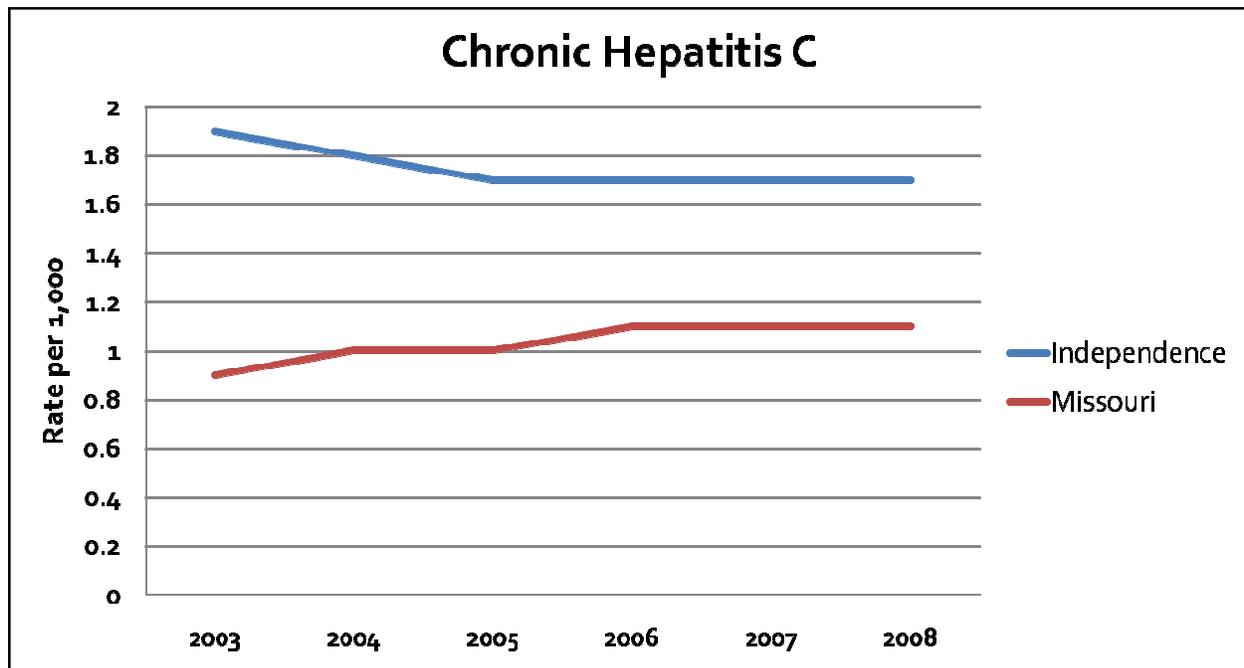
Number of Reported Cases, Select Conditions, Independence, Missouri, 2007-2008			
	2007	2008	Difference
HIV Disease	7	13	6
Chlamydia	443	515	72
Gonorrhea	151	144	-7
Primary and Secondary Syphilis	11	7	-4
Early Latent Syphilis	4	3	-1
Other Syphilis	1	2	1

Source: DHSS

From 2007 to 2008, Independence has seen an increase in the number of cases of HIV, Chlamydia and other syphilis (not including primary, secondary or early latent syphilis). Gonorrhea, primary syphilis, secondary syphilis and early latent syphilis have all decreased from 2007 to 2008.

Analysis of Communicable Disease Rates

Chronic Hepatitis C



Source: Independence Health Department

Independence continually has a significantly higher rate of hepatitis C than the Missouri totals. In 2008, Independence's rate was 1.7 while Missouri's rate was 1.1. Hepatitis C is a blood borne pathogen, which is transmitted primarily by large or repeated direct percutaneous exposures (direct skin puncture).

Hepatitis C Support group

Meetings: 3rd Tuesday of every month

Time: 6:30 to 7:30 PM

Place: Life Dynamics Center at Shawnee Mission Medical Center, 75th Street and I-35

Meetings: 4th Tuesday of the month

Time: 6:45 PM to 7:45 PM

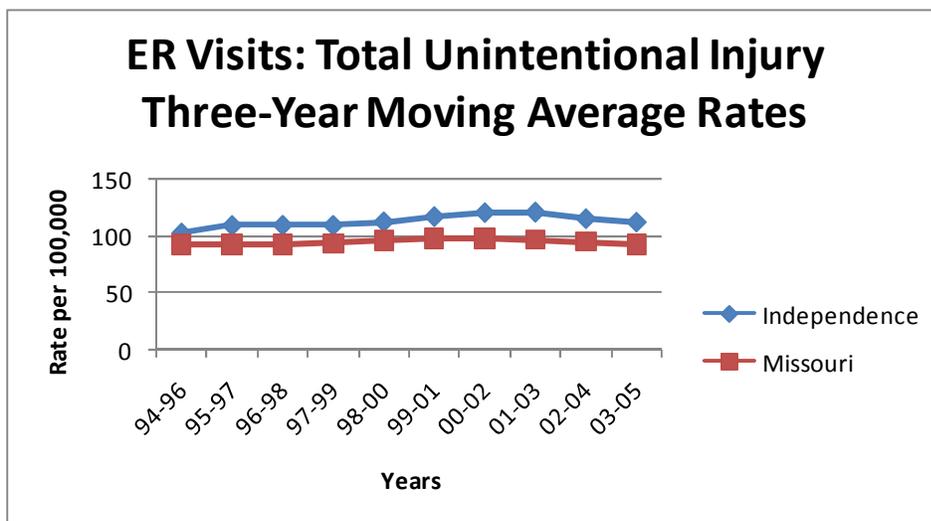
Place: Sheffield Life Center, 5700 Winner Road Kansas City, MO

Contact: 913-754-6077 for more information or www.hepatitisalliance.org

Emergency Room Profile

The top three types of injuries that are seen in the Emergency Department in the City of Independence are falls, motor vehicle accidents and fire/ burn injuries.

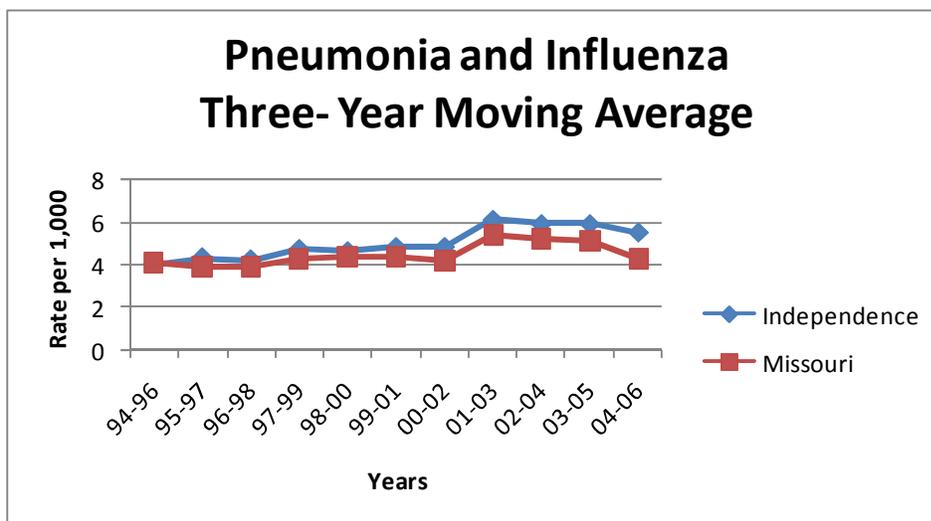
Data from 1995-2005 on the number of emergency room visits



(Emergency Room rates are per year per 1,000 population and are age-adjusted to the U.S. 2000 standard population.)

Source: MICA

The three year moving trend shows that the average rates are slowly decreasing for total emergency room visits for unintentional injuries.



Source: MICA

Independence does show a statistically significant increase from 1994-2006 in the rate of ER visits caused by pneumonia and influenza, whereas Missouri does not have a statistically significant trend.

Community Capacity for Healthcare

Hospital

Independence offers state of the art healthcare with the opening of the new Centerpoint Medical Center. This \$250M comprehensive range of state-of-the-art health care facility serves Independence and Eastern Jackson County with the best in healthcare. Centerpoint Medical Center is located within Independence city limits, while St. Mary's Hospital of Blue Springs, Truman Medical Center Lakewood, and Two Rivers Psychiatric Hospital are located within just a few miles of the city. These facilities provide more than 1,000 beds for acute and primary care, as well as emergency, extended care, outpatient, home health, education and psychiatric services.



Licensed Beds: 257

Physicians: 390

Total Employees: 1,056

2006 Admissions: 13,253

Outpatient Visits: 57,635

The new facility features a full line of cardiovascular services including an accredited chest pain center and open heart surgery, as well as a Level II trauma center, neonatal intensive care unit, the Human Motion Institute for Orthopedic and Neuroscience Services and a full spectrum of inpatient services.

Rehabilitation services, both personal and job-related, are available through The Rehabilitation Institute, St. Mary's Hospital and Truman Medical Center Lakewood. Additional care is offered by highly qualified doctors, dentists, psychologists, chiropractors and counselors throughout the community.

Swope Health Service, a non-profit system of outpatient health centers, is located at 1638 West U.S. 24 Highway in Independence. With over 35 years of service to the Kansas City metro area, Swope serves individuals unable to afford health insurance. Its mission is to improve the well-being of individuals and families by providing compassionate, quality and affordable physical and behavioral healthcare to all community members.

Residents requiring nursing home care are comfortably accommodated in one of several skilled nursing home facilities including Carmel Hills Living Center, The Groves, Independence Health Care Center, Maywood Terrace Living Center and Regency Care Center, as well as those associated with local hospitals. Several assisted-living facilities are available for individuals in transition between independent living and nursing home care. (Independence Chamber of Commerce)

Community Capacity for Healthcare

There are 97 primary care providers (general, family, internal, and geriatrics) and 4 dentists that accept Medicare in Independence. The city also has 47 residential care facilities and 6 skilled nursing facilities located throughout the city.

Mental health service is lacking in Independence. There is only one inpatient mental health provider in Independence. Comprehensive Mental Health Services provides mental health services such as inpatient and outpatient addiction recovery, inpatient and outpatient services for individuals and families and limited inpatient and outpatient services for seriously and persistently mentally ill. The majority of inpatient services are offered at locations other than the Independence branch. Two Rivers Hospital in Raytown, Western Missouri Mental Health, and Truman Medical Center West are available to Independence citizens.

Independence has one hospital that provides emergency services and inpatient acute care. According to LINC, the Independence/Eastern Jackson County area has a shortage of physicians in this area. The ratio is 1 physician for every 298 clients.

In Independence there are a total of 57 licensed dentists and 14 dentists accept Medicaid patients in Independence and surrounding areas. According to LINC, the Samuel U. Rogers Independence Dental Care Center provides dental care for Independence School District students. The center provides comprehensive dental care for all-from children to senior adults-regardless of ability to pay. The five Independence LINC Caring Communities schools – Benton, Bryant, Mill Creek, Procter, Randall, Santa Fe Trail and William Chrisman High School- send students to the center one day a week for check-ups; Caring Communities provides transportation for the students. Swope Health Independence also sees children and adults in Independence.

Transportation to health care facilities is also an issue in Independence. Many who do not have access to transportation have a difficult time attaining health care. The bus system in Independence is in limited locations and the bus only runs on a limited schedule. The ATA (Kansas City Area Transportation Authority) provides bus routes for transportation a time schedule. OATS (Older Adults Transportation Service) transportation and taxi service is also available. American Medical Response (AMR) also provides ambulance service throughout the city. (LINC)

Long– Term Care Facilities

Carmel Hills Living Center	810 E Walnut Independence, MO 64050
Golden Living Center	17451 E Medical Center Pkwy Independence, MO 64057
Heritage House	660 N Spring Independence, MO 64050
Hope House	9908 Winner Rd Independence, MO 64052
Independence Chateau	17441 E Medical Center Pkwy Independence, MO 64057
Independence Manor Care Center	1600 S Kingshighway Independence, MO 64050

Community Capacity for Healthcare

Maywood Manor	1041 W Truman Rd Independence, MO 64050
Maywood Terrace Living Center	103300 E Truman Td Independence, MO 64052
Monterey Park Nursing Center	4600 Little Blue Parkway Independence, MO 64057
Rosewood Health Center at the Groves	1415 W White Oak Independence, MO 64050
The Country House	1400 N River Independence, MO 64050
The Fountains of Greenbriar	2100 Swope Dr. Independence, MO 64057
The Rehabilitation Center	1800 S Swope Dr. Independence, MO 64057
Turning Point Group Home	1720 Swope Dr Independence, MO 64057
Villages of Jackson Creek	3980 S Jackson Dr. Independence, MO 64057
Villages of Jackson Creek– Memory Care	19400 E 40th St Ct S Independence, MO 64057
Wood Oaks Residential Care	1804 S Sterling Independence, MO 64052

Community Capacity for Healthcare

Health/ Treatment Facilities

Comprehensive Mental Health Services

10901 Winter Road, Independence, MO 64052
Phone: 816-254-3652 ~ www.thecmhs.com

Encompass Medical Group

4811 South Arrowhead, Independence, MO
Phone: 816-356-5000
Hours: Monday– Friday, 8 a.m.- 8 p.m.; Saturday 10 a.m.– 8 p.m.
Services: Physician Visits, Lab, Vaccines, Medication

Independence Health Department

515 S. Liberty, Independence, MO 64050
Phone: 816-325-7185 ~ Fax: 816-325-7098 ~ www.indepmo.org/health/
Hours: Monday– Friday, 8 a.m.– 5 p.m.

Independence Pediatric Urgent Care

17500 Medical Center Parkway #5, Independence, MO
Phone: 816-373-1111
Hours: Saturday 9 a.m.– noon
Services: Accepts Medicaid, Physician Visits, Labs, Vaccines, Pregnancy Testing, HIV Prevention

Jackson County Free Health Clinic

1515 W. Truman Road, Suite 202, Independence, MO 64050
Phone: 816-404-6455 (Message Line) ~ Fax: 816-4514337 ~ www.jacohd.org
Hours: Tuesday, 6-9 p.m.; fourth Friday, 8 a.m.– noon
Services: Adult Medicine, Adult Immunizations

Jackson County Health Department

313 S. Liberty, Independence, MO
Phone: 816-404-6415
Hours: Monday– Friday, 8 a.m.– 4 p.m.
Services: Accepts Medicaid and Medicare, Physician Visits, Labs, Vaccines, Smoking Cessation, Diabetes Education, HIV Prevention

Local Family Support Division Office

East Jackson Office
201 East Partridge Street, Independence, MO 64055
Phone: 816-325-5800

Medicine Cabinet

CSL 300 W. Maple, Independence, MO
Phone: 816-254-4100
Hours: Appointment Only
Services: Medication, Dental, Eye Exam

Community Capacity for Healthcare

Health/ Treatment Facilities

Minute Clinic

17403 East Hwy 24, Independence, MO

Phone: 816-752-8563

Hours: Monday– Friday 8 a.m.– 8 p.m.; Saturday– Sunday 10 a.m.– 4 p.m.

Services: Accepts Medicaid and Medicare, Physician Visits, Vaccines, Medications

Minute Clinic

3825 South Noland Road, Independence, MO

Phone: 816-254-6002

Hours: Monday– Friday 8 a.m.– 8 p.m.; Saturday– Sunday 10 a.m.– 4 p.m.

Services: Accepts Medicaid and Medicare, Physician Visits, Vaccines, Medications

Samuel U. Rodgers Independence Dental Clinic

620 W. 23rd Street, Independence, MO 64055

Phone: 816-254-3382 ~ Fax: 816-254-0472

Hours: Monday– Friday, 8:30 a.m.– 5 p.m.

Services: Accepts Medicaid, Dental Care, HIV, Language Services (Spanish and Language Line)

Swope Health Clinic

1638 Hwy. 24, Independence, MO 64050

Phone: 816-627-2000 ~ Fax: 816-448-2925 ~ www.swopehealth.org

Hours: Monday– Friday, 8:30 a.m.– 5:30 p.m.

Services: Accepts Medicaid, Adult Medicine, Adult Immunizations, Children’s Immunizations, Pediatrics, School Physicals, TB testing, HIV

Community Capacity for Healthcare

City of Independence Health Department– Health Promotion Division

The Health Promotion Division staff informs, motivates, and helps individuals and groups to assume responsibility for improving the health of themselves, their families, and their community. The staff promotes voluntary adoption and maintenance of health practices and lifestyles which will lead to the highest level of individual and community health, and advocates social and environmental changes as needed to facilitate these goals. Within the Health Promotion Division, there are three subdivisions: chronic disease, communicable disease and maternal and child health. Each subdivision focuses on these different aspects of health

Chronic Disease

The Chronic Disease Staff works on prevention and slowing progression of chronic disease. Chronic diseases include cardiovascular disease, stroke, arthritis, cancer, diabetes, pulmonary disease and Alzheimer's disease. Nearly 7 out of 10 Missourians who die each year, die of a chronic illness. The staff works with programs to reduce the burden of chronic disease. The best way to reduce chronic disease is to live your life with healthy lifestyles, thus preventing chronic disease from beginning. Some examples are:

- Good Nutrition
- Never using tobacco products
- Daily physical exercise
- Keeping your weight in an ideal range
- Getting enough rest

The Chronic Disease team also conducts educational and exercise programs for our senior residents at various locations throughout the city. In addition, presentations are available on a wide range of health topics in the community or for work sites.

Communicable Disease

The Communicable Disease and Epidemiology staff is responsible for:

- tracking disease trends in the community
- conducting investigations on reported cases of reportable communicable diseases and outbreaks
- influenza prevention clinics
- providing communicable disease and immunization education to child care facilities, schools and parents
- ensuring children in child care facilities are properly immunized
- comparing and interpreting data in order to detect possible changes in the health status of the population.
- using leading edge disease surveillance systems to detect changes in trends or distribution of diseases in order to effectively investigate, prevent, and control diseases in the community.
- maintaining partnerships with the healthcare community
- community communicable disease education including a Public Health Newsletter distributed to physicians, nurses and pharmacists, a Child Care Newsletter and Business Newsletter.

The Communicable Disease and Emergency Preparedness staff have also developed and have accessible many courses for those in the community including businesses, child care providers, churches, etc.

Community Capacity for Healthcare

Maternal and Child Health

The Maternal Child Health staff is dedicated to a variety of activities and programs that affect the health, safety, and well being of mothers, children, and adolescents. MCH nurses are involved in many areas of needs assessment, capacity building, and service coordination.

Classes Offered for Child Care Providers

- Adult & Childhood Immunizations
- Air Quality in the Child Care Setting
- Asthma Education
- Blood Borne Pathogens
- Car Seat Safety (providers and parents)
- Children with Special Health Care Needs
- Communicable Disease in the Child Care Center
- Emergency Preparedness
- First Aid
- Healthy Smiles: Oral Health of Young Children
- Heartsaver CPR
- Menu Magic: Menu Planning for Child Care
- Poison Prevention (providers & parents)
- Safe Sleep Practices & Sudden Infant Death Syndrome (SIDS) in the Child Care Setting
- Saving Lives; the importance of CPR & AEDs
- Shaken Baby Syndrome
- Socializing Healthy Habits: Nutrition & Physical Activity
- Summer Safety (parents)

Children's Classes

- Hand Washing
- Organ Wise Guys; Healthy Habits
- Show Me Your Smile: Oral Health
- Spike's Poison Prevention Adventure

Below is a listing of the division's programs that are offered in the community.

CATCH (Coordinated Approach to Child Health) & Kid Power

Programs that focus on nutrition education and physical activity for kids 5-12 years old and their families.

CPR (Cardio-Pulmonary Resuscitation)

CPR classes including AED (Automated External Defibrillator) and First Aid training

Daycare Consultation

Provides education for pre-school aged children and their parents and also provides consultations for daycare providers.

Community Capacity for Healthcare

City of Independence Health Department

Emergency Preparedness - Ready in 3

Provides self-help information to be better prepared for any disaster.

Freedom From Smoking

Freedom From Smoking is a stop-smoking course lasting eight weeks. Instructors have been trained by American Lung Association which developed the program. Classes will emphasize long-term freedom from smoking.

Health Promotion classes

These classes are offered to community groups of all ages including chronic and communicable disease prevention, tobacco cessation, asthma management, safety, lead poisoning prevention and fitness.

Home Visiting program

Home visits provided by a registered nurse for high risk moms and newborns in collaboration with Child Abuse Prevention Association

Open Airways

Children who received the *OAS* program took more steps to manage their asthma, improved their school performance, and had fewer and less severe asthma episodes. The program works by teaching children that it is okay to have asthma and that they can take control of their asthma. Public Health Nurses work with the school nurse and teachers to find the time that works

PEEPI (Peer Exercise Program Promotes Independence)

PEPPI is a physical activity program specifically designed for adults aged 60 and over. to increase and maintain their level of fitness and independence.

Second Hand Smoke Campaign

Metrowide campaign educating adults on the effects of second-hand smoke on infants and children.

TATU (Teens Against Tobacco use) & Smokebusters

These are two programs that recruit, train and support tobacco-free youth advocates to educate the community and legislators on the effects of tobacco use.

Worksite Wellness

Encourages healthy lifestyle changes for work groups.

Youth Court

Youth Court provides education on the effects of tobacco use for minors convicted of possession of tobacco products.

Community Capacity for Healthcare

Coalitions/ Committees

APIC (Association for Professionals in Infection Control and Epidemiology)

APIC's works to improve health and patient safety by reducing risks of infection and other adverse outcomes. APIC's members include nurses, epidemiologists, physicians, quality and patient safety professionals, healthcare executives, microbiologists, clinical pathologists, laboratory technologists, and public health practitioners.

Buckle Up Our Future

Community committee concerned with child passenger safety; provides community education, conducts bi-monthly car seat checks, and provides seats at low cost.

CAPA (Child Abuse Prevention Association) Board of Directors

An agency whose mission it is to provide services for victims of child abuse of any sort, and to prevent all forms of abuse through education and family support, and community awareness.

CDLAP (Communicable Disease Liaison Advisory Panel)

A panel that consists of communicable disease nurses, infection control practioners and the communicable disease liaison nurses for the Kansas City region that discuss hospital and community disease surveillance.

Coalition for Child Safety

Multi-agency community coalition whose purpose it is to strengthen families and protect children. IHD has provided leadership for the 7 years of its existence. IHD and the Coalition for Child Safety are initiating a new discussion group/ad hoc group to discuss possible strategies for addressing animal cruelty/family violence/child abuse. It includes members from the veterinarian community as well as IHD Animal Services, CAPA, Children's Division, Hope House, IPD, Animals' Best Friends, and IFD.

Coordinated Community Council on Domestic Violence

Council that meets quarterly to review grants, DV stats, & possible interventions; Commissioner Rosen, IPD, Hope House, Parole & Probation, Prosecutor's Office, other community partners.

Council For Public Health Nursing

Addresses issues that impact public health nursing within the public health system; provides leadership, expertise, and coordination of public health nursing issues including practice, standards, education and recruitment; made up of nurses from across the state.

Domestic Violence Task Force

Comprised of hospital, Hope House, IHD; devised standard screening policy/procedure for Independence hospital; implements awareness messages internally, reviews statistics for hospital advocacy program.

Emergency Services Committee

Collaborative committee between public health, Fire, Police, Centerpoint Medical Center, and the local ambulance service.

Emergency Services Medical Advisory Committee

Assists in the process of assessing the current EMS system; responsible for reviewing the consultant's EMS Assessment Report and making recommendations for any changes or improvements to the current EMS system.

Community Capacity for Healthcare

ESIQ (Epidemiology Surveillance Isolation and Quarantine)

A task force under the public health subcommittee that consists of regional epidemiologists. Currently the task force is developing a bi-state disease surveillance system.

Graceland University Advisory Board

Advises the University on curriculum, enrollment, and recruiting issues.

Hungry and Homeless

Helps return those in need to a life they desire to better coordinate services offered.

Insurance Review Committee

Employees reviewing 7 RFPs for the City's Life, LTD, & ADD policies for selection of insurance carrier for the next 3 years.

JCIAC (Jackson County Inter-Agency Council)

JCIAC is a council that works together to improve communication between health and human service agencies, organizations and associations in Eastern Jackson County. Members work together to identify unmet needs and to increase public awareness of available resources.

LINC (Local Investment Commission) Council on Health and Aging

The local investment commission creates a new community governance model driven by direct involvement informed families and citizens. This neighborhood based decision making process leads to restructuring of existing low income families. LINC works to find how best to organize services for the poor, whose fragile existence depends on the availability, accessibility and affordability of child care , good schools, health care, jobs, emergency assistance and other basic services.

MARC (Mid-America Regional Council) Commission on Aging

Serves as the association of city and county governments and the metropolitan planning organization for the bi-state Kansas region. The Department of Aging Services functions as the Area Agency on Aging for Cass, Clay, Jackson, Platte and Ray counties in Missouri. Area Agencies on Aging (AAA work with the Administration on Aging and the Missouri Department of Health and Senior Citizens to address aging issues on the local level. They advocate for, design, and implement programs to meet the unique needs of older citizens within the five counties they serve.

MARC/MOHAKCA Second Hand Smoke Committee

Cooperative group of 11 LPHAs who are funded via the Health Care Foundation to conduct a 'protecting kids from second hand smoke' campaign.

Mid America Immunization Coalition

A program of the Mother & Child Health Coalition. Mission/goal is that all of greater KC's children, adolescents and adults will be protected against vaccine preventable diseases. The Mid America Immunization Coalition was founded in 1992. It is composed of representatives of public and private health care, managed care organizations, hospitals, pharmaceutical companies, education centers and neighborhood organizations. Quarterly meetings.

Mother and Child Health Coalition of Greater Kansas City

Bi-state coalition made up of several committees (Responsible Choices, Adolescent Health, Weighing In, Pregnancy, Infant, & Child, Legislative, SafeKids, Mid America Immunization Coalition, etc) serving the metro area.

Community Capacity for Healthcare

Parents University

Major project of Coalition for Child Safety; annual 1/2 day workshop for parents with great activities for children as well; many community partners support this event.

Plans Task Force

Regional committee focusing on local public health emergency response plans.

Regional Homeland Security, First Responder Subcommittee

Regional committee that deals with first responder issues.

Regional Homeland Security, GIS Subcommittee

Regional committee focusing on the use of Geographic Information Systems (GIS) in emergency planning/response.

RHSCC Public Health Subcommittee - Regional Homeland Security Coordination Committee

Regional committee that focuses on all aspects of public health, including: public information, disease surveillance, isolation and quarantine, training and exercise and mass immunization and/or mass prophylaxis of the metro area.

Risk Communications

A group of public information officers that address media concerns during disasters and develop uniform messages for regional public health events.

School Health Advisory Council (Independence SHAC)

Multi-disciplinary group to oversee health objectives and policies for the students & staff alike. Drafted Wellness Policy, makes recommendations to administration for policies and practices.

United Way Allocation Team

Assist in reading proposals for UW funding, provide guidance to ensure the UW objectives are clearly stated and implemented.

Weighing In

Weighing In which is administered through, the Mother and Child Health Coalition of Greater Kansas City, is a collaborative of individuals representing Kansas City-area schools, health care, public health, community organizations, and corporations who care about childhood obesity in our community. Meets to discuss area and national best practices, to network and to develop collaborative projects.

Community Capacity for Healthcare

Voluntary Agencies and Services

Agency/ Organization	Phone #	Contact Name
Boys and Girls Club	816.461.1422	Michelle Ruffin
CCRC Food Pantry	816.254.4576	M/M Raymond Castellano
Central Independence Baptist Food Pantry	816.254.9579	
Citizens Civic Relief Commission	816.254.7234	Carolyn Moore
Community Housing	816.373.7404	Bill Baker
Community Services League	816.254.4100	Sue Crumpton
Crossroads Salvation Army	816.252.3200	Cathy Asher
Eastside Baptist Church Mercy Meals	816.796.0955	Pastor Mike Schnelle
Head Start	816.521.5387	Tiffany Davis
Hillcrest Ministries	816.461.0468	Lu Ann Blankan
Hillcrest Ministries	816.682.2952	Cotton Sivils
Lunch Partners	816.254.6040	Jim Gates
Lunch Partners	816.461.7215	Fred Larsen
Messiah Lutheran Church	816.254.9405	Barbara Hulfe
Ministerial Alliance	816.853.5875	Josef Walker
Mother's Refuge	816.356.4797 shelter	Robert Zornes
Mount Washington Baptist Church	816.254.5688	Peggy Bradshaw
Saint Michaels Episcopal Church of Eastern Jackson County	816.373.5333	Mother Pat
Salvation Army Independence Corps	816.252.3200	Kali Gonzales
St. Mark's Parish	816.373.2600	Hilda Beck
St. Mark's United Methodist Church	816.257.1812	Carol Buhrlé
St. Mary's Outreach/St. Vincent De Paul	816.252.8649	Marie Hennigh
Susquehanna Baptist Church	816.257.2080	Pastor Rick Jordan/Sandy Bishop
United Services Community Action Agency	816.833.4333	Pam Dale/Linda Nicely
United Way	816.559.4738 816.795.8991	JoAnn Gann Barbara Potts

Community Capacity for Healthcare

Additional Health Information

WEBSITES

Chronic Disease	Abuse Prevention	Nutrition
www.americanheart.org	www.dhss.mo.gov/elderabuse	www.americandieteticassociation.org
www.diabetes.org	www.childabuseprevention.org	www.5aday.org
www.lungusa.org	www.preventchildabuse.org	www.cookinglight.com
www.arthritis.org	www.preventelderabuse.org	www.mypyramid.gov
www.nih.gov	www.womenagainstviolence.org	www.foodtimeline.org
www.cdc.gov		www.nutrition.gov
www.cancer.org		www.cdc.gov/nutrition/
www.cdc.gov		www.mayoclinic.org
www.thecommunityguide.org		
www.chronicdisease.org		
www.who.org		
www.fightchronicdisease.org		
www.healthyagingprograms.org		

Medication	Tobacco	Injury Prevention
www.walmart.com/pharmacy	www.MoTobaccoControl.com	www.injuryprevention.org
www.medicare.gov	www.tobaccofreekids.org	www.who.int/violence_injury_prevention/
www.rxlist.com	www.no-smoke.org	
www.fda.gov	www.breatheeasy.mo.org	
	www.whyquit.com	
	www.tobacco.org	
	www.tobacco-cessation.org	
	www.smokefree.gov	
	www.americanheart.org	

Infectious Diseases

www.cdc.gov
www.who.org
www.mayoclinic.org
www.dhss.mo.gov/CDManual/CDManual.htm

Resources

Data Sources for this report

American Community Survey	www.census.gov/acs/
City of Independence	www.independencemo.org
DHSS– Epidemiological Profile of HIV Disease & STDs in MO	www.dhss.mo.gov/HIV_STD_AIDS/Data
Food and Drug Administration	www.fda.gov
Highway Safety Report– Municipal Division. FY-2007	
Independence Chamber of Commerce	www.independencechamber.com
Independence Community Development	www.independencemo.org/comdev/
Independence Health Department	www.independencemo.org/health
Independence Police Department	www.ci.independence.mo.us/ipd/
Independence School District	www.indep.k12.mo.us/
Independence Water Department	www.ci.independence.mo.us/water/
Independence Water Pollution Control	www.ci.independence.mo.us/wpc/
Local Investment Commission	www.kclinic.org
Missouri Census Data Center	mcdc2.missouri.edu
Missouri Department of Economic Development	ded.mo.gov
Missouri Department of Elementary and Secondary Education	dese.mo.gov
Missouri Department of Mental Health	www.dmh.mo.gov
Missouri Health Care and Access Survey (SAMHSA)	www.samhsa.gov
Missouri Information for Community Assessment	www.dhss.mo.gov/MICA/
Uniform Crime Reporting Statistical Query. Missouri State Highway Patrol Statistical Center	www.msHP.dps.missouri.gov/MSHPWeb/SAC/data_and_statistics_ucr.html
US Census Bureau	factfinder.census.gov
US Department of Health and Human Services	www.hhs.gov/

Acronyms

AAA	Area Agencies on Aging
ACS	American Community Survey
AIDS	Acquired Immune Deficiency Syndrome
AMR	American Medical Response
ATA	Area Transportation Authority
BSN	Bachelors of Science in Nursing
CAPA	Child Abuse Prevention Association
CATCH	Coordinated Approach To Child Health
CCOT	Child Care Orientation Training
CDA	Hanthorn Child Development Associate students
CDC	Center for Disease Control and Prevention
CHA	Community Health Assessment
CHES	Certified Health Education Specialist
CIAA	Clean Indoor Air Act
CNS	Central Nervous System
COPD	Chronic Obstructive Pulmonary Disease
DART	Disaster Animal Response Team
DESE	Missouri Department of Elementary and Secondary Education
DHSS	Missouri Department of Health and Senior Services
DV	Domestic Violence
EHO	Environmental Health Operations Guide
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
FDA	Food and Drug Administration
GI	Gastrointestinal Illness
HIV	Human Immunodeficiency Virus
HSEEP	Homeland Security Exercise Evaluation Program
IFD	Independence Fire Department
IHD	Independence Health Department
IPD	Independence Police Department
ISD	Independence School District
JCIAC	Jackson County Inter-Agency Council
JTTF	Joint Terrorism Taskforce
L.I.F.E.	Life Is Fitness and Education
LINC	Local Investment Commission
LPHA	Local Public Health Agency
LTD	Long Term Disability
MARC	Mid-America Regional Council
MCDC	Missouri Census Data Center
MEIS	Metropolitan Emergency Information System
MICA	Missouri Information for Community Assessment
MOHAKCA	Metropolitan Official Health Agencies of Kansas City Area
MS	Masters of Science
NACCHO	National Association of County and City Health Officials
NCCP	Neighborhood Code Compliance Program
NDMS	National Disaster Medical System
NRT	Nicotine Replacement Therapy
OAS	Open Airways for Schools
OATS	Older Adults Transportation Service
PASS	Personnel Accountability Security System

Acronyms

PEPPI	Peer Exercise Program Promotes Independence
RHSSC	Regional Homeland Security Steering Committee
RN	Registered Nurse
SAMHSA	Substance Abuse and Mental Health Services
SBS	Shaken Baby Syndrome (changing to something r/t “head trauma”)
SHAC	School Health Advisory Committee
SNS	Strategic National Stockpile
STD	Sexually Transmitted Disease
SUR	Samuel U Rogers Health Center
TEW	Terrorist Early Warning
THCF	Truman Heartland Community Foundation
UW	United Way
VRBPAC	Vaccines and Related Biological Products Advisory Committee
WHO	World Health Organization
WIC	Women Infants Children
WPC	Water Pollution Control
YTD	Year to Date

Clean Indoor Air Act

4.1.3 Essential Public Health Services: Tobacco

The implementation and regulation of the Clean Air Act of 2006 (CIAA) requires teamwork from various agencies of the city government. The Independence Health Department (IHD) is responsible for the implementation, education, complaints, and compliance of this ordinance.

- The Health Promotion Division staff of IHD has assumed the responsibility of producing and distributing educational material to businesses, government agencies, educational agencies and the general public prior to the date of implementation of the CIAA on March 17, 2007.
- The Health Promotion Division staff continues to act in an advisory capacity for questions from the public and businesses regarding the CIAA.
- The Food and Institution and the Code Compliance Divisions of IHD undertakes the complaint and compliance implementation of the ordinance.
- The Fire Department monitors compliance during routine inspections.
- Power and Light permitted the IHD to inform businesses about the ordinance through a one-time reminder posted on the commercial utility bill one month prior to the CIAA implementation.
- The Technology Department helped to develop a computer program to coordinate the complaint and compliance piece so that the Food and Institution and the Code Compliance Divisions could communicate with each other.

The Independence Police Department is available to assist the Foods and Codes Divisions as needed on complaint calls.

With the implementation of any smoke-free laws comes an increase in people wanting to quit smoking. It is the mission of the IHD to provide smoking cessation services to all who request it. Since the incidence of smoking increases with lower income and less education, the IHD offers classes at a minimal charge or free depending on grant resources. There are many facts that support the benefits of cessation education and access to Nicotine Replacement Therapy (NRT).

Cigarette smokers are absent from work 6.5 days per year more than non-smokers.

Approximately 8% of a smoker's working hours are spent smoking.

Smokers make about six more visits to health care facilities per year than non-smokers.

The average lifetime medical care cost for male smokers are 32% higher than for men who do not smoke. Female smokers cost 24% more than those that do not.

Therefore:

- The IHD Health Promotion Division provides both evening and noon "Freedom From Smoking" cessation classes throughout the year. These classes have a cost of \$30 but due to grants received from the Health Care Foundation of Greater Kansas City, the Health Promotion Division has been able to offer this 8 week course for free as well as one month of free Nicotine Replacement Therapy to participants.
- In addition, Freedom From Smoking is offered to businesses, community centers, and other groups wishing for onsite smoking cessation classes.
- Advertising is done periodically for Freedom From Smoking through City 7 government TV, the City of Independence website and The Examiner Newspaper.

There is evidence that combining cessation education classes with NRT increases long-term quit rates. Researchers recommend combining nicotine replacement therapy with advice or counseling from a doctor, dentist, pharmacist, or other health provider.

Appendix 1

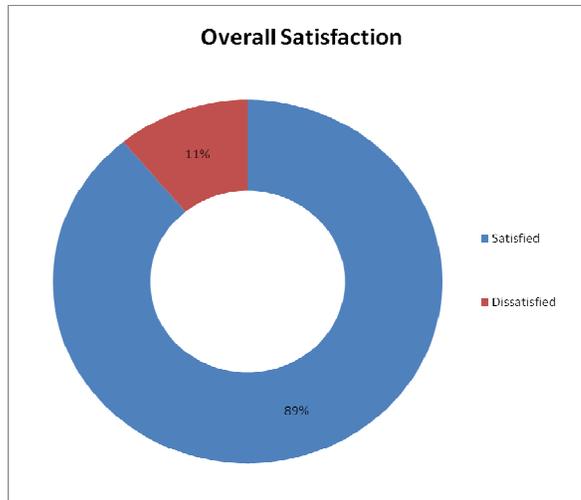
The IHD has two staff trained by the American Lung Association to implement and teach Freedom from Smoking classes. They are Joanie Shover BS,MS in Physical Education and Ed. Specialist in Wellness Education; and Karen Van Fleet RN, BSN in Nursing.

Evaluations were done for the CIAA and Freedom From Smoking classes.

Spreadsheets for complaints and compliance for the CIAA are kept by the Food and Institution, and Codes divisions. These are monitored for repeat complaints and those who continue to be non-compliant. The number of complaints diminished as the first year of the CIAA came to a close. To monitor public opinion of the implementation of the CIAA, a random community survey was sent out to 2,000 residences in Independence. Of these, 425 surveys were returned with an 89% overall satisfaction with the CIAA. Chart below shows questions that were asked and the level of satisfaction:

How satisfied are you that:	Satisfied	Dissatisfied	Don't Know
The Independence Clean Indoor Air Act of 2006 was implemented smoothly	258	30	124
Restaurants are in compliance with the Independence Clean Indoor Air Act of 2006	302	18	87
Bars are in compliance with the Independence Clean Indoor Air Act of 2006	137	30	237
Other businesses are in compliance with the Independence Clean Indoor Air Act of 2006	265	21	123
Overall enforcement of the Independence Clean Indoor Air Act of 2006	251	28	130
Information provided to the community regarding the Independence Clean Indoor Air Act of 2006	210	52	144
Accessibility of information concerning the Independence Clean Indoor Air Act of 2006	194	36	177

Appendix 1



Spreadsheets are kept with data from the Freedom From Smoking cessation classes. Participants are contacted at three, six, and one year intervals to evaluate cessation progress. Below is a sample of data collected from 2007-2008 (except for the one year follow up.) The average of participants smoke free after six months was 37.8%. The quit rate is similar to other cessation programs throughout the nation.

Schedule of Smoking cessation classes and percentage of participants still smoke-free.

Date	Place or Company	# of Participants	# completed	% of people tobacco free after 6 months
3/13/2007	Independence Regional Health Center	6	4	66%
3/20/2007	Southview Manor	13	3	23%
3/20/2007	Pleasant Heights	14	11	14%
3/29/2007	Power and Light	12	2	22%
4/11/2007	Water Pollution	10	5	22%
4/16/2007	Public Works	10	8	67%
4/18/2007	Water Dept.	9	3	9%
4/19/2007	Community	8	5	38%
5/15/2007	Community	6	4	67%
7/10/2007	Community	6	4	67%
9/10/2007	Hemco	6	6	50%
9/18/2007	Community	7	2	28%
*1/8/2008	Truman Memorial Building	21	13	62%
*1/10/2008	IHD	28	7	25%
*3/11/2008	Centerpoint	9	4	44%
*3/14/2008	IHD	5	2	40%
*3/15/2008	Centerpoint	3	1	33%

Appendix 1

The IHD also sponsors tobacco education classes for Youth Court, which is a peer court. Juvenile offenders are given the option of appearing before Youth Court or going to Jackson County Family Court. They are tried, judged, defended, and convicted or exonerated by a court made up of other juveniles. Youth Court has guidelines established by adults. Adults are available to monitor proceedings. If found guilty, students have the option to attend classes designed to focus on their crime. Because tobacco use is illegal for minors, those children attend a tobacco education class sponsored by the Health Promotion Division. Youth Court is supported with funds from the Combat Tax and co-sponsored by the Eastern Jackson County Bar Association. Through this program, the IHD has had forty-eight students assigned to participate in tobacco education and prevention classes in 2007.

Project Smokebusters is a three-year program sponsored by The Missouri Department of Health and Senior Services and the University of Missouri. The main focus of the program is to influence youth to become critical thinkers, to avoid tobacco use, and to become advocates for a tobacco free environment. Smokebusters focuses on helping youth build skills in the area of decision making, problem solving, and advocacy. These skills are the foundation for developing self-esteem and taking responsibility for not only their own health but their community's as well.

In 2005 Independence Health Department trained 80 high school students in Phase one of Smokebusters. The 2006, four high schools sent 100 students to train all three phases of the Smokebusters advocacy program. To date, the Independence Health Department has trained a total of 239 students and mentors in Smokebusters and have reached thousands in the community about the dangers of tobacco and secondhand smoke.

Community Stakeholders Survey

The Independence Health Department developed a survey and distributed the survey to two key stakeholder groups, the Board of Health and Jackson County Inter-Agency Council. The following questions were asked:

- Rank the top five health and disability issues affecting the community.
- Rank the factors that influence health.
- Rank top five age and gender groups that have the greatest health needs.
- What other population groups health needs have not been met?
- Is the community offered health education programs that pertain to the health problems of the community?

Below are the responses to the questions listed above.

Top Five Health and Disability Issues in Independence

1. Cancer
2. Obesity
3. Cardiovascular Disease
4. Diabetes
5. Depression/ Psychiatric Disorders

Top Five Factors That Influence Whether People in the Community are Healthy

1. Cost of Services
2. Income
3. Transportation
4. Family Support
5. Housing

Top Five Age and Gender Groups that Have the Greatest Health Needs in the Community

1. Female Children (aged 0-14)
2. Male Children (aged 0-14)
3. Female Seniors (aged 65+)
4. Male Seniors (aged 65+)
5. Female Youth (aged 15-24)

** Male Children, Female Seniors and Male Seniors are not ranked in any particular order**

Other Population Groups Whose Needs Are Not Currently Being Met

- Homeless
- African Americans
- Hispanics
- Lower socioeconomic groups

86% of the respondents feel that the community is offered health education programs that pertain to the health of the community.

Glossary

Adult Abuse

Deaths

Resident deaths for the period indicated for which the underlying cause of death was injury due to adult abuse.

Hospitalizations

Resident hospital discharges during the period indicated, for injuries due to adult abuse.

Emergency Room Visits

Resident emergency room visits during the period indicated, for injuries due to adult abuse.

Adult Crime Rate

Crime committed by persons 18 and over.

Age Adjusted Rate

Age-adjusting a rate is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. The same distortion can happen when we compare races, genders, or time periods. Age adjustment can make the different groups more comparable.

Aggravated Assault

An attack upon a person, usually with a weapon, for the purpose of inflicting severe bodily injury.

Alcohol/ Drug Related Traffic

Any alcohol or drug related traffic incident

All Causes

An age-adjusted death rate for all causes of death.

Alzheimer's Disease

The total number of resident deaths over the eleven-year period for which the underlying cause of death was given on the death certificate as Alzheimer's Disease.

Arson

Any willful burning of attempt to burn a building, vehicle or other personal property.

Asthma

Preventable Hospitalizations

Resident hospitalizations with a primary diagnosis of asthma

Auto theft

The theft of a motor vehicle.

Birth Data (live births, fetal deaths and infant deaths)

The same county of residence definition as used for deaths is applied to the mother. The child is considered to have the same residence as the mother. Missouri receives birth certificate data from other states for Missouri-resident births taking place in those states.

NOTE: The *birth rate* for a county containing a college may appear to be low because female college students are included in the county population when calculating the birth rate, even though few of them will become mothers while in college.

Glossary

Binge drinking

Persons who reported drinking 5 or more drinks on one or more occasions in the past 30 days.

Birth Spacing

Refers to the amount of time between births.

Burglary

The unlawful entry of a structure to commit a felony or theft.

Cancer (Malignant Neoplasms)

Resident deaths for which the underlying cause of death was given on the death certificate as a malignant neoplasm (cancer). This includes leukemia and cancers of various organs, but excludes benign neoplasms, carcinoma in situ and neoplasms of uncertain behavior.

Care Began First Trimester

Resident live births in which the mother started prenatal care in her first trimester of pregnancy and the percent this number is of total resident live births with a known value for month prenatal care began.

Child Abuse

Deaths

Resident deaths for the period indicated for which the underlying cause of death was injury due to child abuse.

Hospitalizations

Resident hospital discharges during the period indicated, for injuries due to child abuse.

Emergency Room Visits

Resident emergency room visits during the period indicated, for injuries due to child abuse.

Chronic Disease

Chronic diseases—such as heart disease, cancer, and diabetes—are the leading causes of death and disability in the United States. Chronic diseases account for 70% of all deaths in the U.S., which is 1.7 million each year. These diseases also cause major limitations in daily living for almost 1 out of 10 Americans or about 25 million people. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy behaviors such as eating nutritious foods, being physically active, and avoiding tobacco use can prevent or control the devastating effects of these diseases.

Chronic Lower Respiratory Disease

Resident deaths for which the underlying cause of death was given on the death certificate as chronic obstructive pulmonary disease and allied conditions. This category is called "chronic lower respiratory diseases" in the National Center for Health Statistics' current listing of leading causes of death. Included are: Bronchitis (unless it is specified as acute bronchitis), emphysema, asthma, bronchiectasis, and chronic airway obstruction not elsewhere classified. The vast majority of the deaths in this category are attributed to "Chronic airway obstruction not elsewhere classified."

Chronic Obstructive Pulmonary Disease

Preventable Hospitalizations

Resident hospitalizations with a primary diagnosis of chronic obstructive pulmonary disease (COPD). Includes chronic (non-acute) bronchitis, emphysema, bronchiectasis, and chronic airway obstruction not elsewhere classified. Hospitalizations for asthma are not included in this definition.

Glossary

Communicable Disease

A potentially harmful organism or its toxic products that can be transmitted from one human host, reservoir, or lower animals to susceptible human hosts.

Death Data

Residence is the place (county) where the decedent lived most of the time (usual place of residence at the time of death), regardless of where the death took place. Missouri receives death certificates from other states for Missouri residents dying in those states. Temporary residence such as a visit, business trip or vacation are not considered usual place of residence. However, place of residence during a tour of military duty or attendance at college is counted as usual place of residence. If a person had been living in a long-term institution, nursing home or prison, this is considered usual place of residence.

Diabetes

Answered yes to "Have you ever been told by a doctor that you have diabetes?"

Diabetes as underlying cause

Resident deaths for which the underlying cause of death was given on the death certificate as diabetes.

Diabetes as underlying or contributing cause

Resident deaths for which diabetes was listed on the death certificate as having played any role in causing the death. This includes deaths for which diabetes was the underlying cause (the indicator above), those for which diabetes resulted from the underlying cause, and those for which diabetes was a significant condition contributing to the death but not resulting from the underlying cause. (ICD codes used are the same as for underlying cause.)

Diabetes Mellitus

Resident deaths for which the underlying cause of death was given on the death certificate as diabetes.

Disposed

Gone to court

Domestic Violence

Resident emergency room visits for the period indicated for which the cause was unintentional injury due to falls.

Falls

Hospitalizations

Resident hospital discharges for the period indicated for which the cause was unintentional injury due to falls.

Family household

A family includes a householder and one or more people living in the same household who are related to the householder by birth, marriage, or adoption. All people in a household who are related to the householder are regarded as members of his or her family. A family household may contain people not related to the householder, but those people are not included as part of the householder's family in census tabulations. Thus, the number of family households is equal to the number of families, but family households may include more members than do families. A household can contain only one family for purposes of census tabulations. Not all households contain families since a household may comprise a group of unrelated people or one person living alone.

Glossary

Filed

Waiting to go to court

Heart Disease

Resident deaths for which the underlying cause of death was given on the death certificate as heart disease.

This category of "heart disease" is one of the National Center for Health Statistics' standard categories for ranking the leading causes of death. In addition to "Ischemic Heart Disease," some of the causes included are: rheumatic heart disease, hypertensive heart disease, pulmonary embolism, various valve disorders, cardiomyopathy, atrial fibrillation, and congestive heart failure.

Homicide

Deaths during the eleven-year period for which the deceased was intentionally assaulted or killed by another. The vast majority of homicides are committed with handguns or unspecified firearms. Delayed effects of assault are also included.

Human Immunodeficiency Virus; HIV/AIDS

Resident deaths for which the underlying cause of death was given on the death certificate as HIV/AIDS.

Immunization

The process or procedure by which a subject (person, animal, or plant) is rendered immune, or resistant to a specific disease. This term is often used interchangeably with vaccination or inoculation, although the act of inoculation does not always result in immunity.

Inadequate Prenatal Care

Resident live births in which the mother had inadequate prenatal care and the percent this number is of total resident live births with known adequacy of care for the same time period. Inadequate prenatal care is defined as fewer than five prenatal visits for pregnancies less than 37 weeks, fewer than eight visits for pregnancies 37 weeks or longer or care beginning after the first four months of pregnancy. If adequacy of prenatal care could be determined even if month care began or visits were unknown, then these records were included.

Infant Deaths

The total number of resident deaths to babies born alive and dying before their first birthday. Rate is per 1,000 live births during the noted eleven-year period.

Infants Participating in WIC

Number of resident infants born in noted year and participating in WIC as infants (prior to their first birthday-unduplicative count) and the % this number is of total resident live births. WIC participation acquired from the WIC Certification data sets. WIC data could be off for any given county because of problems in identifying county of residency with the WIC Certification data sets. % may be over 100 due to in migration to geographic area.

Influenza

Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death.

Juvenile Crime Rate

Crimes committed by persons under the age of 18.

Glossary

Kidney Disease (Nephritis and Nephrosis)

The total number of resident deaths over the eleven-year period for which the underlying cause of death was given on the death certificate as nephritis, nephrosis, or nephrotic syndrome. Most of the deaths in this category are attributed to chronic renal failure, or to renal failure, unspecified whether chronic or acute.

Larceny

Stealing the property of another.

Long– term Care Facility

A long-term care facility is a facility that provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. Long-term care facilities include nursing homes, rehabilitation facilities, inpatient behavioral health facilities, and long-term chronic care hospitals.

Low Birth Weight

Number of resident infants born alive and weighing less than 2,500 grams (5.5 pounds) and the % this number is of total live births for the noted time period.

Medicaid Participation

"Medicaid Participation" in these tables refers to people with a Medicaid card. This is an unduplicated count of these participating in Medicaid as of July 1, 2007.

Morbidity

Incidence of disease.

Mortality

Deaths of residents of the area.

Mother Smoked During Pregnancy

Resident live births to mothers smoking during pregnancy and the % this number is of total resident live births.

Motor Vehicle Traffic

Deaths

Resident deaths for the period indicated for which the underlying cause of death was unintentional injury due to motor vehicle traffic crashes.

Neonatal Deaths

The total number of resident deaths to babies born alive and dying during the first 27 days of life. Rate is per 1,000 live births for the noted eleven-year period.

No Prenatal Care

Resident live births in which the mother did not receive prenatal care and the % this number is of total resident live births with a known value for month prenatal care began.

Obesity

Persons who reported weight and height (without shoes) from which the calculated body mass index is 30 or greater.

Glossary

Occupied housing unit

A housing unit is classified as occupied if it is the usual place of residence of the person or group of people living in it at the time of enumeration.

Overweight

Persons who reported weight and height (without shoes) from which the calculated body mass index would be greater than or equal to 25 and less than 30. Body mass index (BMI) equals weight in kilograms divided by height in meters squared. (Weight in pounds divided by 2.2 = kilograms. Height in inches times 2.54, divided by 100 = meters.)

Pending

A state charge that is waiting to be reviewed

Percent Difference

The difference of two means expressed as a percentage.

Perinatal Deaths

The total number of resident fetal deaths 20 or more week's gestation plus neonatal deaths. Rate is per 1,000 (live births plus fetal deaths) for the noted eleven-year period.

Pneumonia and Influenza

Resident deaths over the eleven-year period for which the underlying cause of death was given on the death certificate as pneumonia or influenza. This includes viral and bacterial pneumonia, bronchopneumonia, and influenza with or without pneumonia or other respiratory manifestations.

Pneumonia and influenza are grouped together because of the difficulty of separating them. For example, some cases of influenza lead to pneumonia and are attributed to the pneumonia when the underlying cause is really influenza.

Caution: An apparent decrease in deaths due to pneumonia and influenza in the late 1990's was caused by changes in the rules for selecting the single underlying cause of death for persons who died of multiple causes. The pneumonia and influenza category is one of the causes most seriously affected by the change. Nationally, the number of deaths attributed to this cause under the new system was estimated to be about 70% of the number which would have been attributed to it prior to the change in classification. Please read the page on selecting and classifying causes of death.

Post Neonatal Deaths

The total number of resident deaths to babies born alive and dying after 27 days of life and before one year of age. Rate is per 1,000 live births for the noted eleven-year period.

Poverty

Following the Office of Management and Budget's (OMB's) Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to detect who is poor. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being "below the poverty level."

Prenatal WIC

Number of resident live births to mothers participating in WIC during their pregnancy and the % this number is of all resident live births with known WIC status. WIC status is acquired from the birth certificate. Surrounding states do not collect program participation information on their birth certificates. Therefore, for those counties where a large number of women go to a surrounding state to deliver (e.g., Atchison, Cass, Clark, Shelby, Harrison, Jackson, Lewis, McDonald, Marion, Mercer, Ozark, Putnam,

Glossary

Ralls, Knox and Pemiscot), the actual number participating in WIC is underreported which also can affect their reported % on WIC.

Preterm Births (<37 Weeks Gestation)

Number of resident infants born alive prior to the 37th completed week of gestation and the % this number is of total live births for the noted time period.

Rape

Forcing a female to engage in sexual intercourse against her will.

Rate

A rate is a ratio of a public health event of interest to the population of those at risk of having the given public health event. Rates are calculated by dividing the number of events by the population at risk or a related population and then by multiplying by a constant depending on the rarity of the event. For example, to calculate the infant death rate, divide the number of infant deaths in a year by the number of live births in that year and multiply by 1,000. To calculate the rate of low birth weight in a year, divide the number of low birth weight infants by the number of live births that year and multiply by 100.

Robbery

To take or attempt to take anything of value from another person by force or threat of violence.

Significantly Different

Statistical significance tests to determine whether the differences between the county rates and the corresponding state rates were probably the result of chance factors.

Statistical significance is easier to obtain with larger populations. For indicators for which the number of deaths (or hospitalizations) is less than 20 the observed rate may be very different from the true underlying rate, so that only a relatively large difference in rates would be considered significant. As the numbers grow larger, the chance component becomes less important and the observed rate is a better estimate of the true rate.

Smoking-Attributable (estimated)

An estimate of the number of deaths which were attributable to smoking. This is the only mortality indicator for which the numbers of events are estimates. All other mortality numbers are counts of actual death certificates.

Smoking-attributable deaths are estimated based on smokers' increased likelihood of dying of various diseases. For example male smokers are 22 times more likely to die of lung cancer than male nonsmokers (12 times for female smokers). For cardiovascular disease, the difference is much less dramatic, but because heart disease deaths are so numerous, smoking contributes to more heart disease deaths than cancer deaths. Smokers are also about ten times more likely to die of chronic airway obstruction than non-smokers. Applying these ratios to the numbers of deaths from smoking-related diseases gives us an estimate of smoking-attributable deaths

Stroke/other cerebrovascular disease

Deaths

Resident deaths for which the underlying cause of death was given on the death certificate as cerebrovascular disease (stroke), whether due to bleeding or to blockage of arteries in the brain. Also includes deaths due to late effects of strokes.

Emergency room visits

Emergency room visits of residents of the area (state, region, county) for which the primary diagnosis was given as ICD-9 codes 430-438. Most of these are due to acute strokes. Others are emergency room

Glossary

visits for treatment of occlusions or aneurysms that have not yet caused strokes. A few are due to transient ischemic attacks, rarer kinds of cerebrovascular disease (e.g. Moya-moya disease), or late effects of strokes. Persons who are admitted to the hospital through the emergency room are not included in these counts and rates; they are counted among the inpatient hospitalizations.

Hospitalizations

Hospitalizations of residents of the area (state, region, county) for which the primary diagnosis was given as ICD-9 codes 430-438. Most of these are due to acute strokes. Others are hospitalizations for treatment of occlusions or aneurysms that have not yet caused strokes. A few are due to transient ischemic attacks, rarer kinds of cerebrovascular disease (e.g. Moya-moya disease), or late effects of strokes.

Sudden Infant Death Syndrome (SIDS)

The total number of resident deaths to babies born alive and dying during infancy before their first birthday with Sudden Infant Death Syndrome (prior to 1999 ICD-9 code 7980 and 1999 forward ICD-10 code of R95) noted as the underlying cause of death. Rate is per 1,000 live births during the noted eleven-year period. SIDS is defined as the sudden death of an infant less than one year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene and review of the clinical history. The number may not agree with the Death MICA because the Death MICA includes SIDS above the age of one.

Suicide

The total number of resident deaths over the eleven-year period for which the underlying cause of death was given on the death certificate as suicide or intentional self-inflicted injury. Delayed effects of self-inflicted injury are also included.

Three Year Moving Average

An average rate of three years. For example, the average of 1991-1993 then 1992-1994 and so on.

Total Unintentional Injuries

Deaths

The total number of resident deaths over the 11-year period for which the underlying cause of death was given on the death certificate as unintentional injury or poisoning.

Emergency Room Visits

The total number of resident visits to hospital emergency rooms for unintentional injuries during the period indicated. Because some people may visit an emergency room more than once, the number of visits are is greater than the number of people they represent.

Unintentional Injury

The total number of resident deaths over the eleven-year period for which the underlying cause of death was given on the death certificate as unintentional injury or poisoning. About half of Missouri's unintentional injury deaths are due to motor vehicle crashes. Other relatively common causes include falls, drug overdoses, fires and drowning.

Injuries and poisonings not included are those due to medical complications, those classified as homicide or suicide, those due to war, and those for which it is undetermined whether accidentally or purposely inflicted.

WIC Utilization

An unduplicated count of Independence resident children ages 1 through 4 participating in WIC and the percent this number is of all resident children ages 1 through 4 using noted year population estimates.