



**2022-2027  
Kansas City Community Health Improvement Plan  
(KC-CHIP)**

**City of Kansas City, Missouri Health Commission**

*Achieving a city-wide collaboration and partnership of organizations and individuals to work together to build a healthier community.*

***Health Commission's KC-CHIP Planning Committee  
City of Kansas City, Missouri Health Department***

## **Title Page**

This Community Health Improvement Plan (CHIP) was approved by the Kansas City Health Commission on April 9<sup>th</sup>, 2021.

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## Executive Summary

When racism is present, health cannot exist. The Health Commission believes that health is a human right. Health includes but is not limited to: 1) opportunities for gainful employment that pays a living wage, 2) opportunities for affordable, quality education and training, 3) opportunities to find and secure safe, affordable and dignified housing, 4) opportunities to find and receive culturally-competent and affordable preventive medical care services, 5) opportunities to live violence free, and 6) opportunities to access healthy foods for oneself and one's family. Facilitating positive health for all individuals (health equity) requires anti-racism approaches that impact all life experiences - which will ultimately impact health outcomes, quality of life and life expectancy.

Health outcomes, quality of life, and life expectancy are not equitable in Kansas City. Kansas City has a long history of investing in the inequality of its Black, Indigenous, and People of Color (BIPOC) communities. This historical disinvestment shows in health outcomes today. Past attempts at reversing inequities in health have only led to wider gaps in life expectancy over time. In 2016, there existed a 12-year life expectancy difference for zip codes in Kansas City<sup>1</sup>. By 2019, that difference grew to 18 years (see Table 1). Black and brown individuals in our community are the ones suffering from racist policies and practices that systematically decrease quality of life, increase poor health outcomes, and ultimately reduce life expectancy. Reversing this inequity requires that Kansas City focus and eliminate long standing racist policies and practices.

**Table 1. Life Expectancy in Kansas City, MO. KCMO Health Department**

High Priority ZIP Code	Life Expectancy (2019)	Difference from Highest Life Expectancy ZIP Code (64113)	Population from Minority Racial/Ethnic Groups
64126	74.1 years	-12.2 years	52.8%
64127	71.3 years	-15.0 years	69.3%
<b>64128</b>	<b>68.1 years</b>	<b>-18.2 years</b>	<b>86.1%</b>
64129	71.6 years	-14.7 years	48.5%
64130	69.4 years	-16.9 years	90.8%
64132	71.3 years	-15.0 years	82.0%
64113	86.3 years		13.7%

The highest life expectancy ZIP code in Kansas City, MO is 64113. This ZIP code consists of 93% white residents, who can expect to live 86.3 years. This is an 18.2 year difference, compared to ZIP code 64128 (86% black residents). Opportunities for life in KCMO are currently not equal.

Therefore, the following priority areas and goals have been identified as key to improving lives in Kansas City, Missouri:

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<sup>1</sup> Kansas City, Missouri Health Department, 2016.

**Priority Area I: Robust Public Health and Prevention Infrastructure**

**Goal 1:** Increase public health capacity of residents of KCMO

**Goal 2:** Increase local funding for public health with a priority focus on BIPOC communities

**Goal 3:** Increase federal funding for public health in KCMO

**Priority Area II: Safe and Affordable Housing**

**Goal 4:** Adopt, at the Municipal Level, a Health in All Policies (HiAP) Framework

**Goal 5:** Invest in Truly Safe, Affordable Rental Housing in low life expectancy zip codes

**Goal 6:** Increase Investment in Zoning Policies to Create More Diverse, Mixed-income Communities in High Priority Zip Codes

**Goal 7:** Monitor, in Real-time Affordable Housing Stock

**Priority Area III: Trauma-informed and Funded Education**

**Goal 8:** Prioritize funding for schools in disinvested areas with lower property values

**Goal 9:** Increase trauma-informed and anti-racist education and practices in the Kansas City education systems

**Goal 10:** Improve Kansas City, MO student graduation rates for BIPOC students

**Priority Area IV: Implementation of Medicaid Expansion**

**Goal 11:** Remove Barriers to Equitable Enrollment for Newly Expanded Medicaid Population

**Goal 12:** Support Expanded Capacity for Service Providers to Provide Equitable Access to Care for Expanded Medicaid Population

**Priority Area V: Violence Prevention**

**Goal 13:** Ensure that experiences between citizens and police are just and rehabilitative, residents and their families must be able to trust that their humanity is fully recognized, and that the justice system will work equitably for all residents

**Goal 14:** Expand community-based restorative and transformative justice programs within education, community, and law enforcement

**Goal 15:** Change the way overall self-directed, interpersonal, and collective violence data are collected to overturn inequities

**Goal 16:** Decrease community violence through application of Crime Prevention through Environmental Design (CPTED) strategies

**Priority Area VI: COVID-19**

**Goal 17:** Ensure equity in testing, vaccine distribution, and resources

**Goal 18:** Provide culturally responsive and language appropriate resources for all Kansas City residents on COVID-19 resources and the long-term impacts of COVID

We charge the City of Kansas City, Missouri, City Council, Health Commission, and Kansas City institutions with combating racism and reducing health inequity for our community. Now is the time that we all must come together to improve the lives of those most marginalized in Kansas City.

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## Introduction and Purpose

The Community Health Improvement Planning (CHIP) Committee was developed as a cross-sectoral planning group of community and organizational representatives to facilitate the development of a framework, along with actionable goals and objectives, for improving health and well-being in Kansas City, especially in our lowest life expectancy zip codes.

The CHIP is generally known as a roadmap for addressing priority health issues in a community. The development of a CHIP is a requirement for public health accreditation of the City of Kansas City Health Department, and can be tied to health department funding.

While CHIPs have traditionally focused on downstream, siloed issues, like chronic disease, this CHIP seeks to advance health by identifying and addressing root causes of poor health, with a focus on racism.

### Vision of Health (CHIP Committee)

All people, regardless of race, income, education, place, or other social determinants should have the opportunity to live healthy lives.

When racism is present, health cannot exist. The Committee believes that health is a human right. Health includes but is not limited to opportunities for gainful employment that pays a living wage, opportunities for affordable and quality education and training, opportunities to find and secure safe, affordable and dignified housing, opportunities to find and receive culturally-competent and affordable preventive medical care services, opportunities to live violence free, and opportunities to access healthy foods for oneself and one's family.

### Shifting the CHIP's Focus to Root Causes and Racism

Racism is the main cause of health inequity in Kansas City that prevents Black and Brown community members from accessing opportunities needed to live a healthy life. Our city has a long history of devaluing and divesting from BIPOC communities. Kansas City is considered the 5th most economically and racially segregated city in the United States highlighting the need to focus on institutional and systemic racism within our community<sup>2</sup>. That marginalization has contributed to the social and political determinants of health that have consistently widened life expectancy disparities in Kansas City. Currently, there exists a 17-year life expectancy difference in White and Black populations in some areas within city limits. In order to affect meaningful change, we must address racism as a public health crisis in our communities. It has been noted, for example, that "higher levels of racial segregation are associated with lower incomes for Blacks, lower educational attainment for Whites and Blacks, and lower levels of safety for all area residents"<sup>2</sup>.

While we know that discrimination and bias based on sex, income, age, sexual orientation or gender identity, HIV status, and other factors also impact health equity in our community and make it difficult for people to live happy and healthy lives, our intention is that by directly addressing racism in this CHIP, it will result in outcomes that benefit all communities of peoples that call Kansas City home.

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<sup>2</sup> Urban Institute, 2017

To overturn health inequities, we know that it is not enough to focus on the downstream outcomes like chronic disease or a lack of access to services. These issues are important, but if our primary focus is on downstream outcomes or individual behavior, we miss an opportunity to impact root causes and make significant changes institutionally that contribute to those outcomes. This is also recommended in the [KC Blueprint for Violence Prevention](#).

That is why this Kansas City CHIP focuses on racism as a foundational root cause. We need to assess how the different types of racism and the way our community institutions are functioning and making decisions impact health and quality of life outcomes. By focusing on the institutions, instead of placing the burden of health on community members, our goal is to make impactful structural and institutional changes that promote anti-racism and result in improved health and well-being for the whole community.

*Therefore, we charge the City of Kansas City, Missouri, City Council, Health Commission, and Kansas City institutions with combating racism, reducing health inequity, and improving the lives of those most marginalized in Kansas City.*

### Defining Racism, Discrimination, and Bias

**Racism:** The belief that humans can be divided into separate and exclusive groups called “race” identified by skin color. The physical, emotional, social, economic, psychological, systemic exploitation and oppression of a person or people on the basis of their membership in a particular racial group, and the distribution of resources diverted away from groups that impact quality of life.

**Discrimination:** The oppression of a group of people by a power class through structural, systemic, and/or individual practices or actions that exclude, disadvantage, or differentiate between people based on certain characteristics, like race, gender, age, [neurodiversity](#), and sexual orientation.

**Bias:** A prejudice or unfair perception in favor of or against a person or group based on certain characteristics, like race, sex, age, neurodiversity, and sexual orientation.

**Table 1. The Four Levels of Racism by Hakima Tafunzi Payne MSN RN.**

<b>Levels of Racism</b>	<b>Jurisdiction and Manifestations</b>	<b>Examples</b>
Systemic Racism (Macro-level systems)	Racism embedded in socially constructed overarching systems that define our lived experience	(e.g., the medical care system, the educational system, the criminal justice system, housing and economic systems, communication/media systems)
Institutional Racism (Macro-level systems)	Racism embedded in organizational structures that impact work, school, recreational and worship practices and other impacts on daily life that is discriminatory in nature	(e.g., hospital policy, church doctrine, workplace rules such as dress codes/hairstyle restrictions, standardized testing, etc.)

Interpersonal Racism (Meso-level systems)	Racist interaction and impacts among and between groups and individuals	(e.g., racist epithets, direct discriminatory behaviors aimed at individuals or groups laden with negative impacts, subscribing to racist ideologies, beliefs and actions)
Intrapersonal Racism (Micro-level systems)	Internalized, and racialized superiority or inferiority impacting one's view of the world and actions in it	(e.g., self-hatred or self-aggrandizement, punitive action toward own group, or constant excusing of own group's misbehavior, self-doubt or self-loathing due to group affiliation, arrogance or assumed correctness due to group affiliation)

COVID in Kansas City: Improving Equity in Testing and Vaccination

The inequities we see in [COVID-19 cases and deaths](#) are extensions of the injustices we have been fighting in KCMO for decades. Race, income, and opportunity are strong predictors of how long we live. People of color are dying too soon, from preventable causes. The chronic diseases we have been battling in our neighborhoods--asthma, diabetes, heart disease--are creating pockets of vulnerability across our city. We have a moral responsibility to address the environmental, economic, political, and behavioral risk factors, whether there is a pandemic or not<sup>3</sup>.

The KC Star noted on February 24, 2021: "The largest numbers of Kansas City residents who have gotten a COVID-19 vaccine live in ZIP codes that are overwhelmingly white, according to city health department numbers and census data.

That's despite widespread knowledge that people of color are disproportionately harmed by the virus because of existing social inequities."

At the time this article was published, it was noted that "the 10 ZIP codes in the city with the largest number of people vaccinated are 64114, 64151, 64155, 64113, 64118, 64157, 64111, 64119, 64108 and 64131.

Of those, the top eight are 73% to 95% white."<sup>4</sup>

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<sup>3</sup> KC Community Health Assessment (CHA)

<sup>4</sup> <https://www.kansascity.com/news/coronavirus/article249479835.html>

# CHIP Methods and Findings

## Establishing the CHIP Committee

In 2019, the Health Commission established the CHIP Planning Committee and, in January 2020, worked with Health Department staff to identify potential committee members across a range of sectors, from medical care, business, transportation, community development, housing, and education. A board matrix was used to recruit community members across race, sex, age, council district, and expertise to help lead development of the CHIP. Committee membership changed over time due to normal attrition and a large change in Health Commission membership, but has generally consisted of residents from 3rd through 6th council districts who are between the ages of 20-50 and identify as African American (30-40%), Hispanic/Latino (10%), and White (50-60%).

## Guiding Development Framework: Mobilizing through Action Planning and Partnerships (MAPP)

MAPP is a strategic planning framework used to guide identification and prioritization of public health issues in a community. The six phases of the MAPP process include: 1) partnership development, 2) visioning, 3), assessment, 4) identification of core public health issues, 5) development of goals and objectives, and 6) implementation. The KC-CHIP committee loosely followed the MAPP framework in developing this CHIP, including the use of the Forces of Change assessment, Community Themes and Strengths Survey, Community Listening Sessions, and a Local Public Health System assessment.

## CHIP Development Timeline

The following timeline was developed and used to guide actions toward revisions to the CHIP.

**Table 2. KC-CHIP Development Gantt Chart.**

Activity	Jan-Mar '20	Apr-Jun '20	Jul-Sep '20	Oct-Dec '20	Jan-Mar '21
Committee Development					
Committee Formation/Appointments					
Identification of Methods/Approach to CHIP Development/Implementation					
Identification of Roles and Responsibilities of Stakeholders in CHIP Development/Implementation					
Collection of Data and Community Input					
Quality of Life/Community Survey					
Forces of Change Assessment with New Health Commission					
Local Public Health System Pre-Assessment					
Virtual Community Listening Sessions					



### Review of Updated Community Health Needs Assessment Data, Existing CHIP Progress, other KC Health Improvement Assessments

The health department, CHIP Committee, and an undergraduate intern reviewed the updated CHA data and, based on this information, provided the committee with a progress report for the existing CHIP. The intern also reviewed other health improvement assessments for Kansas City, such as Community Health Needs Assessments conducted by medical care institutions. This information was summarized into the *Priority Area Assessment Summary* in **Appendix A** and the *CHIP Progress Report* table in **Appendix B**.

Based on the assessment and the CHIP Committee's review of this data, it was determined that priority areas have been largely the same across reports over the years yet, based on our own updated CHIP and CHA data, there has been limited progress in improving health on these issues and in some instances, we have gone backwards as our data reflects conditions worsening. For the 2016-2021 KCMO CHIP, only 7 out of 24 objectives (with some kind of data) have been met, to date. This confirmed for the committee that priority areas are not getting at the root cause(s) of poor health and disparity. Some goals needed to be revised to be more realistic and achievable, but to also shift the focus from individual and population health to actions that can be taken by institutions to have a widespread and meaningful impact on the health and well-being of community members.

### Local Public Health System Assessment

The LPHS assessment is part of the MAPP framework. It is intended to equitably engage organizations that contribute to the community's health in assessing the "components, activities, competencies, and capacities" of the local public health system across the [Ten Essential Public Health Services](#)<sup>5</sup>. The CHIP Committee worked with health department staff to develop a spreadsheet of appropriate contacts in cross-sector organizations to recruit to the assessment, which was developed into an online survey in Qualtrics. The survey was sent to 79 organizations and had a response rate of 18.9%. At least one response was received for each of the Ten Essential Public Health Services. Data was coalesced into a single response for each question based on the average response. If there were two responses that differed by one point in the scale, the lower point in the scale was used.

Prior to COVID-19, the CHIP Committee was planning to engage organizational respondents in a meeting to finalize the LPHA assessment results and to discuss collaboration opportunities. Given circumstances due to the pandemic, the Committee will move forward to engage the organizational respondents by sharing the final results of the assessment by email and discussing opportunities to help implement the CHIP moving forward.

### Community Listening Sessions

As a part of developing the 2021 Community Health Improvement Plan, it was vital to hold community listening sessions. These opportunities were designed to hear from Kansas Citians to determine what needs exist across the area in a comprehensive manner. Seven sessions were held accommodating several potential schedules and access needs. The target audiences included the zip codes identified with low life expectancy and lower density areas of service. The engagement exercises were based on the quality-of-life survey and covered multiple generations, racial/ethnic lines, and urban or rural based communities. All sessions were open to broad issues that are important to Kansas City residents and thirty minutes in each session was dedicated to specific topics referenced on the quality-of-life survey. In addition to scheduled sessions, committee members attended local city council meetings for each represented district to ensure

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<sup>5</sup> National Association of City and County Health Officials.

substantial data collection. Responses were recorded by one committee member and one health department staff as a means of data integrity. To ensure accountability to community members from the CHIP committee, an additional exercise performed was the Forces of Change Assessment.

Forces of Change Assessment

Forces of change are trends, events, or factors that can impact a community over time. They may be social, economic, political, technological, environmental, scientific, legal, or ethical. By identifying the forces of change impacting Kansas City from a local, regional, national, or even global level, the Health Commission and its Committees can be positioned to leverage opportunities and address threats to the health and well-being of Kansas Citians.

Forces of Change assessment was completed by Health Commissioners, newly appointed in Spring 2020, and Health Commission Committee members.<sup>6</sup> Health Commissioners and Committee members have vast knowledge bases across the various health impacts of racism: black maternal and child health, access to healthy housing, quality education, access to quality medical care, violence, and discrimination in the justice system, to name a few. They consist of advocates for equitable health and antiracism, educators, community health workers, doulas, violence interrupters, City Council members, funders, public health professionals, and community members.

In September of 2020, a special meeting was held with Health Commissioners and Committees to facilitate identification of forces of change across specific areas pulled from the Community Health Assessment (CHA) dashboard, including: Healthy Foundations/Living Better, Critical Prevention/End of Life, Healthy Beginnings/Safe Communities, and State of Public Health. An initial presentation defined forces of change and the purpose of the exercise. Attendees were then sent into breakout rooms, based on the CHA areas, for facilitated discussion led by CHIP Committee members to identify forces of change. These forces were discussed and summarized by the CHIP Committee, then sent out in a survey to all attendees asking them to identify the urgency, impact, and capacity for change of each force. The results from this survey are outlined in **Table 3**.

**Table 3. Forces of Change identified by the Kansas City Health Commission and its Committees.**

<b>Force of Change</b>	<b>Impact</b>	<b>Urgency</b>	<b>Capacity</b>	<b>Avg. Weighted Score</b>
Racism (e.g., systemic bias, organizational practice, policies)	88	92	71	83.67
Public health funding	89	84	71	81.33
Affordable Housing standards and policies	79	88	70	79.00
Funding for prevention	86	78	73	79.00
Funding for school (e.g., public school bond levies)	84	78	68	76.67

<sup>6</sup> Committees include: Birth Equity, Budget and Contracts Evaluation, Education, Health Policy and Advocacy, Housing (ad hoc), KC-CHIP Planning, Violence Free KC



Implementation of Medicaid expansion	83	83	62	76.00
Police reform	78	82	67	75.67
Equity and health-focused community development (e.g., developer requirements)	76	76	69	73.67
Redlining (e.g., financial lending policies)	77	77	61	71.67
Health Levy (renewal, protection, remove restrictions)	73	67	73	71.00
Economic development and tax incentive reform	76	74	63	71.00
Trauma-informed education	72	74	64	70.00
Local control of KCPD	69	78	62	69.67
Gentrification	74	72	58	68.00
Representation in state government (e.g. Governor, Lt Governor, etc.)	71	74	52	65.67
Leveraging districts (e.g., Health Science, entertainment) to build capacity for bringing federal funds to Kansas City	66	67	58	63.67

Based on these results, the CHIP Committee identified and presented the following priority areas for consideration to the Health Commission, which were subsequently approved at the December 2020 and February 2021 meeting, and directly informed goal development for the CHIP:

- **Robust Public Health and Prevention Infrastructure**  
Kansas City should invest in building a robust system of public health infrastructure that has the necessary funding resources for the local health department and safety net clinics, focusing on prevention and strategically protecting and promoting the health of all community members, especially in our lowest life expectancy zip codes.
- **Safe and Affordable Housing**  
All people in Kansas City should have fair and affordable access to safe, healthy, and dignified housing.
- **Funded and Trauma-informed Education**  
All students in Kansas City, Missouri, beginning as young as possible, should receive equitable education, trauma-informed support, and constructive interactions from teachers and school staff that prepares them for success in life by having access to opportunities inside and outside of the classroom.
- **Implementation of Medicaid Expansion**  
All individuals should have access to quality, affordable medical care, Medicaid expansion should be implemented across all service providers in ways that ensure those who need it most have equitable and abundant access, with no barriers, to Medicaid resources to keep themselves and their families safe and healthy.

- **Violence Prevention**<sup>7</sup>  
Kansas City leadership's priority should be a violence-free community that ensures necessary funding and support for coordinated, evidence-based approaches, community-level initiatives, and systems-level changes that directly address and eliminate discrimination and bias while advancing equitable policies and practices to provide safe and healthy communities for all.
- **COVID-19: Improving Equity in Resources, Testing, and Vaccinations**  
Equitable resources, testing, and vaccinations for the prevention, treatment, and alleviation of long-term impacts of COVID-19 should be intentionally and fairly distributed to protect and promote the health and well-being of those most affected, prioritizing those communities that have been historically deprived of access and resources.

#### Development of the CHIP

After reviewing data from the assessment of the previous CHIP, other community health needs assessments, and the results from the Forces of Change exercise, the Committee and health department staff assigned Committee members to facilitate development of goals, objectives, and measures in each priority area with other Commission Committees and experts. Notes from these meetings were provided to the Committee and used by Committee members to draft the CHIP. The CHIP was reviewed and revised in sections, first by the CHIP Committee, and then by the other Commission Committees and several Commissioners prior to being finalized. The full draft CHIP was presented to the Health Commission in May 2021 for a vote and approval.

#### Limitations

This CHIP has flaws. We pulled together a team of public health experts who have drafted this plan, with feedback from the community. It may not represent all views of individuals in Kansas City, especially those in our lowest life expectancy zip codes. We hope that future CHIPs will be developed by a robust, diverse sample of all voices in Kansas City. The goal going forward is to have the next CHIP drafted, implemented, and owned by Kansas City citizens, without overburdening community members who are consistently asked to solve problems. We charge the Health Commission with understanding how to include voices that have been traditionally marginalized in updates to the CHIP.

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<sup>7</sup> Link to the KC Blueprint for Violence Prevention can be found here:  
<https://www.kcmo.gov/home/showdocument?id=5578>

# Implementation of the CHIP: Next Steps and Recommendations

This CHIP is intended to be a living process that is continually updated and responsive to the changing community landscape. To support this, we recommend the CHIP Committee undertake the following moving forward:

- Assess current and identify additional partners and institutions needed to implement the CHIP and develop written Memoranda of Understanding as appropriate to ensure ownership for the CHIPs goals and objectives, and accountability for tracking data and reporting on progress. A list of potential partners is outlined in **Appendix C**.
- Further increase the community representativeness of the CHIP Committee to meet the needs of all Kansas City residents and update membership as required to ensure representation from community members in our lowest life expectancy zip codes and from communities of color.
- Initially continue the existing CHIP Committee to form this new Committee and build community capacity to update the CHIP moving forward.
- Establish the ongoing purpose and activities of the CHIP Committee, meeting at least once quarterly during CHIP implementation or more frequently during future CHIP development.
- Ongoing, ensure the policies/practices outlined in the CHIP are being moved into existence and work through the Health Commission and its Committees to hold Kansas City institutions and decision-makers accountable.
- Garner funding through Health Commission partners to hire an independent project management contractor to provide support for effective, consistent, and ongoing CHIP implementation with the Health Commission, its Committees, institutional partners, and the community

## Moving toward Antiracism

To create strategies that promote racial and health equity they must come from a process which engages in the following actions associated with these categories of antiracism. The categories are organized in a manner that first endeavors to establish the materials for a foundation of equity that can then meaningfully produce efforts to ameliorate health disparities through addressing white supremacy embedded within systems and within ourselves. Racism as it exists on many levels must be addressed on each level within existing systems.

**Table 4. Organizational Antiracist Embodiment by Hakima Tafunzi Payne MSN RN.**

Categories of Antiracist Embodiment	Evaluation Questions	Examples of Race and Health Equity Strategies (RHES)
Community Appreciation (demonstration of value)	<ol style="list-style-type: none"> <li>1. What do you cherish and value about the community?</li> <li>2. What are its attributes?</li> </ol>	Organization involves itself in the concerns of community for community’s benefit
Community Responsiveness (manifestation of	<ol style="list-style-type: none"> <li>1. What do you know about community values and goals for itself?</li> </ol>	Strategies are employed that demonstrate upstream prevention of

understanding and caring)	2. How do you demonstrate caring (beyond the service you offer)?	harms
Community Partnership (equitable distribution of power and control)	1. How are decisions regarding community made and carried out? 2. At what point in the process is community included?	Community is employed by organization at all levels of skill and power
Community Integration (embodied symbiosis and elimination of barriers)	1. How do you see your organization as a part of the community? 2. Does the community see you as an integrated part of itself?	Community is represented and input valued in the organization in a non-tokenized way
Community Reparations (construction of antiracist systems and norms)	1. What are you doing to reverse harmful impacts? 2. How are you giving back beyond your stated mission?	Remunerations are made that enrich and empower community

# Kansas City Community Health Improvement Priorities 2022-2027

**To meaningfully and directly address racism as the root cause of health inequities in Kansas City, Missouri, the Health Commission recommends that the City of Kansas City, Missouri:**

## I. INVEST IN ROBUST PUBLIC HEALTH AND PREVENTION INFRASTRUCTURE

*Kansas City should invest in building a robust system of public health infrastructure that has the necessary funding resources for the local health department, safety net clinics, and other agencies focusing on prevention and strategically protecting and promoting the health of all community members, especially in our lowest life expectancy zip codes.*

### **Overview**

The cost-effectiveness of public health is clear; for every \$1 spent on public health, between \$4-\$10 are saved in direct medical care costs<sup>8</sup>. The public health system in Kansas City is severely underfunded. In the FY21-22 Adopted budget for Kansas City, MO, the Police Department received 38% of the City's General Fund Budget. By comparison, the Health Levy funding (property tax only) received by the Health Department would be equivalent to 1.7% of the General Fund (if the Health Department was funded from the General Fund).

Missouri ranks 50th (second from the worst, Nevada) in public health spending with \$6.08 per capita<sup>9</sup>. [Healthy People 2030 objective PHI-RO8](#) calls for the need to explore funding for public health infrastructure to improve core/functional capabilities of health departments. While Kansas City has focused resources in low life expectancy zip codes for some time, this is not enough to repair the decades of racism and inequality that has existed.

The lack of institutional resources and infrastructure in specified areas of Kansas City, MO is due to racism. Over decades, this has led to negative health outcomes for residents. Lack of access to medical care, high rates of hypertension, cancer, heart disease, diabetes and obesity, and the lack of preventive services such as places to be active, poor access to healthy food, breast cancer screenings, colorectal cancer screenings, and prostate cancer screenings are all outcomes of systemic racism in Black and Brown areas of Kansas City.

Systematic and institutional racism within city government and medical care has created inequities in public health infrastructure. To change health outcomes, we need to construct antiracist systems and norms starting with community integration of divested individuals into the public health system.

**Therefore, we suggest the following policies and practices to improve public health infrastructure:**

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<sup>8</sup> Wang, Macera, Scudder-Souce, Schmid, Pratt, et al. 2004; Gift, Walsh, Haddix, & Irwin, 2002; Zhou, Shefer, Wenger, Messonnier, Wang, Lopez, et al., 2014

<sup>9</sup> Trust for America's Health, 2021. <https://www.tfah.org/report-details/investing-in-americas-health-a-state-by-state-look-at-public-health-funding-and-key-health-facts/>

**Goal 1: Increase public health capacity of residents of KCMO<sup>10</sup>****Description:**

Community members are experts in their lived experience, their community, and have a wealth of knowledge on what impacts their health outcomes. To improve population health, we encourage the Health Commission, City Council, and others to build the capacity of community members to tackle population health problems. Specifically, we suggest developing an annual grassroots recruitment and training strategy where community members can learn about the structure of government and public health, as well as evidence-based strategies from other communities. We also suggest recruiting content experts (researchers, physicians, nurses, engineers, etc.) to act as technical assistance providers for community projects. We encourage collaboration between community members of all districts, in hopes that KCMO can be one diverse community that collectively solves problems together.

**Objectives:**

1. Support and expand grassroots efforts of community members who are currently implementing public health solutions appropriate to the needs and wants of their community.
2. Increase community member's involvement in public health solutions specific to their culture and experience.
3. Improve collaboration between residents with expertise in the community and professionals who have expertise in a specific field.

**Measures:**

1. Number of grassroots organizations supported by the Health Commission and Health Department.
2. Number of community members involved in CHIP delivery that have not been traditionally represented.
3. Number of collaborative projects between experts and community members.

**Partners:** Health Commission, Health Department, UMKC

**Timeline:** Ongoing

**Goal 2: Increase local funding for public health****Description:**

Work with Truman Medical Centers and the federally-qualified health centers to renew and increase the health levy. New funds generated shall be solely focused on public health spending on upstream determinants of health and improving the lives of those most marginalized. These funds shall not be used to support KCPD, KCFD, or other

<sup>10</sup> See also the KC Blueprint Strategy: Resident-Led Organizations: <https://www.kcmo.gov/home/showdocument?id=5578>

agencies as has happened to the Health Levy funding in the past. No administrative fee shall be charged by City Hall to administer the Health Levy. The intent of these funds is to support health and the voter's intent shall be upheld.

**Objectives:**

1. Renew the Health Levy
2. Establish a process to protect Health Levy funds for health-related activities
3. Increase the Health Levy

**Measures:**

1. Y/N Renewal of Health Levy Sunset
2. Within two years, City Council will establish a process for distribution, tracking, and accountability of Health Levy funds to protect the intent of the levy.
3. Increase Health Levy by 20% in the next 15 years.

**Partners:** Truman Medical Centers, Northland Healthcare Access, Swope Health Centers, Samuel Rodgers Health Centers, KC Care Health Centers, KC City Council, KCMO Budget Office

**Timeline:** Renewal - 2021. Protection of funds - Annually. Increase - 2026.

**Goal 3: Increase federal, state and local funding for public health in KCMO**

**Description:**

KCHD and the City Manager's Office should work with the local partners to track, submit, and receive federal funds to support public health and prevention in KCMO. The Health Department and Health Commission shall establish a working group who will track federal funding priorities, upcoming potential grant mechanisms, and establish teams from all sectors to successfully apply for federal funds. The City of Kansas City should establish funds, staff, and resources to support grant activities including: grant writing, grants management, and reporting. Indirect funds from grants should be used to support these activities. As part of KCHD's academic health initiative, one staff member shall coordinate and collaborate with external agencies to conduct grant activities.

**Objective:**

1. Increase federal grant submissions and awards to support public health initiatives in KCMO.

**Measures:**

1. Track all grant activities including collaboration, coordination, submission by departments in KCMO. City Council shall receive a report of these metrics annually.
2. Within two years, City Council will establish an improved process for grant activities
3. Within two years, KCHD and City Council will identify resources that can support grant writing, management, and reporting.

**Partners:** City Council, KCHD, UMKC, non-profits, Truman Medical Centers, Northland Healthcare Access, Swope Health Centers, Samuel Rodgers Health Centers, KC Care Health

Centers

**Timeline:** Ongoing - all processes should be developed within two years.



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## II. ENSURE EQUITABLE ACCESS TO SAFE AND AFFORDABLE HOUSING<sup>11</sup>

*All people in Kansas City should have fair and affordable access to safe, healthy, and dignified housing.*

### **Overview**

Access to safe, affordable housing and to the necessary resources and supports to maintain that housing is a fundamental driver of public health. It is the goal of the Health Commission that affordable housing be prioritized as an effective strategy to promote the overall well-being of individuals and families while keenly focusing on those neighborhoods whose health continues to be negatively impacted by the remnants of housing segregation and the historical disinvestment in communities of color. Residential segregation is a fundamental cause of health disparities in the U.S. and has been linked to poor health outcomes including higher mortality rates and a wide variety of reproductive, infectious, and chronic diseases, and other adverse conditions. Structural racism is also linked to poor-quality housing and disproportionate exposure to environmental toxins. Individuals living in historically segregated neighborhoods experience increased violence, reduced educational and employment opportunities, and limited access to quality medical care.

The deleterious impact of racism and segregation in housing policy and lending practices on the health and well-being of individuals and families is the primary focus of this plan. It is important to also recognize, however, the lasting and equally damaging effects housing segregation has had upon overall life chances for communities of color as an issue of economic justice limiting opportunities for upward mobility, educational attainment, wealth accumulation and the transfer of wealth across generations through home ownership.

The emphasis on equitable and inclusive housing access as a social determinant of health is emblematic of the Commission's objective to simultaneously address the life-threatening impacts of racism, poverty, chronic housing instability, trauma, and violence.

The Health Commission acknowledges investments in affordable housing, the platform upon which families build their lives, is a critical mechanism for improving social, economic, and physical conditions in order to minimize health disparities.

**Therefore, we suggest the following policies and practices to improve equitable access to safe and affordable housing:**

### **Goal 4: Adopt, at the Municipal Level, a Health in All Policies (HiAP) Framework**

#### **Description:**

Health in All Policies (HiAP) is a collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people (Source: CDC.gov).

<sup>11</sup> See KC Blueprint Strategies: Local Government, Resident-Led Organizations, Funders <https://www.kcmo.gov/home/showdocument?id=5578>

**Objectives:**

1. Increase understanding of the social and environmental determinants of health and health equity considerations by all sectors and the general public
2. Develop and Improve Intersectional Relationships Focused on Housing Justice and Health Equity

**Measures:**

1. Council ordinance(s) that pertain to health improvement
2. Increased engagement with public health and community stakeholders

**Partners:** Truman Medical Centers, Northland Healthcare Access, Swope Health Centers, Samuel Rodgers Health Centers, KC Care Health Centers, KC City Council, KCMO Budget Office

**Timeline:** Renewal - 2021. Protection of funds - Annually. Increase - 2026.

**Goal 5: Invest in Truly Safe, Affordable Rental Housing**

**Description:** Affordable housing is typically defined as housing for which an occupant pays no more than 30% of its monthly gross income, including utilities. Ensuring everyone has access to decent affordable housing is an important general priority and a critical public policy issue.

**Objectives:**

1. Reduce the burden of housing and housing-related costs (including transportation) on Kansas City, MO residents
2. Increase permanent supportive housing opportunities
3. Increase access to decent, dignified housing for extremely cost burdened households
4. Draft and implement policies that prohibit source of income discrimination for beneficiaries of housing voucher programs (i.e., Housing Choice Voucher and Shelter Plus Care Voucher programs)

**Measures:**

1. % of residents paying more than 30% on housing costs
2. % of residents paying more than 50% on housing costs
3. % increase of housing stock accessible to low income households
4. Tracking the amount money spent or awarded to support KCMO permanent housing programs (HUD, MO Housing Development Coalition)
5. Bednights spent at shelters (homeless shelters, emergency shelters) (as documented in Homeless Management Information System)
6. Council ordinance(s) that prohibit source of income discrimination

**Partners:** KCMO City Council, Urban Neighborhood Initiative, Continuum of Care, Empower Missouri, Missouri Housing Development Commission, Housing Developers

**Timeline:** Ongoing

**Goal 6: Increase Investment in Zoning Policies to Create More Diverse, Mixed-income Communities in High Opportunity Areas**

**Description:** Gentrification causes displacement, racial turnover, changes in historical make-ups of communities, and impacts price opportunities east of Troost

**Objectives:**

1. Create affordable housing with lowered threshold income requirements
2. Expand mandatory inclusionary zoning policies which require developers to create a fixed number of affordable housing units upon project approval
3. Establish a housing trust fund
4. Create a policy that freezes property taxed for long-term residents that will prevent them from being displaced from their home
5. Require developers to notify neighborhood associations when projects are being proposed, regardless of developers compliance with federal regulations

**Measures:**

1. % of new dwelling units in designated parts of the City to cost-burdened and extremely cost-burdened households
2. Establishment of a housing trust fund
3. # of notifications sent to neighborhood associations, specifically East of Troost

**Partners:** KCMO City Council, KC Tenants, Continuum of Care, Empower Missouri, Neighborhood Associations

**Timeline:** 2021-2026 (In conjunction with the City's soon-to-be amended Five-Year Housing Plan)

**Goal 7: Monitor, in Real-time Affordable Housing Stock**

**Description:**

Equitable access to housing resources may be improved through investment in technologies which offer real-time data and analytic tools to track unsubsidized, affordable housing units and assess their risk of loss. This information could then be utilized to prioritize individual properties and property owners and the development and targeting of resources to maintain the availability, quality, and affordability of this housing. Such tools could simultaneously provide a snapshot of housing inventory for the City's planning purposes as well as renters and potential homebuyers in the housing market.

**Objectives:**

1. Implement an equitably accessible data-driven platform to identify real-time housing resources

**Measures:**

1. Creation of the platform that monitors affordable housing stock

**Partners:** Neighborhoods and Housing Department<sup>12</sup>, Continuum of Care, KCMO Housing Authority, Mid-America Regional Council, First Call Technologies

**Timeline:** 2021-2023

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<sup>12</sup> This City Department is being restructured by municipal ordinance to become the Housing Department.

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### III. TRAUMA-INFORMED AND FUNDED EDUCATION<sup>13</sup>

*All students in Kansas City, Missouri, beginning with early childhood, should receive equitable education, trauma-informed support, and constructive interactions from teachers and school staff that prepares students for success in life through access to opportunities inside and outside of the classroom.*

#### Overview

Trauma-informed education is aimed at fixing broken systems that alienate and discard marginalized students. Strategies that are developed with a trauma-informed foundation can be employed by teachers and school administrations to meet students where they are, while providing a nurturing environment conducive to growth and learning. The key goal is to prevent re-traumatization of students. This is done by acknowledging student experiences and triggers, and avoiding traditional behavioral interventions that treat trauma-rooted actions as simple misbehavior.<sup>14</sup>

There are many factors that influence the education young people receive. Several of these factors include discrimination based on race, which is a form of trauma. For example, 2016 disciplinary data from a local school district were analyzed. Data showed that while black enrollment for the district was at 40%, discipline on black students was at 74%. Additionally, black students in grades K-5 were on average being removed 6 times as often as white students.<sup>14</sup> The combination of these factors can severely disrupt student learning and opportunity. Trauma, for instance, is characterized as the experience of external events or a series of events that are negative in nature and cause physical, emotional, or psychological distress or harm. Trauma can be caused by various forms of discrimination, and those who experience discrimination have reported symptoms similar to those of survivors of assault and other violence. Trauma also has very real, long-term health consequences, such as depression, lowered self-esteem<sup>15</sup>.

The racial achievement gap, which refers to disparities in test scores, graduation rates, and other success metrics, reflects the systemic impact of trauma and ongoing impact of institutional racism on communities of color.<sup>16</sup> Additionally, children with Adverse Childhood Experiences (ACEs) are often left behind - it's hard for children to learn at school when traumatized and behavioral offenses are met with punitive treatment that ignores when trauma is the root cause. Black children are more likely to receive punitive treatment at school and to be suspended for their behavior than White children<sup>17</sup>. Responding to behavioral offenses punitively can exacerbate

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<sup>13</sup> See KC Blueprint Strategy: Education

<sup>14</sup> Mayor's Summit on School Suspension, 2017. Kansas City, Missouri.

<sup>15</sup> McIntosh, M. L. (2019). Compound Fractures: Healing the Intersectionality of Racism, Classism and Trauma in Schools with a Trauma-Informed Approach as Part of a Social Justice Framework. *Journal of Educational Leadership and Policy Studies*, 3(1), n1.

<sup>16</sup> Lebron, Morrison, Ferris, Alcantara, Cummings, Parker & McKay, 2015. *The Trauma of Racism*.

<sup>17</sup> U.S. Department of Education, 2016.

trauma and students' behavioral responses. There are many psychological, emotional, and physical effects of ongoing trauma, such as reduced memory, attention and cognition, reduced ability to organize and process information, increase in feeling of frustration and anxiety, decreased emotional control, and headaches and/or stomach aches. Trauma-informed education includes examining the influence and impact on students in our schools of factors such as racism (explicit, implicit, and systematic; and microaggressions) as well as poverty, peer victimization, community violence, and bullying.

In Kansas City, public and charter schools must deal with the inequitable allotment and distribution of funding, which can be a hindrance for implementing trauma-informed education. This results in crumbling infrastructure, lowered capacity for providing outstanding instruction, and additional educational opportunities to students. For example, in surrounding cities, funding is provided through bonds (e.g., Lee's Summit, North Kansas City, and others). However, Kansas City Public Schools (KCPS) has not issued bonds in over 30 years, which most school districts use for capital projects. As a result, necessary repairs and upgrades to school buildings must come out of operational budgets, which reduces the funds schools have available for student academic and health services, staffing (special ed and behavioral support, fairly compensating teachers, etc.). KCPS and local charter schools are one of the few (maybe only) districts that have to use operating funds for these purposes.

Bonds have to go up for a vote. However, KCMO residents have pushed back on bringing bonds back because of the reminder of segregation impacts from 35 years ago. There has been a lack of community support on bonds over the past 30 years from both families enrolled in KCMO school district boundaries, and families who have disinvested in public education (e.g., enrollment in private schools). Community forums or discussions on the benefits of bonds across KC metro may be helpful for reinstating bonds.

Along with the lack of bonds, incentives (like tax abatements) for developers, have caused additional stresses on KCMO school districts. For example, tax abatements occur when developers receive temporary tax deferrals (no tax payment due for "x" number of years) for building/developing in "opportunity zones."<sup>18</sup> However, those fees still need to be paid. Much of that cost then impacts school districts since funding goes to pay those taxes instead of being fed into schools.

**Therefore, we suggest the following policies and practices to improve education:**

<b>Goal 8: Prioritize funding for schools in disinvested areas with lower property values</b>
<b>Description:</b> Taxpayers should be educated on bonds and their impact on public schools. Similarly, the standards for granting abatements should be reviewed and the accountability of projects receiving abatements improved.

<sup>18</sup> <https://edckc.com/how-we-can-help/development-resources/>



**Objectives:**

1. Decrease the impact on tax abatements on school income
2. Incentivize new revenue streams that go to public schools in Kansas City, MO.
3. Restructure who is getting abatements (the impact that they should have should come to being)

**Measures:**

1. Number of abatements given
2. Who is receiving abatements

**Partners:** City Council, business sector**Timeline:** Ongoing**Goal 9: Increase trauma-informed and anti-racist education and practices in the Kansas City education system**

**Description:** Re-traumatization of students can be prevented by implementing trauma-informed and anti-racist practices in the education system. This includes amending disciplinary policies, and holding schools and districts accountable to ensure that black and brown students are no longer being disciplined unjustly. This also includes acknowledging student experiences and triggers, and avoiding traditional behavioral interventions that treat trauma-rooted actions as simple misbehavior.

**Objectives:**

1. 100% of all schools in Kansas City's priority ZIP codes have implemented trauma informed training for teachers and school staff.
2. 100% of all schools in Kansas City's priority ZIP codes have implemented anti-racist training for teachers and school staff.
3. Conduct an audit of current discipline trends based on race in Kansas City schools
4. No student 8 years old and younger will be suspended from school (disciplinary policy change)
5. Create structures and alternative practices for adjusting students.

**Measures:**

1. Number of schools that are trauma-informed (annual)
2. Number of schools implementing trauma-informed education (annual)
3. Teacher evaluation on cultural competency or a similar evaluation
4. Audit results/report
5. Number of suspensions (reduce suspensions by 10% each year)
6. Number of policies adopted (by school)

**Partners:** Kansas City, MO Charter Schools, Kansas City Public Schools, Center School, School Districts, MORE2**Timeline:** Ongoing until completed

**Goal 10: Improve Kansas City, MO student graduation rates**

**Description:** There are many factors that influence the education young people receive. The racial achievement gap reflects the systemic impact of trauma and ongoing impact of institutional racism on communities of color. It is hard for children to learn at school when traumatized and behavioral offenses are met with punitive treatment that ignores when trauma is the root cause. Teachers should be hired who are representative of the students they serve and wrap-around and support services should be offered to close the racial achievement gap and ensure students have what they need to successfully learn and graduate.

**Objectives:**

1. Increase representative and relevant wrap-around or support services for students in partnership with community organizations.
2. Increase BIPOC representation of teachers and staff across the urban/suburban divide by at least 10%, auditing current teacher diversity data and working with 3rd party accountability partners to consult on hiring, retention, and evaluation practices.
3. Invest in alternative schooling methods and tracks that support student needs.

**Measures:**

1. Graduation rates
2. Audit results/report (annual)
3. % of BIPOC teachers and staff (by school and by gender)
4. % teachers of color sign on and retention

**Partners: Public school districts in Kansas City, Charter Schools in Kansas City**

**Timeline: Ongoing until objectives are established**

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## IV. SUPPORT THE IMPLEMENTATION OF MEDICAID EXPANSION

*In 2020 Missouri voters voted to expand Medicaid ensuring access to health insurance for more than 250,000 Missourians. As all individuals should have access to quality, affordable medical care, the process of implementation for Medicaid expansion should identify and eliminate barriers to equitable enrollment for the expanded insured population. Implementation across all service providers should be equitable and Medicaid resources abundantly accessible to those who need it most in Kansas City.*

### **Overview**

According to a Harvard Study, one of the key challenges around Medicaid expansion in other states was the significant lack of workforce to support the administrative burden of education and increased enrollment (Sommers, Benjamin, Emily Arntson, Genevieve Kenney, and Arnold Epstein. 2013. Lessons from Early Medicaid Expansions Under Health Reform: Interviews with Medicaid Officials. Medicare & Medicaid Research Review 3, no. 4: E1–E23). Communities of Color in Kansas City are significantly under-resourced and are most likely to experience enrollment challenges and may face a lack of or misinformation and mistreatment around the enrollment process. The Kaiser Family Foundation found that of 29 states assessed in an evaluation around racial disparities and enrollment, 21 of those states saw the health coverage gap narrowed significantly along racial lines (Madeline Guth, Effects of the ACA Medicaid expansion on racial disparities in health and health care - ISSUE BRIEF 2020). In Kansas City, people of color are twice less likely to be insured than those not of color. While the coverage gap narrowed, the same study found that expansion did not significantly impact racial disparities in terms of access independent of addressing other social determinants. Lack of access to quality care in Kansas City has led to shorter life expectancy and poorer health outcomes for minority populations. Coverage is a step towards addressing those inequities, but we must consider other social factors including unstable housing, access to transportation, differences in how minority patients are treated by medical care providers, and the underlying root cause, racism.

In Kansas City people of color are less likely to be insured than white Americans, according to a study by the mid America regional council the uninsured rate for African American's and Latinos twice that of white Americans. Much like the trend across the country, lack of equitable access to the medical care systems for people of color is directly related to a lack of health insurance; health outcomes in Kansas Cities communities of color have been poorer as a result. Communities of color have long suffered from economic disinvestment, lack of living wage employment and are often forced to choose between payroll deductions for the sake of health insurance and putting food on the table at home. Racism has been the primary contributor to that hardship. Consequently, already suffering from impossible choices, a lack of health insurance widened the disparities for equitable affordability of care. People of color in Kansas City have a distrust in the medical care system and rightfully so, however when one does decide to utilize the system as it was intended and simply can't afford the care for a lack of health insurance, which is so often the case, it highlights very clearly the underlying issue of structural racism. While the expansion of Medicaid will make significant strides towards addressing the issue of coverage, the issues of access will require an honest look at the intersection of racism in the transportation and housing systems, among others. The issue of residential segregation, most notable the Troost dividing line lends to the lack of access to quality care, while gentrification in predominantly black communities has widened that quality care access gap.

The inequities in Kansas City’s Healthcare systems can be directly linked to systematic and institutional racism. Medicaid expansion allows for an opportunity to narrow the coverage gap for minority populations if implemented in an equitable and thoughtful way.

**Therefore, we suggest the following policies and practices to improve Medicaid expansion implementation:**

<p><b>Goal 11: Remove Barriers to Equitable Enrollment for Newly Expanded Medicaid Population.</b></p>
<p><b>Description:</b></p> <p>Some of the challenges to equitable enrollment in Kansas City will be a lack of information and resources about the enrollment process and navigating the systems. To ensure an enrollment process that reaches those most in need first, we encourage the health commission, and city council to work with organization of the front lines of enrollment efforts to identify and eliminate potential barriers. Additionally, we recommend working with community organizations on the development of a workforce of volunteers (resource navigators) to provide accurate information to community members navigating the enrollment process. Resource navigators should be trusted community members closest to the problems we are seeking to address. As the enrollment process begins, we recommend collecting data around enrollment rates, barriers, and demographics to be continually responsive to changing needs.</p>
<p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Work to eliminate barriers such as misinformation, transportation, and digital insecurity to ensure that key sub-populations get access to enrollment resources.</li> <li>2. Launch specifically targeted communication strategies to appropriate communities around enrollment eligibility. Targeted communications should be culturally sensitive.</li> <li>3. Partner with organizations and community members to offer resources that ensure the enrollment process is inclusive to minorities, individuals experiencing homelessness and any other Kansas Citians that are uninsured or underserved.</li> <li>4. Develop a workforce of volunteers to support local enrollment and resource education campaigns in under resourced communities.</li> </ol>
<p><b>Measures:</b></p> <ol style="list-style-type: none"> <li>1. Collect qualitative and quantitative data on how consumers are getting enrolled in Medicaid.</li> <li>2. Assess consumers and collect data on key barriers to enrollment.</li> <li>3. Track Medicaid enrollment by race, ethnicity, housing status, comorbidities, primary language.</li> </ol>
<p><b>Partners:</b> Health Forward Foundation, Missouri Foundation for Health, Mid America Regional Council. Healthcare for Missouri, Kansas City Chamber of Commerce, Kansas City Business Community</p>
<p><b>Timeline:</b> Resources Navigators – Launch Winter 2021 - Ongoing</p>

**Goal 12: Support Expanded Capacity to Service Providers to Provide Equitable Access to Care for Expanded Medicaid Population**

**Description:**

As the number of insured grows, so too will the demand for services from the care delivery systems. It is imperative that we seek to support institutions as they adapt internal capacity to meet that increased demand. We recommend that the health commission and city council evaluate data on an ongoing basis related to enrollment and increased usage of the care delivery system and support capacity building efforts where appropriate.

**Objectives:**

1. Work with care delivery systems to support capacity building efforts to address the increased demand for service because of increased enrollment.
2. Support funding of the health levy.

**Measures:**

1. Funding of the health levy
2. As the number of insured increases, track increases in demand for service by race, ethnicity, and geography.
3. Track alignment of increased demand for service with increased staffing and organizational capacity in the care delivery systems.

**Partners:** Hospital Systems, FQHC's, Care Clinics

**Timeline:** Ongoing

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## V. VIOLENCE PREVENTION

**Note: additional recommendations by sector can be found in the [KC Blueprint for Violence Prevention](#)**

*Kansas City leadership's priority should be a violence-free community that ensures necessary funding and support for coordinated, evidence-based approaches, community-level initiatives, and systems-level changes that directly address and eliminate discrimination and bias while advancing equitable policies and practices to provide safe and healthy communities for all.*

### Overview

Empirical research in the Kansas City area shows a direct correlation of increase of violent crime to the recognized lower life expectancy. Structural racism is violence, and the outcomes show in neighborhoods around the United States. Violence is defined as:

*the **intentional use of physical force or power**, threatened or actual, against oneself, another person, or **against a group or community**, that either results in or has a high likelihood of **resulting in injury, death, psychological harm, maldevelopment, or deprivation**.*

Entire communities have been decimated due to violence. Racism has led Kansas City to become one of the most segregated cities in the country limiting resources and access to cultivate safe and healthy communities. Due to this design, life expectancy for Kansas City residents remains below the national average and breeds areas of violence as a social consequence to the economic and public health challenges faced in Kansas City. As a result, violence overall increased in these segregated areas of our city and leads to poor health outcomes for chronic disease rates, economic stability, safe and affordable housing among the many. As we shift our focus to the root cause of violence and address it as a public health crisis, we can clearly define how racial and discriminatory practices foster violence.

**Therefore, we suggest the following policies and practices to improve violence prevention:**

### Goal 13: Ensure that experiences between citizens and police are just and rehabilitative

#### Description:

Residents and their families must be able to trust that their humanity is fully recognized, and that the justice system will work equitably for all residents. Therefore transparency with all residents on misconduct can be reported and addressed internally and externally.

#### Objective:

1. Implement and maintain a citizens review panel that reviews reports of police misconduct and sends them to the Office of Community Complaints.

#### Measures:

1. Establishment of citizens review panel
2. Documentation of infrastructure, process, selection, and operation of review board
3. Passing of city resolution/ordinance in support of citizens review board



**Partners:** Violence Free KC, City Council, KC Chip Committee

**Timeline:**

- Step 1: Infrastructure and operations process of review board nine months
- Step 2: Selection of panel members six months
- Step 3: Collection of backlogged complaints six months beginning upon finalize of infrastructure

**Goal 14: Expand community based restorative and transformative justice programs within education, community, and law enforcement**

**Description:**

Nationally, 30% of Americans have been arrested at least once. At the local level, we can expect that a substantial number of Kansas City residents will interact with the local police, sheriff's office, prosecutor's office, and the municipal courts, at some point. To ensure that these experiences are just and rehabilitative, residents and their families must be able to trust that their humanity is fully recognized and that the justice system will work equitably in schools, communities, and in the justice system. The law enforcement sector can achieve this by rooting out and addressing bias and building a supportive community presence

**Objective:**

1. Establish or expand at least one evidence-based restorative justice program by the end of 2022
2. Identify and maintain restorative justice programs that specifically focus on three target areas including community to person violence, law enforcement to citizen violence, and discipline within school districts
3. Open communication forum strictly for reporting and resolving active conflicts between communities.

**Measures:**

1. Expanding the duties of local established neighborhood accountability board to create reporting structure program
2. Number of programs established, amount of funding dedicated to establish and/or maintain programs, and number of people served by each program
3. Decreased number of open and active public conflicts

**Partners:** Violence Free KC, City of Kansas City Health Department Office of Violence Prevention

**Timeline:** Ongoing

**Goal 15: Change the way overall self directed, interpersonal, and collective violence data are collected to overturn inequities**

**Description:**

Protocols, indicators, and other methods of collecting data on community members can perpetuate racism based on the way they are used and questions asked. Some of these protocols and processes have negative impacts on the populations the institution is assigned to serve. These current processes have led to, for example, Black mothers being “hotlined” while attending medical appointments, or other impacts that cause harm to families.

**Objective:**

1. Improve definitions, protocols, and from whom data is collected on overall self directed, interpersonal, and collective violence
2. Identify data collection tools used by agencies that are racist, sexist, and/or discriminatory
3. Provide technical assistance to organizations with racist, sexist, and/or discriminatory data collection tools to improve appropriate data collection tools and reporting
4. Streamline data reporting to update public facing dashboard

**Measures:**

1. Reporting mechanisms and structures
2. New reporting measures on dashboard

**Partners:** City of Kansas City Health Department, UMKC

**Timeline:** Three years for updated data infrastructure

**Goal 16: Decrease community violence through application of [Crime Prevention through Environmental Design \(CPTED\) strategies](#)**

**Description:**

Crime Prevention Through Environmental Design (CPTED) is a multi-disciplinary approach for reducing crime and fear of crime. CPTED strategies aim to reduce victimization, deter offender decisions that precede criminal acts, and build a sense of community among inhabitants so they can gain territorial control of areas to reduce crime opportunities. CPTED uses architecture, urban planning, and facility management. This takes the act of crime off of individuals involved, and places the responsibility on urban planners, City leadership, and developers to minimize opportunities for crime.

**Objective:**

1. Track infrastructure changes which implement CPTED standards
2. Begin redesigning and evaluating spaces in the Kansas City, Missouri area that reflect design consistent with CPTED guidelines and update as priority areas arise.
3. Implement and complete CPTED training with 25 local community stakeholders and partnering agencies. Departments include but are not limited to developers, Architects, school principals, public health practitioners, urban planners, public works, Planning and Zoning commission, Parks and Recreation Commission.

**Measures:**

1. Collection of baseline data on current and in process developments meeting CPTED guidelines in areas of higher recorded violence compared to areas of lower recorded violence.
2. 20-50 partnered agencies complete CPTED training

**Partners:** Violence Free KC, Youth Ambassadors, UMKC, Local medical care system, senior police officer leadership, City of Kansas City Missouri Planning Department, Kansas City Neighborhood Advisory Council, UMKC Center for Neighborhoods, MOCSA

**Timeline:** Three years for recording and collection for presented data to City of Kansas City Missouri Council; Three years to complete training for 25 agencies

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## VI. COVID-19: IMPROVING EQUITY IN RESOURCES, TESTING, AND VACCINATIONS

*Equitable resources, testing, and vaccinations for the prevention, treatment, and alleviation of long-term impacts of COVID-19 should be intentionally and fairly distributed to protect and promote the health and well-being of those most affected.*

### Overview:

State-level reporting requirements for Missouri currently do not require those collecting lab data to collect information that reports additional health inequities informing our public health officials. Complete COVID-19 data is considered information without gaps on demographics, medical care access, pre-existing conditions including race, ethnicity, and zip code. The lack of data across the state neglects to provide a full picture of necessary resources required for the state. A picture of equitable testing, treatment, and vaccination is needed to ensure every resident has access to the equities resources in the fight against COVID-19. Data is needed to inform us of the inequities in specific zip codes in our area which direct and determine resources. Data collection infrastructure could be utilized post-COVID for chronic disease management and low life expectancy.

**Therefore, we suggest the following policies and practices to improve COVID-19:**

<b>Goal 17: Ensure equity in testing, vaccine distribution, and resources</b>
<b>Description:</b> Culturally responsive and competent health services are needed to ensure equitable distribution and access in the community, and should be fully considered when planning and carrying out services or providing resources related to COVID-19 testing, vaccination, and treatment.
<b>Objective:</b> <ol style="list-style-type: none"><li>1. Create a standardized database for reporting aggregated information on COVID-19 testing, treatment, and vaccine distribution.</li><li>2. Identify, plan, and track testing, vaccine, and treatment distribution such that those most at risk from COVID-19 and its complications have full access to these services</li></ol>
<b>Measures:</b> <ol style="list-style-type: none"><li>1. % of those receiving testing, treatment, or vaccination by race, ethnicity, zip code, and pre-existing conditions</li></ol>
<b>Partners:</b> State vaccination sites, City of Kansas City Health Department, FQHC regulation and quality improvement departments (Truman medical, Swope Health, Sam Rodgers)
<b>Timeline:</b> June 1st, 2021- June 20th, 2023

**Goal 18: Provide culturally responsive and language appropriate resources for all Kansas City residents on COVID-19 resources and the long-term impacts of COVID**

**Description:**

Culturally responsive and competent health promotion is needed to ensure the equitable distribution of information on prevention and treatment services in the community. Cultural competence and health literacy should be fully considered when developing and distributing materials or messaging.

**Objective:**

1. Create and distribute culturally responsive marketing and resource information including through hotlines, scheduling access points for testing, and for vaccinations.

**Measures:**

1. Languages (and number of languages) that materials and other resources for partners are provided in
2. Number and type of materials that include culturally responsive images and disability resources, and are provided in multiple languages.

**Partners: City Departments, Safety Net Providers, care providers**

**Timeline:** Ongoing

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## Appendix A: Priority Area Assessment Summary.

### PRIORITY AREA ASSESSMENT SUMMARY

#### MOST FREQUENT

The **most frequent** priority areas (with **≥9 different sources** focusing on them) are:

1. Economics
2. Access to Health Services
3. Education
4. Health (i.e. obesity, oral health, exercise, etc.)
5. Housing
6. Mental/Behavioral Health

#### CHA & CHIP FOCUSES

Other recent CHAs and CHIPs from hospitals and health departments in the area all focus on **at least 2** of the following:

- Access to Health Services
- Mental/Behavioral Health
- Maternal and Infant Health
- Chronic Disease
- Violence Prevention

(For reference: the 2016-2021 KCMO CHIP focused on: )

- Education
- Violence Prevention
- Economic Opportunity
- Mental/Behavioral Health
- Preventative Health (including Maternal and Infant Health)
- Built Environment

#### ANALYSIS + CONCLUSIONS

Priority area focuses have been largely the same yet, based on our own updated CHIP and CHA data, there has been **limited progress** in improving health via these issues

- For the 2016-2021 KCMO CHIP, only **7 out of 24** objectives (with some kind of data) have been met, to date

What can we conclude from this?

- These priority areas are **not getting at the root cause(s)** of poor health and disparity
- They are too broad to enact any real change and **don't consider obstacles** that are preventing change
- Even the more targeted goals are not being met because there are so **many influencing factors**

#### NEXT STEPS

- What are some of the **foundational or institutional obstacles** to improving quality of life for everyone in KCMO?
- How does our **framework need to evolve** in order to best enact change?



- How do we **optimize our impact**? Are there a few priority areas or institutions that, if improved, could have a very widespread impact?

## Appendix B: CHIP Progress Report Table (as of July 2020).

CHIP Priority Area	Objective	Target Measure	Current Data (Date)	Met or Not Met	URL
<b>Education</b>	1: All 3rd graders should read at grade level	At least 85% of 3rd-grade students meet or exceed proficiency	45.4% of 3rd grade students are proficient or advanced (2019)	Not Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/education#c-23880">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/education#c-23880</a>
	1.1: Increase the proportion of 3 and 4-year-olds who attend high-quality early childhood education.	At least 25% of all 3-year-old children and 80% of all 4-year-old children attend a quality early childhood education program.	60.7% of 3 and 4 year olds (2014-2018)	?	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/early-childhood-education#c-37516">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/early-childhood-education#c-37516</a>
	1.2: Decrease the number of school days missed due to preventable physical, behavioral, disciplinary, or social causes.	90% of students will be in attendance 90% of the school year in schools located in the lowest life expectancy ZIP codes.	74% of students (2019)	Not Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/school-attendance#c-39407">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/school-attendance#c-39407</a>
	1.3: Increase the number of households with consistent access to a computer with reliable Internet access.	Decrease to 25% the number of Internet non-users in low-income households and decrease to 10% the number of non-users who lack access to a computer.	37.1% of households without Internet access at home (2018)	Not Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/digital-equity#c-36781">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/digital-equity#c-36781</a>
<b>Violence Prevention</b>	2: Reduce violent crime and address racial disparities in incarceration	Decrease to 6,00 per 100,000 residents the violent crime rate	1,742.2 per 100,000 residents (2019)	Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/violent-crime#c-56120">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/violent-crime#c-56120</a>
		Decrease to 13,000 per 100,000 residents the violent crime rate in High Priority ZIP codes	3, 950.5 per 100,000 residents (2017)	Met	

	2.1: Create, implement, and sustain a Youth and Family Violence Prevention Plan	Creation of a Youth and Family Violence Prevention Plan to build upon existing efforts of the multiple VFKCC organizations, to leverage resources as well as to collaborate, streamline, and combine efforts to move collective citywide goals.	July 2018, plan is on track for completion	Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/violence-prevention#c-51182">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/violence-prevention#c-51182</a>
	2.2: Increase the priority of violence prevention as a public health issue			?	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/violence-prevention#c-51187">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/violence-prevention#c-51187</a>
	2.3: Demonstrate incremental progress towards a 90% average 4-year adjusted cohort high school graduation rate in KC's most vulnerable schools for African American and Hispanic students	90% of high school seniors will graduate	87.8% of high school seniors in KCMO (2019) 64.4% of high school seniors in High Priority ZIP codes (2019)	Not Met Not Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/high-school-graduation#c-41946">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/high-school-graduation#c-41946</a>
<b>Economic Opportunity</b>	3: Decrease the income and wealth gap between ZIP codes	Decrease to \$37,310 the difference in median household income between highest and lowest life expectancy ZIP codes	\$67,617 difference in median household income (2018)	Not Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/economic-opportunity#c-51571">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/economic-opportunity#c-51571</a>
	3.1: Increase access to living-wage jobs through both supply-side and demand-side policies	Increase the median household income to \$63,898	\$52,405 median household income (2018)	Not Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/access-to-jobs#c-93828">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/access-to-jobs#c-93828</a>
	3.2: Decrease the negative impact of predatory lending on borrowers and increase the access to alternative forms of short-term lines of credit	Decrease the average APR of short-term personal loans to 36%	527% average APR (2019)	Not Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/predatory-lending#c-36862">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/predatory-lending#c-36862</a>
<b>Mental/ Behavioral Health</b>	4.1: Increase the utilization of mental health services	Decrease to 298.6 (per 100,000 residents) the rate of hospitalizations and emergency room visits due	688.3 per 100,000 residents (2017)	Not Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/mental-health#c-">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/mental-health#c-</a>

		mental health issues			<a href="#">23927</a>
	4.1.1: Incrementally decrease the HPSA score from 16 for Jackson County and Clay/Platte Counties	Increase to 14 the HPSA score for mental health providers in Jackson, Clay, and Platte Counties	16.8 (2019)	Not Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/professional-shortages#c-56084">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/professional-shortages#c-56084</a>
	4.1.2: Increase the number of publicly funded medical care providers measuring their level of culturally competent care	Increase to 100% the percent of health-levy funded providers reporting on cultural competency activities	100%	Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/culturally-competent-care#c-36776">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/culturally-competent-care#c-36776</a>
	4.1.3: Increase the number of colleges/universities with medical care profession programs that offer a cultural competency course	Increase the number of colleges/universities with medical care profession programs (including medical, nursing, physical therapy, dietetics, chiropractor, and alternative medicine) that offer a cultural competency course		?	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/culturally-competent-care#c-36778">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/culturally-competent-care#c-36778</a>
<b>Preventative Health</b>	4.2: Increase utilization of preventative health services	Decrease to 6.2 deaths per 1,000 live births the overall Fetal Mortality rate for African Americans in Kansas City from 9.5 per 1,000 live births in 2014	9.1 deaths per 1,000 live births (2018)	Not Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/preventative-health#c-56132">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/preventative-health#c-56132</a>
		Decrease to 11.4 deaths per 100,000 live births the overall Maternal Mortality rate for African American mothers in Kansas City from 27.7 per 100,000 live births in 2014	64.5 deaths per 100,000 live births (2007-2018)	Not Met	
	4.2.1: Decrease the number of hospital admissions and ED visits that are preventable	Decrease to 17,000 the number of hospital admissions and emergency department visits that are preventable	26,290 visits (2015)	Not Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/hospital-admissions#c-6500">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/hospital-admissions#c-6500</a>
	4.2.2: Increase the rate of African American mothers receiving prenatal care in their first trimester	Increase to 60% the rate of African American mothers receiving prenatal care in their first trimester	50.6% of mothers (2018)	Not Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/prenatal-care#c-23870">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/prenatal-care#c-23870</a>

	4.2.3: Decrease the rate of chlamydia, gonorrhea, and syphilis - particularly in adolescents	Decrease to 600 per 100,000 population the combined case rates of chlamydia, gonorrhea, and syphilis	1716.4 per 100,000 population	Not Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/sti-rate#c-37041">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/sti-rate#c-37041</a>
<b>Built Environment</b>	5: Increase the proportion of neighborhoods that are safe, clean, well-maintained, and consistently improved	Increase to 30% the number of compact and complete centers (CCCs) in KCMO	30.8% of block groups are CCCs (2017)	Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/built-environment#c-37094">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/built-environment#c-37094</a>
		Reduce by 10% the Neighborhood Disinvestment INdex		?	
		Increase measurable social capital in the lowest life expectancy ZIP codes		?	
	5.1: Improve the efficacy of blight reduction programs, including illegal dumping and enforcement, land bank, and KC Homesteading Authority	Decrease to 394 the number of properties on the dangerous buildings list	343 properties (Feb 2020)	Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/blight-reduction#c-37047">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/blight-reduction#c-37047</a>
		Decrease to 2,870 the number of 311 calls about illegal dumping cases	262 calls (Jan 2019)	Met	
		Increase to 80% the percentage of Land Bank properties closed within 45 days	0% closed (May 2018)	Not Met	
	5.2: Improve access to locally grown, processed, and marketed healthy foods	Increase to 10 the number of Farmer's markets in KCMO food deserts	1 market in High Priority ZIP codes	Not Met	<a href="https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/access-to-healthy-foods#c-36873">https://dashboards.mysidewalk.com/kansas-city-mo-chip-dashboard/access-to-healthy-foods#c-36873</a>

## Appendix C: Potential Organizational Partners.

List not finalized for distribution.