

AdventHealth Shawnee Mission 2019 COMMUNITY HEALTH NEEDS ASSESSMENT



Shawnee Mission Medical Center d/b/a AdventHealth Shawnee Mission

Approved by the Hospital Board on: October 22, 2019

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Extending the Healing
Ministry of Christ


AdventHealth

2019 Community Health Needs Assessment

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Acknowledgements

This report was prepared by Jeanette Metzler, with contributions from members of the AdventHealth Shawnee Mission Community Health Needs Assessment Committee representing health leaders in our community and AdventHealth Shawnee Mission.

A special thanks to Johnson County Health and Environment for their expertise and support in the collection and analysis of the data.

We are especially grateful to all those who participated in our household surveys and key informant interviews. Their contributions made this report possible and lay the groundwork as we continue to fulfill our mission of *Extending the Healing Ministry of Christ*.

1. EXECUTIVE SUMMARY

Goals

Shawnee Mission Medical Center d/b/a AdventHealth Shawnee Mission will be referred to in this document as AdventHealth Shawnee Mission or “The Hospital.” AdventHealth in Shawnee Mission, Kansas conducted a Community Health Needs Assessment in 2019. The goals of the assessment were to:

- Engage public health and community stakeholders including low-income, minority and other underserved populations.
- Assess and understand the community’s health issues and needs.
- Understand the health behaviors, risk factors and social determinants that impact health.
- Identify community resources and collaborate with community partners.
- Publish the Community Health Needs Assessment.
- Use assessment findings to develop and implement a 2020-2022 Community Health Plan based on AdventHealth Shawnee Mission’s prioritized issues.

Community Health Needs Assessment Committee

In order to ensure broad community input, AdventHealth Shawnee Mission created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations.

The CHNAC met five times in 2018-2019. They reviewed the primary and secondary data, helped define the priority issues to be addressed by the Hospital, and helped develop the Community Health Plan (CHP) to address the priority issues. *See Section 5 for a list of CHNAC members.*

Data

AdventHealth Shawnee Mission collected both primary and secondary data. The primary data included stakeholder and community surveys. Secondary data included internal hospital utilization data (inpatient and emergency department). This utilization data showed the top diagnoses for visits to AdventHealth Shawnee Mission in 2018. In addition, we utilized publicly available data from state and nationally recognized data sources. Primary and secondary data was then compiled and analyzed in order to identify the top 8-12 aggregate issues. *See Section 7 for Primary and Secondary Data Sources.*

Community Asset Inventory

The next step was to create a Community Asset Inventory. This inventory was designed to help the Hospital and the CHNAC understand existing community efforts to address the 8-12 identified issues from aggregate primary and secondary data and to prevent duplication of efforts as appropriate. *See Section 9 for the Community Asset Inventory.*

Selection Criteria

Next, the CHNAC used a priority selection tool that utilizes clearly defined criteria to select the top issues to address. *See Section 10 for the Priority Selection Report.*

The priority selection criteria included:

- A. Relevance: How important is this issue?
- B. Impact: What will we achieve by addressing this issue?
- C. Feasibility: Can we adequately address this issue?

Priority Issues to be Addressed

The priority issues to be addressed are:

- 1. Lack of resources to meet community mental and behavioral needs**
 - a. Increasing incidence of overdoses and deaths from prescription and pain/opioids
 - b. Elevating rates of suicide in Johnson County
- 2. Chronic disease health disparities in communities of color**
 - a. Food insecurity and lack of access to healthy options
- 3. Rising health care costs and lack of health insurance**
- 4. Improved pregnancy outcomes in Wyandotte County**
 - a. Infant mortality rates for African American infants

See Section 11 and 12 for priority issues that will be addressed and those that will not be addressed.

Approval

In October 2019, the AdventHealth Shawnee Mission Board approved the Community Health Needs Assessment findings, priority issues and final report. A link to the 2019 Community Health Needs Assessment was posted on the Hospital's website prior to December 31, 2019.

Next Steps

The CHNAC will work with AdventHealth Shawnee Mission to develop a measurable implementation strategy called the 2020-2022 Community Health Plan to address the priority issues. The plan will be completed and posted on the Hospital's website prior to May 15, 2020.

2. ABOUT: ADVENTHEALTH SHAWNEE MISSION

Transition to AdventHealth

In January of 2019, every wholly-owned entity across our organization adopted the AdventHealth system brand. Our identity has been unified to represent the full continuum of care our system offers. Throughout this report, we will refer to our facility as AdventHealth Shawnee Mission or the Hospital. Any reference to our 2016 Community Health Needs Assessment in this document will utilize our new name for consistency.

AdventHealth Shawnee Mission is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth is a connected system of care for every stage of life and health. More than 80,000 skilled and compassionate caregivers in physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers provide individualized, wholistic care. A Christian mission, shared vision, common values and service standards focus on whole-person health, and commitment to making communities healthier.

About AdventHealth Shawnee Mission

AdventHealth in Kansas City includes AdventHealth Shawnee Mission in Merriam, KS; Advent Health Lenexa; AdventHealth South Overland Park, AdventHealth Centra Care and AdventHealth Medical Group. Established in 1962, the Kansas City network now employs 3,300 team members. AdventHealth in Kansas City has more than 22,000 annual admissions, 170,000 outpatient visits, and 73,000 emergency room visits at its three Johnson County locations. AdventHealth Shawnee Mission delivers more than 5,000 babies each year and is the only certified member of MD Anderson Cancer Network®, a program of MD Anderson Cancer Center, in Kansas City.



3. CHOOSING THE COMMUNITY

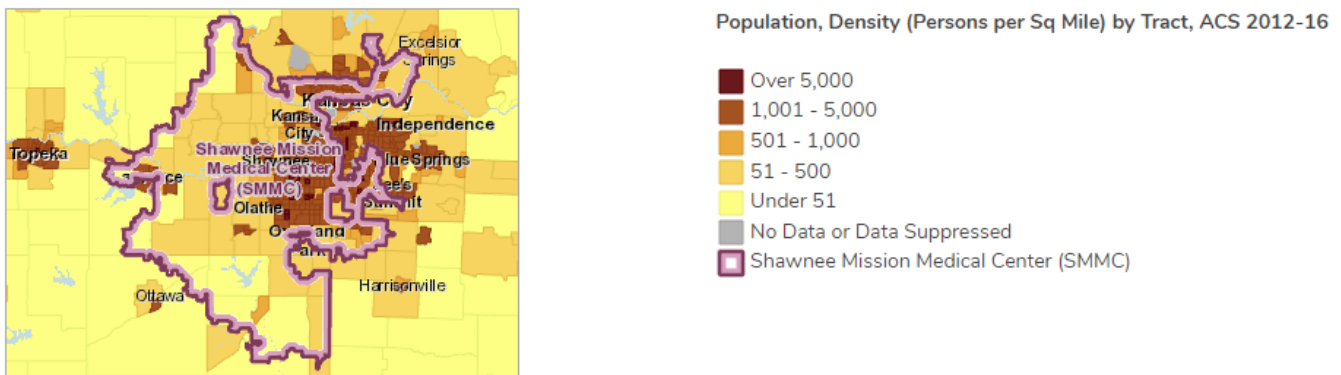
AdventHealth Shawnee Mission defined its community as its Primary Service Area (PSA) from which 80% of patients come. This includes Johnson and Wyandotte Counties and the zip codes: 66012, 66061, 66062, 66102, 66104, 66106, 66109, 66111, 66202, 66203, 66204, 66205, 66207, 66208, 66210, 66212, 66213, 66214, 66215, 66216, 66217, 66218, 66219, 66226 and 66227.

4. COMMUNITY DESCRIPTION AND DEMOGRAPHICS

COMMUNITY DESCRIPTION

In order to understand our community and the challenges faced, AdventHealth Shawnee Mission looked at both demographic information for the service area population, as well as available data on social determinants of health. According to the Center for Disease Control and Prevention, social determinants of health include conditions in the places where people live, learn, work, and play, which affect a wide range of health risks and outcomes. A snapshot of our community demographics and characteristics is included below. The *Secondary Data Report can be found in Appendix B.*

A total of 1,462,539 people live in the 2,573 square mile report area defined for this assessment according to the U.S. Census Bureau 2012-2016 American Community Survey 5-year estimates. The population density for this area, estimated at 568.26 persons per square mile, is greater than the national average population density of 90.19 persons per square mile. The map below represents the service area where 80% of AdventHealth Shawnee Mission’s patients come from.



Source: US Census Bureau, [American Community Survey](#). 2013-17.

COMMUNITY DEMOGRAPHICS



Female 50.92%



Male 49.08%

AGE	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65+
%	6.55%	17.31%	9.49%	14.12%	12.94%	13.36%	12.32%	13.91%

RACE	Caucasian	African American	Asian	Native American/ Alaska Native	Native Hawaiian/ Pacific Islander	Other Race	Multiple Races
%	79.1%	11.3%	3.2%	0.55%	0.11%	2%	3.13%

ETHNICITY	Hispanic or Latino	Non-Hispanic
%	9.46%	90.54%

**See section 7 for data sources*

DATA INDICATOR	DESCRIPTION	ADVENTHEALTH SHAWNEE SERVICE AREA	KANSAS AVERAGE
Poverty ¹	% Population in Poverty (Below 100% FPL)	11.5%	13.25%
Unemployment Rate ²	Unemployment Rate	5.2%	3.5%
Violent Crime ³	Violent Crime Rate (Per 100,000 Pop.)	375.4	348.7
Population with No High School Diploma ¹	% Population Age 25+ with No High School Diploma	8%	9.69%
Insurance ⁴	Uninsured Adults-% Without Medical Insurance	11.58%	12.26%
Insurance ⁴	Uninsured Children-% Without Medical Insurance	3.91%	4.51%
Food Insecurity Rate ⁵	Food Insecurity Rate	14.5%	14.2%
Population with Low Food Access ⁶	% Population with Low Food Access	24.96%	26.39%
Use of Public Transportation ¹	% Population Using Public Transit for Commute to Work (Age 16+)	0.85%	0.5%
Alcohol Consumption ⁷	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	17.7%	15.9%
Tobacco Usage ⁷	% Population Smoking Cigarettes (Age-Adjusted)	18%	17.7%
Lack of Prenatal Care ⁸	Percentage Mothers with Late or No Prenatal Care	15.4%	24.9%

Data Indicator Sources: ¹ US Census Bureau, [American Community Survey](#). 2013-17. ² US Department of Labor, [Bureau of Labor Statistics](#). 2019 - June. ³ Federal Bureau of Investigation, [FBI Uniform Crime Reports](#). Additional analysis by the [National Archive of Criminal Justice Data](#). Accessed via the [Inter-university Consortium for Political and Social Research](#). 2019. ⁴ US Census Bureau, [Small Area Health Insurance Estimates](#). 2016. ⁵ [Feeding America](#). 2017. ⁶ US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#). 2015. ⁷ Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. ⁸ Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). Centers for Disease Control and Prevention, [Wide-Ranging Online Data for Epidemiologic Research](#). 2007-10.

5. COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE

A Community Health Needs Assessment Committee (CHNAC) was formed to help AdventHealth Shawnee Mission conduct a comprehensive assessment of the community. The committee included representation from the Hospital, public health officials and the broad community, as well as representation from low-income, minority and other underserved populations. The committee met regularly throughout 2018-2019. Current CHNAC members include:

COMMUNITY MEMBERS

Name	Title	Organization	Description of Services	Low-Income	Minority	Other Underserved Populations
Julie Brewer	Executive Director	United Community Services (UCS)	United Way agency for Johnson County	x	x	x
Dawn Downes	Senior Program Officer	REACH Foundation	Provides grants to advance equity in health care coverage, access, and quality for poor and underserved people	x	x	x
Barbara Mitchell	Director, Health & Environment	Johnson County Health & Environment	Leader in health and environment for Johnson County by preventing disease and promoting wellness	x	x	x
Amy Falk	CEO	Health Partnership Clinics of Johnson County	Federally Qualified Health Center (FQHC) for Johnson County	x	x	x
Donna Martin	Public Health Planner	Mid-America Regional Council (MARC)	MARC promotes regional cooperation through leadership, planning and action serving nine counties in the Kansas City region	x	x	x
John McKinney	Director, Family Services	Shawnee Mission School District	One of the major school districts in the Hospital's service area with more than 27,000 students	x	x	x
Julilann VanLiew	Planning & Operations Division Manager	United Government, Wyandotte Health Department	Provides health and wellness services for the residents of Wyandotte County	x	x	x
Donna Young	Acting Executive Director	Community Health Council of Wyandotte County	Leads and supports initiatives to enhance health and access to care services for the vulnerable residents of Wyandotte County	x	x	x
Shelby Rebeck	School Nurse Coordinator	Shawnee Mission School District	One of the major school districts in the Hospital's service area with more than 27,000 students	x	x	x

ADVENTHEALTH SHAWNEE MISSION MEMBERS

The following hospital team members provided leadership throughout the process:

- **Shane Cox**, Vice President, Sr. Financial Officer; Finance/Revenue Cycle
- **Lisa Cummings**, Manager, Community Wellness; Community Wellness and Education
- **Lori Cue**, Administrative Director of Quality & Safety; Quality and Safety
- **Molly Haase**, Director, Advocacy; Advocacy, Policy and Government Relations
- **Robin Harrold**, Vice President, Network Strategy
- **Kelly Hubka**, Director Population Health and Care Coordination; Population health and Care coordination
- **Raimonda King**, Administrative Director, Birthing Center and Child Services; Birthing Center and Child Services
- **Mallory Laur**, Manager, Marketing and Communications; Marketing and Community Engagement
- **Jeanette Metzler**, Manger, Community Benefit; Community Benefit, CHNA, Community Health Plan
- **Rennie Shuler-McKinney**, Director, Behavioral Health; Behavioral Health
- **Doug Spear**, Executive Director, Marketing and Strategic Engagement; Marketing and Strategic Engagement
- **Mark Stoddart**, Administrative Director, Spiritual Wellness

6. PUBLIC HEALTH

Public health was represented throughout the Community Health Needs Assessment. Both Johnson and Wyandotte County public health representatives participated throughout the Community Health Needs Assessment process. Our door-to-door survey statistically validated process was led by Johnson County with the expertise of their epidemiologist. In addition, our key stakeholder responses included perspectives from public health employees in both counties. United Government of Wyandotte County conducted their needs assessment in 2018. The following county employees provided leadership throughout the process:

- **Elizabeth Holzschuh**, BS, MS, Epidemiologist II, Johnson County Health and Environment
- **Barbara Mitchell**, MSW, Community Health Division Director, PIO, Johnson County Health and Environment for 16 years
- **Juliann VanLiew**, MPH, Planning and Division Manager, United Government Wyandotte Health Department

7. PRIMARY AND SECONDARY DATA SOURCES

Primary Data

- a. **Community surveys:** Johnson County Health and Environment led the community survey utilizing the Community Assessment for Public Health Emergency Response (CASPER) methodology. The CDC's Division of Environmental Hazards and Health Effects (EHHE), Health Studies Branch (HSB) developed the CASPER toolkit to assist personnel from any local, state/territorial, regional, or federal public health departments in conducting a community needs assessment. The CASPER methodology uses a validated two-stage cluster sampling method to collect information at the household-level by conducting door to door surveys using a random selection of households within identified census blocks based on AdventHealth Shawnee Mission's primary service area. Household surveys were conducted in both Johnson and Wyandotte Counties.
- b. **Stakeholder surveys:** AdventHealth and Johnson County Health and Environment jointly developed an on-line survey and identified the audience of community health leaders to complete the survey.

Secondary Data

- a. **Hospital Utilization Data:** Top 10 inpatient and Emergency Department diagnoses by payer was provided by our Finance Department for the year 2018 and the report can be found as *Appendix C* in this report.
- b. **The Engagement Network:** Our secondary data was sourced from the Engagement Network. This is a national platform produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. The Engagement Network hosts a national Map Room with 15,000+ data layers, a Community Health Needs Assessment reporting tool with 80+ health-related indicators, and a hub network with 30+ partner organizations using CARES technology.

Data Sources

DATA INDICATOR	SOURCE
Gender, Race, Ethnicity, Poverty	US Census Bureau, American Community Survey . 2013-17.
Unemployment Rate	US Department of Labor, Bureau of Labor Statistics . 2019 - June.
Violent Crime	Federal Bureau of Investigation, FBI Uniform Crime Reports . Additional analysis by the National Archive of Criminal Justice Data . Accessed via the Inter-university Consortium for Political and Social Research . 2019
Population with No High School Diploma	US Census Bureau, American Community Survey . 2013-17.
Insurance (Adult)	US Census Bureau, Small Area Health Insurance Estimates . 2016.
Insurance (Children)	US Census Bureau, Small Area Health Insurance Estimates . 2016.
Food Insecurity Rate	Feeding America . 2017
Population with Low Food Access	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015
Use of Public Transportation	US Census Bureau, American Community Survey . 2013-17.
Alcohol Consumption, Tobacco Usage	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System . Accessed via the Health Indicators Warehouse . US Department of Health & Human Services, Health Indicators Warehouse . 2006-12.
Lack of Prenatal Care	Centers for Disease Control and Prevention, National Vital Statistics System . Accessed via CDC WONDER . Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research . 2007-10.

8. DATA SUMMARY

Primary and Secondary Data: High Level Findings

Once all primary and secondary data was collected, this was then analyzed and categorized into top priorities per source. *The results can be found in Appendix A.*

Identified priorities determined from AdventHealth Household Survey-Community Concerns Survey- High Importance / Low Satisfaction					
1	Health Insurance is available for all	3	Mental health illnesses are treated in our community	5	High incidence of suicide
2	People are free from addiction to prescription and / or street drugs	4	Mental health concerns are recognized in our community	6	

Identified priorities determined from AdventHealth Household Community Survey- Based on Personal or Family Experience					
1	Cost of healthcare is a barrier	4	Food insecurity	7	Access to affordable childcare
2	Uninsured population	5	Lack of motivation to eat healthy or participate in physical activity	8	Stressed about finances
3	Cost of healthy food	6	Current on preventive screenings	9	Social isolation

Identified priorities determined from Stakeholder Community Concern Survey – High Importance / Low Satisfaction					
1	Health insurance is availability for all	3	Affordable housing	5	Transportation is available to people of all ages and abilities
2	Mental health illnesses are treated in our community	4	Mental health concerns are recognized in our community	6	

Identified priorities determined from Johnson County Social Media Community Concern Survey – High Importance / Low Satisfaction					
1	Health insurance availability for all	3	Affordable housing	5	People are free from addiction to prescription and/or street drugs
2	Mental health illnesses are treated in our community	4	Mental health concerns are recognized in our community	6	Resources are available to help residents during times of need

Identified priorities determined from Johnson County Household Community Concern Survey – High Importance / Low Satisfaction

1	Health insurance availability for all	3	Affordable housing	5	Dental care is available to all
2	Mental health illnesses are treated in our community	4	Mental health concerns are recognized in our community	6	

Identified priorities determined from United Government Health Department of Wyandotte County (March 2018 Community Health Assessment)

1	Access to healthy food	4	Childhood trauma and adverse childhood experiences	7	Violence
2	Access to medical, mental health and dental health care	5	Education and jobs	8	
3	Access to safe and affordable housing	6	Infant health and birth outcomes		

Identified priorities determined from Secondary Data – Engagement Network

1	Obesity	5	Uninsured adults	9	Low birth weight infants in Wyandotte County
2	Smoking in Wyandotte County	6	Chronic disease hospital admission rates in minority populations (diabetes, heart, stroke, and congestive heart failure)	10	High infant mortality rate in Wyandotte County especially in the African American population
3	Access to healthy food	7	Smoking during pregnancy in Wyandotte County	11	Food insecurity
4	Drug poisoning deaths	8	Prenatal care in Wyandotte County	12	High suicide rates

Primary Data: High Importance and Low Satisfaction

AdventHealth Shawnee Mission’s Community Survey included two sections. The first was the Community Concerns Survey, which included 20 issue statements. Survey respondents were asked to rate the importance of the issue and their satisfaction on the community’s response to the issue. The second session included 23 questions from personal or family experience. Both sections of the survey included social determinants of health questions. See *Appendix A for surveys and responses*.

The Community Concern Survey questions asked in section one of AdventHealth Shawnee Mission’s survey, were repeated in the stakeholder survey, Johnson County’s door-to-door community health assessment, and on-line through social media. Using the same questions provided the opportunity to compare results across multiple audiences. The survey results for each audience were organized in quadrants based on importance and satisfaction. Of specific interest were issues identified as **High Importance and Low Satisfaction**. If the statement’s individual mean score was higher than the overall score for importance/satisfaction it was denoted as *High*; conversely, if it was lower it was denoted as *Low*. Below is a summary of the issues identified as High Importance and Low Satisfaction. See *Appendix A for the surveys and responses*.

Community Concerns identified as High Importance & Low Satisfaction				
Issue	Stakeholder Survey	AdventHealth CHNA Survey	Johnson County Community Survey	Johnson County CHNA Survey
Health Insurance is available for all	✓	✓	✓	✓
Mental health illnesses are treated in our community	✓	✓	✓	✓
Affordable housing is available	✓		✓	✓
Mental health concerns are recognized in our community	✓	✓	✓	
Transportation is available to people of all ages and abilities	✓			
People are free from addiction to prescription and/or street drugs		✓	✓	✓
Resources are available to help residents during times of need			✓	
Dental care is available to all				✓

Primary and Secondary Data: Aggregate Community Health Needs

The below 11 needs were identified as top priorities based on the analysis and aggregation of primary and secondary data.

AGGREGATE COMMUNITY HEALTH NEEDS				
	Priority Issue	Ethnic Group	Age Group	Specific Geographic Area
1	Lack of resources to meet community mental/behavioral health needs	Varies	Varies	AdventHealth Shawnee Mission Service Area
2	Increasing incidence of overdoses and death from prescription pain/opioids	Varies	Varies	AdventHealth Shawnee Mission Service Area
3	Rising health care costs and lack of health insurance	Varies	Adults ages 18-64	AdventHealth Shawnee Mission Service Area
4	Chronic disease disparities in communities of color	African American and Hispanic	Varies	Johnson and Wyandotte Counties
5	Poor pregnancy outcomes in Wyandotte County	African American	Infants and families	Wyandotte County
6	Infant mortality rates for African American infants	African American	Infants and families	Wyandotte County
7	Food insecurity and lack of access to healthy options	Varies	Varies	Johnson and Wyandotte Counties
8	Elevating rates of suicide	Non-Hispanic White	Teens and Adults ages	Johnson and Wyandotte Counties
9	Social isolation	Varies	Adults	Johnson and Wyandotte Counties
10	Limited transportation options	Varies	Varies	Johnson and Wyandotte Counties
11	Lack of affordable housing	Varies	Varies	Johnson and Wyandotte Counties

9. COMMUNITY ASSET INVENTORY

AdventHealth Shawnee Mission conducted a Community Asset Inventory related to the top 11 identified community health needs in order to determine where the most meaningful impact could be made. The inventory was designed to assist the CHNAC in narrowing the nine needs to four priority issues.

COMMUNITY ASSET INVENTORY		
Top Issues Defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs
Lack of resources to meet community mental/behavioral health needs	Duchesne Clinic; Health Partnership Clinic-JC; JC Suicide Prevention Coalition; Johnson County Mental Health Center; Mental Health KC Conference; Prairie Ridge Psychiatric Hospital; Tri-County Mental Health; Wyandotte Center; Zero Reasons Why	Advocacy; Inpatient/outpatient behavioral health services
Increasing incidence of overdoses and death from prescription pain / opioids	Health Partnership Substance Abuse Program; JC grant funding for community and physician education; Joint-hospital and health department drug take back	AdventHealth physician offices providing Medically Assisted Treatments; Inpatient/outpatient behavioral health services; Pharmacy RX disposal service
Rising health care costs and lack of health insurance	Alliance for a Healthier Kansas; Children's Mercy West; Duchesne Clinic; Enroll Kansas; Free Health Clinic; Health Partnership Clinics; Jay Doc; JCDHE; Kansas Assisters; Mercy & Truth Clinics; Safety net clinics; United Way (Greater KC and Wyandotte County); Wy-Jo Care	AdventHealth Nurse Line, Bridge Care ED Program; Financial Assistance, Med-Data (Patient support in accessing health coverage); Subsidies to patients for co-pays and transportation costs
Chronic diseases in communities of color	After the Harvest; CMH-Weighing In; Cultivate KC; Dotte Market; Double Up Food Bucks; Greater KC Food Policy Council; Harvesters; Hunger-Free Health Care-KC; JC Food Policy Council; KC Healthy Kids; SM School District Back-Snack and school garden programs; UG-Wyandotte Community Action Teams - Nutrition and Tobacco; YMCA	CHEERS Support Group; Community health and wellness education programs; Chronic Disease Wellness programs; Hunger Free Health-Care-AHSM; Partner's in Produce with Food Pantries; Move 4 Life
Poor pregnancy outcomes in Wyandotte County	Cradle KC; Every Baby to 1; FIMR Review Board; New Birth Company; UG-Wyandotte pregnancy programs,	Childbirth education programs, breastfeeding classes, warm-line for new parents, prenatal education and support classes, Post-partum depression support group and services
High mortality rates in African American Infants	Cradle KC; Every Baby to 1; FIMR Review Board; New Birth Company; UG-Wyandotte pregnancy programs,	Childbirth education programs, breastfeeding classes, warm-line for new parents, prenatal education and support classes, Post-partum depression support group and services
Food insecurity and lack of access to healthy options	After the Harvest; Cultivate KC; CMH Weighing-In; Double-Up Food Bucks; Greater KC Food Policy Council; Harvesters; Hunger-Free Healthcare KC; Johnson County Food Policy Council	AdventHealth Hunger-Free Healthcare Workgroup; partnership with local food pantries; leadership in JC FPC, and HFHC-KC initiatives
Elevating rates of suicide	JC School District Superintendent; Johnson County Suicide Prevention Coalition; Zero Reasons Why	Leadership in JCSPC; Mental Health First Aid programming
Social Isolation	JCHDE; JC Suicide Prevention	CHEERS Support Group; Support groups specifically for those with chronic conditions to support their emotional well-being
Limited transportation options	Mid-America Regional Council, Municipalities, KC Area Transportation	Ride vouchers
Lack of affordable housing	UCS, Johnson and Wyandotte Counties, Housing Authorities	

10. PRIORITY SELECTION

Rating & Prioritizing Key Health Issues

Primary and secondary data was co-presented to the CHNAC by Elizabeth Holzschuh, Epidemiologist II from Johnson County Health & Environment and Jeanette Metzler, Community Benefit Manager, AdventHealth Shawnee Mission. The presentation included opportunities for discussion and laid the foundation for the issue prioritization process. The data presented was from the following sources:

- a. AdventHealth Shawnee Mission Community Survey (Community Concerns) Survey – 183 Surveys
- b. AdventHealth Shawnee Mission Community Survey (Personal or Family Experience) – 183 Surveys
- c. Stakeholder Community Concerns Survey – 29 Surveys
- d. Johnson County Community Concerns Survey – 183 Surveys from different households
- e. Social Media Community Concerns Survey – 623 Surveys
- f. Unified Government Wyandotte County Health Department– 2018 Community Health Assessment
- g. Secondary Data – Engagement Network
- h. AdventHealth Shawnee Mission Admission Data – Top Ten Diagnoses for Emergency Department and Inpatient for 2018
- i. Supporting Data from Other Sources Including
 - i. Kansas Department Health & Environment (KDHE), Kansas Health Matters
 - ii. KDHE, preventoverdoseks.org
 - iii. KDHE, Kansas Health Matters, Information for Communities
 - iv. Feeding America, Map the Meal Gap
 1. <https://map.feedingamerica.org/county/2017/overall/kansas/county/johnson>
 2. <https://map.feedingamerica.org/county/2017/overall/kansas/county/wyandotte>
 - v. American Community Survey, 2013-2017
 - vi. UG Wyandotte County Health Department – Community Health Assessment
 1. <https://www.wycokck.org/WycoKCK/media/Health-Department/Documents/CHA-FINAL.pdf>

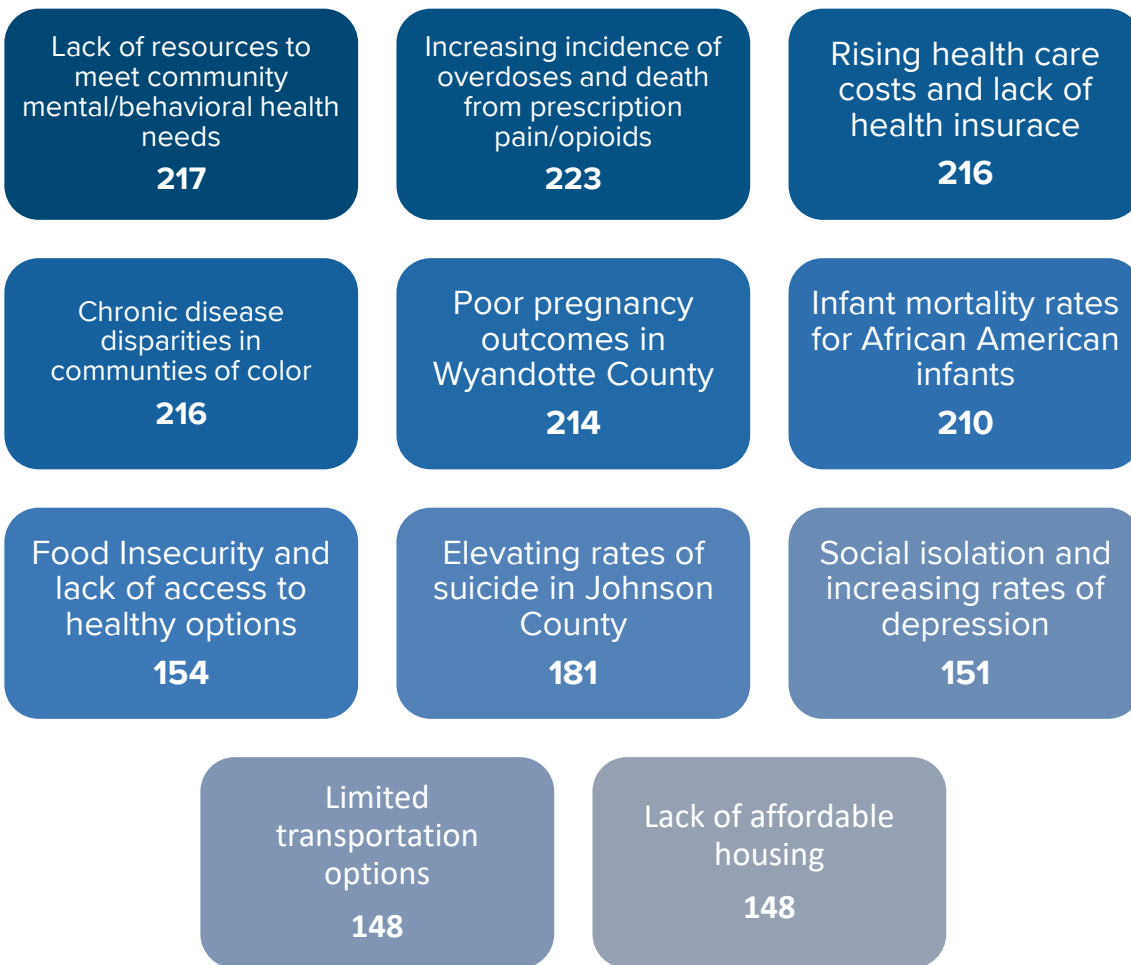
To assist the CHNAC in identifying and prioritizing issues after review and discussion of the data, the CHNAC utilized the tool *Rating & Prioritizing Key Health Issues Worksheet*. For each issue, the CHNAC rated the relevance of the issue, impact and feasibility using the following criteria. This exercise was completed individually and followed up with small group and large group discussions.

Rating Criteria: (1=lowest priority; 2=medium; 3=high; 4=highest)		
Relevance How important is this issue?	Impact What will we achieve by addressing this issue?	Feasibility Can we adequately address this issue?
<ul style="list-style-type: none"> • Size of problem (e.g. % population) • Severity of problem (e.g. Cost to treat, lives lost) • Urgency to solve problem; community concern • Linked to other important issues 	<ul style="list-style-type: none"> • Availability of solutions/proven strategies • Builds on or enhances current work • Significant consequences of not addressing issue now 	<ul style="list-style-type: none"> • Availability of resources (staff, community partners, time, money) to address issue • Political capacity/will • Community/social acceptability • Appropriate socio-culturally • Can identify easy, short-term wins

Each committee member reviewed the issues identified and weighed each issue by importance of the issue, the potential impact and the feasibility of the Hospital to impact change. This exercise was repeated in small groups with each group given the opportunity to discuss and prioritize issues. Each group reported out to the larger committee for further discussion. All committee members voted on the top four issues the Hospital should address in their CHNA and CHP.

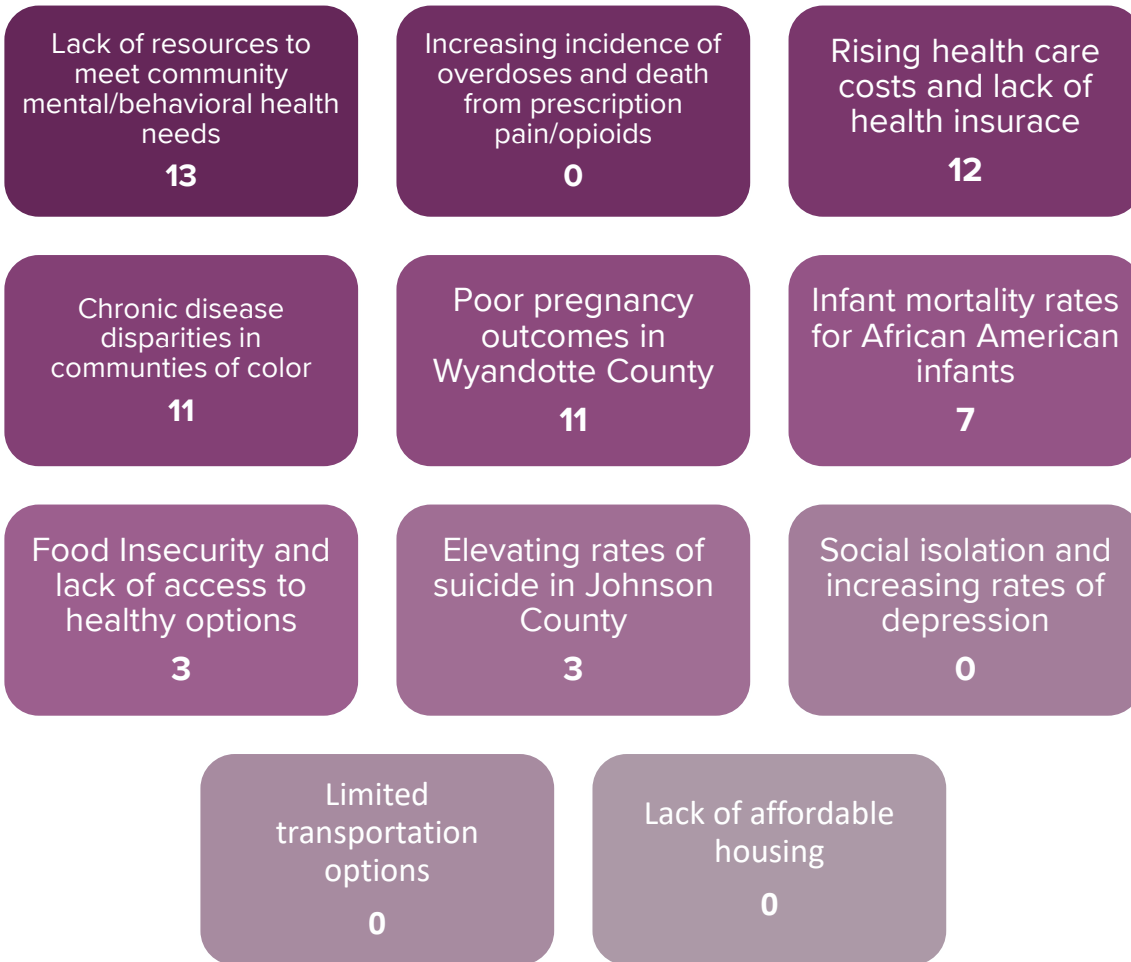
Below, are the eleven issues identified, with composite scores from the 17 participating CHNA Committee members.

**ROUND 1: WHAT ARE THE TOP FOUR ISSUES THE HOSPITAL SHOULD ADDRESS?
(INDIVIDUAL VOTES)**



After further small group and large group discussions, each committee member had the opportunity to vote on the top four issues. Below are the results of this vote:

**ROUND 2: WHAT ARE THE TOP FOUR ISSUES THE HOSPITAL SHOULD ADDRESS?
(POST-SMALL AND LARGE GROUP DISCUSSION)**



Once voting was complete, the issues were separated into ones that the hospital will and will not address. Please note that through the discussion, several items were combined for the sake of streamlining resources and focus areas.

ISSUES TO BE ADDRESSED BY THE HOSPITAL

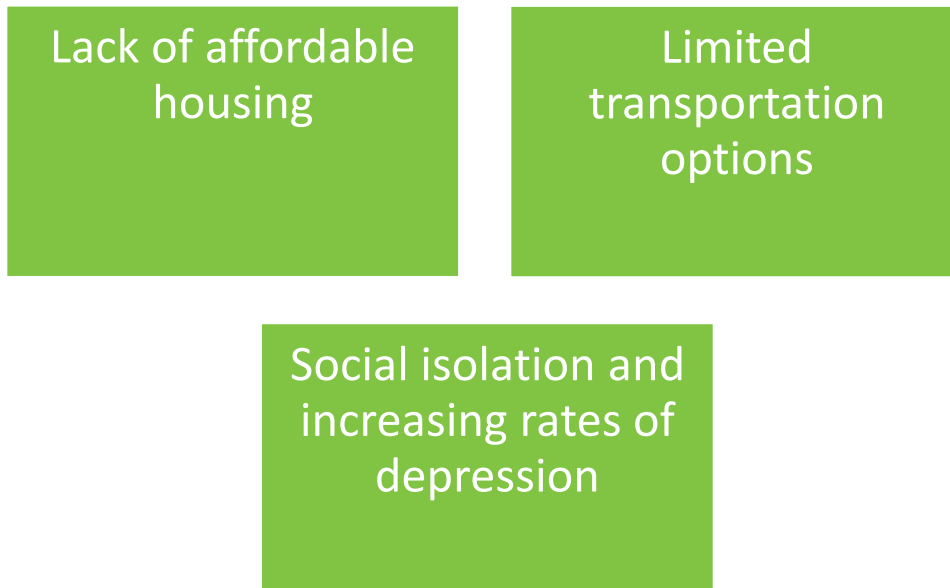
Lack of resources to meet mental/behavioral health needs	Rising health care costs and lack of health insurance	Chronic disease health disparities in communities of color	Improving pregnancy outcomes in Wyandotte County
<ul style="list-style-type: none"> Elevating rates of suicide Increasing incidence of overdoses and deaths from prescription pain/opioids 		<ul style="list-style-type: none"> Food insecurity and lack of access to healthy options 	<ul style="list-style-type: none"> Infant mortality rates for African American Infants

RATIONALE FOR COMMUNITY ISSUES THE HOSPITAL WILL ADDRESS			
Relevance	Impact	Feasibility	Comments
1. Lack of resources to meet mental/behavioral health needs			
<p>8.6% of JC and 13.4% WC report 14+ days of mental health issues.¹</p> <p>171 opioid drug poisonings in JC and WC.²</p> <p>Suicide rates in JC continue to increase in all age groups.</p> <p>2017 - 15.2 / 100,000³</p> <p>Emergency Department resources are challenged due to mental health crisis situations.</p>	<p>Inpatient/Outpatient Behavioral Health can provide expertise.</p> <p>Increase in mental health related deaths and hospital admissions will result if not addressed.</p> <p>Poor mental health contributes and complicates disease treatment and management.</p>	<p>State and federal grants for opioid addiction create opportunity for expanding outreach and partnerships.</p> <p>JC Mental Health, UG Health Dept Wyandotte County, JC Suicide Prevention Coalition, Health Partnership Clinics, Tri-County Mental Health are potential partners.</p>	<p>Increasing resources to address prescription pain/opioid addiction deaths and suicide prevention strategies will be addressed in Community Health Plan. These were identified as priorities by CHNAC.</p>
2. Rising health care costs and lack of health insurance			
<p>11.6% of AdventHealth Shawnee Mission's service area is uninsured⁷</p> <p>22% adults are unable to see doctor due to cost.⁴</p> <p>Increase in patients without insurance are at risk for severe financial consequences.</p>	<p>Expanding Medicaid will provide coverage for the working poor or those who fall into the Medicaid gap.</p> <p>Delay in care due to inability to pay results in worsening of conditions, increased costs and more suffering.</p>	<p>Health providers and hospitals can promote and assist with enrollment.</p> <p>Enroll Kansas, Kansas Assisters, CHC-WC, REACH Foundation, Safety Net Clinic Alliance for Kansas are potential partners.</p>	

3. Chronic disease disparities in communities of color			
<p>WC smoking rate-24.7%⁷</p> <p>Obesity rate for AH service area-30.8%⁷</p> <p>JC & WC food insecure - 88,000⁵</p> <p>Hospital Admissions for chronic diseases in African Americans¹</p> <p>Hospital admissions rates for African Americans with chronic conditions are significantly higher.</p>	<p>Access to healthier food</p> <p>Behavior & lifestyle changes</p> <p>NFP's working on accessing fresh produce initiatives</p> <p>Increase in number of patients suffering from multiple chronic diseases</p> <p>Lifestyle change impacts health outcomes</p>	<p>Programs through Hospital's Wellness Department</p> <p>Opportunities for further partnerships with schools and churches</p> <p>YMCA, Community Centers, Chronic Disease programs, WC-Community Action Teams, JC & Greater KC Food Policy Councils are resources and available partners</p>	<p>Food insecurity was also identified as a priority and community health plan will address.</p>
4. Improving pregnancy outcomes in Wyandotte County			
<p>8.5% of births - mom smoked;</p> <p>10.2%-premature births</p> <p>Infant loss rate is 7 / 100,000 and 11.2 for black infants¹</p> <p>Increase in health issues, deaths and costs with low birth weight and premature infants</p>	<p>AHSM currently engaged in WC to reduce infant mortality.</p>	<p>Several grants are in various stages for Cradle KC with an initial focus in WC.</p> <p>Every Baby to 1; Cradle KC; FIMR-WC, UG-Wyandotte, New Birth Company</p>	<p>Strategies to address African-American families will be included in community health plan</p>

1-KDHE, Kansas Health Matters; 2-KDHE, DrugPoisoningsks.org; 3-KDHE, Kansas Community Information; 4-AdventHealth Community Survey; 5-Feeding America, Map The Meal Gap; 6-American Community Survey; 7-Engagement Network Secondary Data

ISSUES NOT TO BE ADDRESSED BY THE HOSPITAL



RATIONALE FOR COMMUNITY ISSUES THE HOSPITAL <u>WILL NOT</u> ADDRESS			
Relevance	Impact	Feasibility	Comments
1. Lack of affordable housing			
<p>25% spend greater than 30% of income on housing.⁶</p> <p>Housing costs continue to force residents to live further from work. With limited public transportation, this creates an additional burden.</p>	<p>UCS is leading the conversation on affordable housing in Johnson County.</p> <p>High housing costs results in fewer \$\$ available for other necessities including: healthy food and health care.</p> <p>Increase in homeless population</p>	<p>UCS, Johnson and Wyandotte Counties, Housing Authorities</p>	<p>AHSM supports community initiatives and advocates for affordable housing.</p> <p>AHSM is represented on UCS Board of Directors.</p>
2. Limited transportation options			
<p>Less than 1% of AH service area uses public transportation.⁷</p> <p>6.9% reported not getting health care due to lack of transportation.⁴</p> <p>Johnson County is a sprawling county with minimal access to public buses.</p> <p>Many neighbor- hoods are not walk-bike friendly.</p>	<p>Regional/city initiatives to increase options are in various stages.</p> <p>i.e. Bike/Walk, and ride share programs</p> <p>Health issues become more severe with lack of transportation. This includes accessing healthy food, and health care.</p>	<p>Ride assist apps may provide effective solutions.</p> <p>Mobile Ap solutions are currently being piloted. Mid-America Regional Council, Municipalities, KC Area Transportation.</p>	<p>AHSM currently provides ride vouchers for patients and will continue to support and advocate for transportation solutions.</p>

3: Social isolation and increasing rates of depression			
<p>Greater than 1 in 5 in the community survey indicated they feel isolated.⁴</p> <p>Increasing rates of depression impacts overall health and leads to other mental and physical health issues.</p>	<p>Social support through churches, and community resources. Social media can help connect and build support.</p> <p>Lack of social support can result in poorer health outcomes and can lead to depression and suicide.</p>	<p>Support groups, libraries and churches are plentiful. Social media apps can help connect.</p> <p>Libraries, churches, community centers, schools and support groups</p>	<p>Community Health Plan strategies will incorporate social connectedness.</p>

1-KDHE, Kansas Health Matters; 2-KDHE, DrugPoisoningsks.org; 3-KDHE, Kansas Community Information; 4-AdventHealth Community Survey; 5-Feeding America, Map The Meal Gap; 6-American Community Survey; 7-Engagement Network Secondary Data

11. PRIORITY ISSUES TO BE ADDRESSED

ISSUE 1: LACK OF RESOURCES TO MEET COMMUNITY MENTAL/BEHAVIORAL HEALTH NEEDS

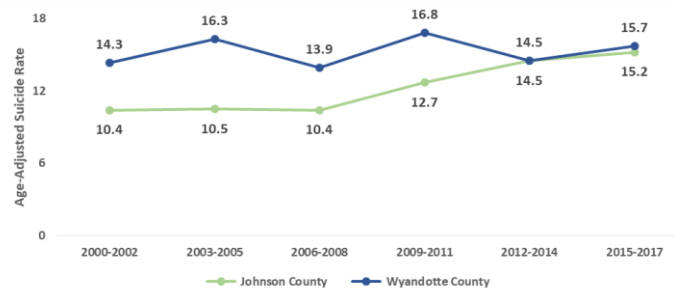
AdventHealth Shawnee Mission is one of the few hospitals in the Kansas City metropolitan area that provides inpatient and outpatient mental and behavioral health services. Collaboration with community partners will be vital to the success of addressing this issue. AdventHealth Shawnee Mission's household community concern survey respondents indicated high importance and low satisfaction on mental health. In addition, the Johnson County Household and Social Media Community Concerns Survey results identified mental health high in importance and low in satisfaction.

Kansas Department of Health and Environment data accessed through Kansas Health Matters (2015-2017) reports that 8.6% of residents in Johnson County and 13.4% of residents in Wyandotte County indicated that mental health was "not good" on 14+ days in the past month.

Suicide Rates

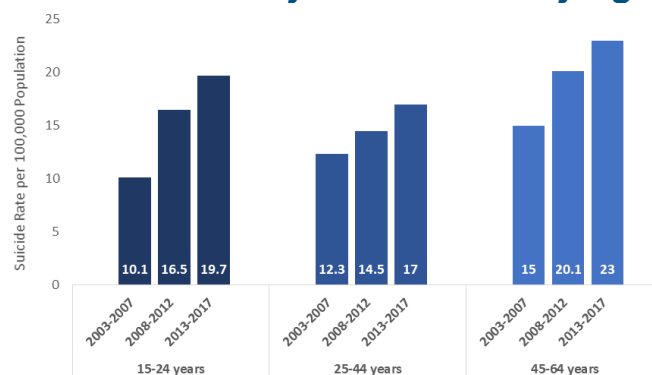
Suicide mortality rates in Johnson County and Wyandotte County are higher than the Healthy People 2020 goal of 10.2 suicide mortalities per 100,000. In Johnson County suicide rates continue to significantly increase in every age range with suicides for ages 15-24 at 19.7 per 100,000 and 23 per 100,000 in ages 45-64 in 2017.

Suicide Mortality Rate Per 100,000



Source: KDHE, Accessed through Kansas Health Matters, 2015-2017
KDHE, Kansas Information for Communities

Johnson County Suicide Rate by Age

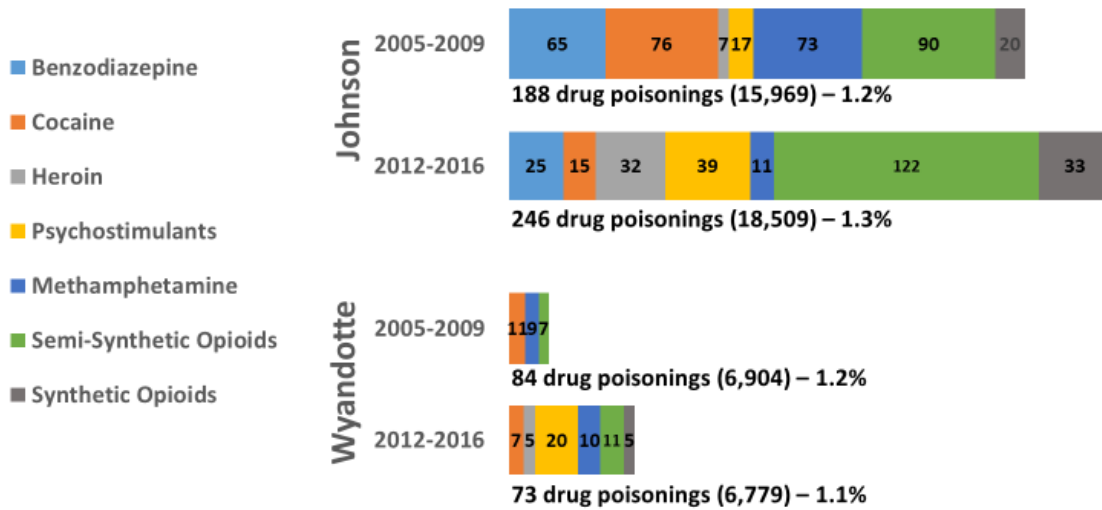


Source: KDHE, Accessed through Kansas Information for Communities

Addiction

Community Concern Survey Results from the Hospital Johnson County Community and social media surveys indicated a high importance with low satisfaction to the issue of addiction to prescription/street drugs. Drug poisoning deaths are nine deaths per 100,000 population in Johnson and Wyandotte Counties, with the greatest increase of deaths due to opioids when comparing 2005-2009 to 2012-2016 according to KDHE, preventoverdoseks.org.

Drug Poisoning Deaths



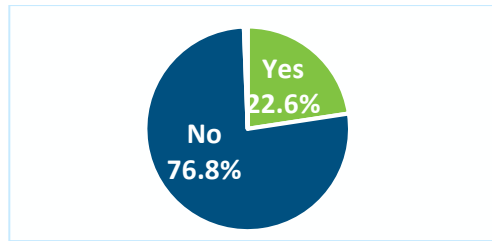
Kansas Department of Health and Environment, Accessed through preventoverdoseks.org

ISSUE 2: RISING HEALTHCARE COSTS AND LACK OF HEALTH INSURANCE

Community Concern Survey results from AdventHealth Shawnee Mission, key stakeholders and Johnson County's household and social media all agreed that "**Health Insurance for All**" had the highest importance with the lowest satisfaction. The adult uninsured rate for ages 18-65 is 11.58%. Wyandotte County's adult uninsured rate is 22.32%. While Johnson County's uninsured rate of 7.85% is significantly lower, the total number of adults without health insurance is approximately 7,000 higher than Johnson County.

Our community survey indicates 22.6% were unable to see a doctor due to cost. In our community survey, 25% of residents in Johnson County reported being worried or stressed about paying their medical bills. While addressing the factors effecting rising healthcare is difficult, the Hospital will continue to advocate for Medicaid expansion in Kansas. In addition, the Hospital is in the position to assist access for health insurance for those seeking care and can assist patients and the community on health insurance literacy and support and partner with safety-net clinics.

Unable to See Doctor Due to Cost



Source: AdventHealth Community Survey

Financial Stress



6 in 20 said they were **always** or **usually** stressed about finances

7 in 20 said they were **sometimes** stressed about finances

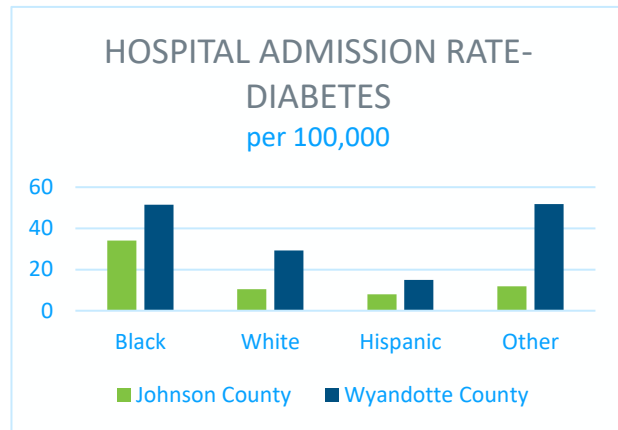
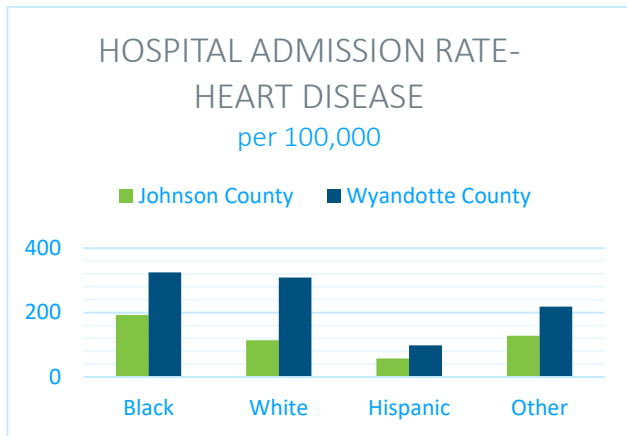
Community Health Needs Assessment Survey, 2018

89

Source: AdventHealth Shawnee Mission Community Survey

ISSUE 3: CHRONIC DISEASE DISPARITIES IN COMMUNITIES OF COLOR

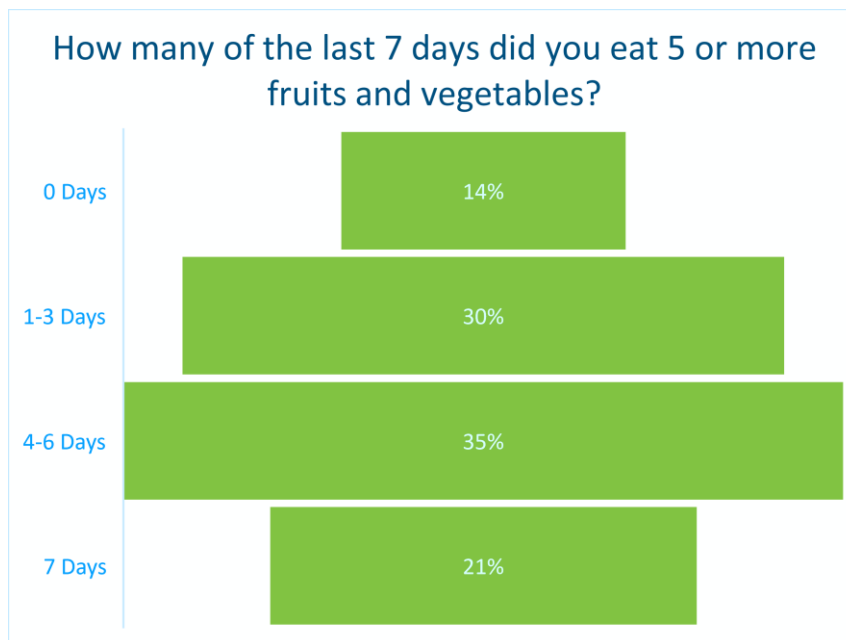
Hospital admission rates for diabetes, stroke, heart disease and congestive heart failure are significantly higher for Blacks than Whites. In Wyandotte County the hospital admission rate for diabetes is 51.5 per 100,000 for Blacks compared to 29.3 for White admissions. Heart disease admission rates for Blacks are 325 per 100,000 as compared to 218 for Whites. Johnson County rates are lower than Wyandotte County but also reflect this disparity.



Source: KDHE, Accessed through Kansas Health Matters 2015-2017

Positive Lifestyle behaviors

Positive lifestyle behaviors have a direct impact on improved health and reducing chronic disease. The AdventHealth Shawnee Mission Community Survey indicated that 14% never eat fruits or vegetables and 79% do not eat the recommended number of fruits and vegetables.

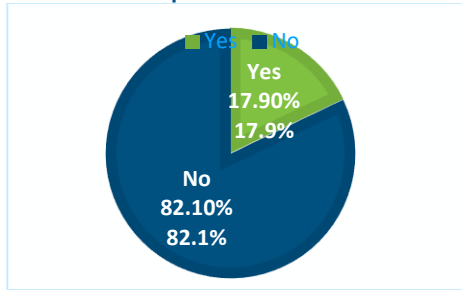


Source: AdventHealth Shawnee Mission Community Survey

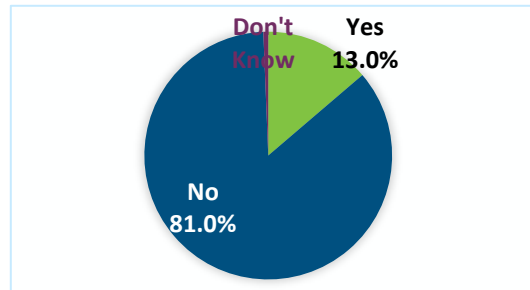
Food Insecurity

Our community health survey indicated 18% of households were worried that food would run out before they had money to buy more. Additionally, 13% of households ran out of food before they had the money to buy more. Feeding America indicates a 16.8% food insecurity rate in Wyandotte County and 10.6% in Johnson County.

% Households that worried food would run out in past 12 Months



% Households that ran out of food and lacked funds to purchase more in past 12 Months



Source: AdventHealth Shawnee Mission Community Survey

Food insecurity for residents in Johnson County is lower than our neighboring Wyandotte County, yet the number of residents that are food insecure is twice as high. The graphs compare the counties food insecurity as well as demonstrating the high percent of food insecure residents in Johnson County that are not eligible for assistance.

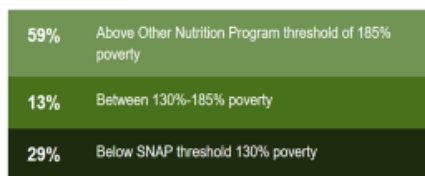
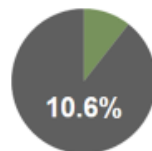
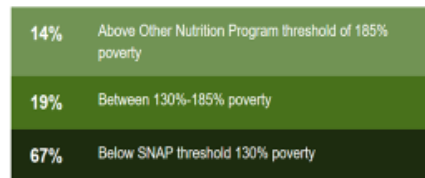
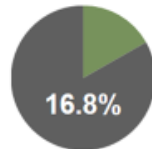
Food Insecurity

Food insecurity refers to the USDA's measurement of a lack of access, at times, to enough food for an active, healthy life for all members of a given household, and limited or uncertain availability of nutritionally adequate foods. It can be defined simply as an economic and social condition of limited or uncertain access to adequate food.

of Food Insecure People

Food Insecurity Rate

Estimated Program Eligibility Among Food Insecure People



Feeding America, Map the Meal Gap 2018 (2016 data)

98

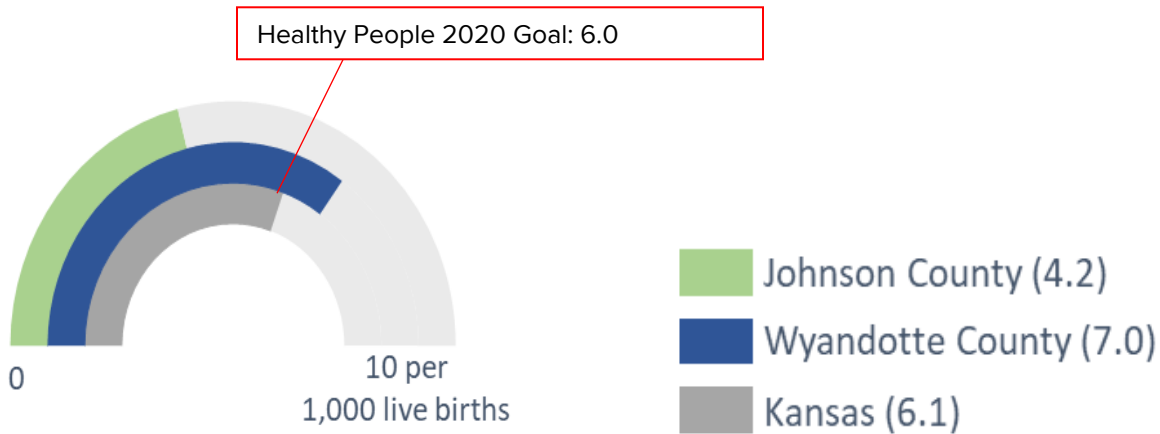
Smoking

Adults smoking cigarettes in the AdventHealth Shawnee Mission catchment area is 18%. In Wyandotte County 24.7% of adults smoke cigarettes. The Hospital can participate, support and lead initiatives that effectively address chronic diseases in our community through financial support, expertise, advocacy and community outreach and education.

ISSUE 4: IMPROVING PREGNANCY OUTCOMES IN WYANDOTTE COUNTY

In Wyandotte County, 27% of expecting mothers receive no or late prenatal care. The infant mortality rate in Wyandotte County is 7 per 1,000 live births with the highest number of infant deaths occurring among Black community members. In Wyandotte County, 8.5% of mothers smoked during pregnancy as compared to the Healthy People Goal for 2020 of 1.4%.

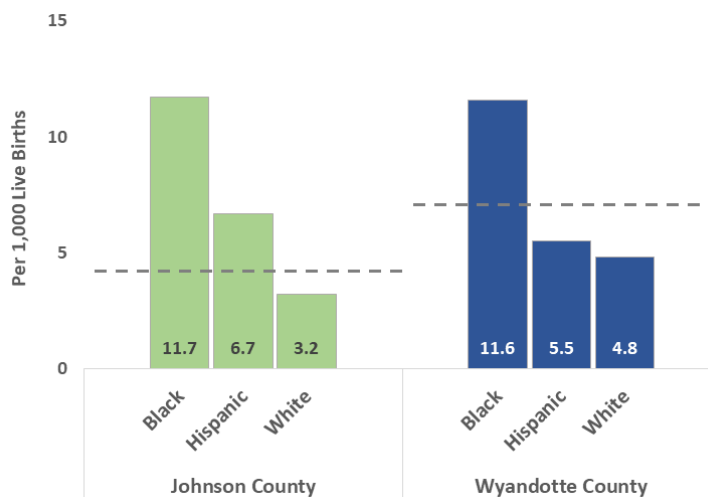
Infant Mortality Rate



Kansas Department of Health and Environment, Accessed through Kansas Health Matters, 2013-2017

The Infant Mortality Rate among the Black population is significantly higher in comparison to White and Hispanic populations.

Infant Mortality Rate



Source: KDHE, Accessed through Kansas Health Matters, 2013-2017

AdventHealth Shawnee Mission delivers over 5,000 babies per year and provides excellent resources in prenatal and parental education. At the writing of this report, there are strategic initiatives in Wyandotte County addressing the high infant mortality rates. Considering that greater than 20% of babies delivered at our Hospital are from Wyandotte County, our continued support will be essential for improving pregnancy outcomes in this county.

12. PRIORITY ISSUES THAT WILL NOT BE ADDRESSED

ISSUE 1: LACK OF AFFORDABLE HOUSING

Our community survey indicated 7.3% didn't know or had concern they may not have stable housing in the next two months. The Stakeholder and Johnson County Community Concern Surveys identified the availability of affordable housing as a high priority with low satisfaction. Lack of affordable housing creates a financial burden and barrier to the ability to afford healthy food, health care, prescriptions, child care and other necessities. While the Hospital did not include this as one of the top four issues to address, we will continue to engage and support the efforts of United Community Service and other agencies working on the issue of affordable housing.

ISSUE 2: LIMITED TRANSPORTATION OPTIONS

Johnson County is a sprawling county with minimal access to public transportation. Many neighborhoods are not walk-bike friendly. Less than 1% of AdventHealth Shawnee Mission service area uses public transportation and 6.9% reported lack of transportation as a barrier to health care due to lack of transportation. The Hospital provides ride vouchers for patients and will continue to support and advocate for community initiatives to increase transportation options.

ISSUE 3: SOCIAL ISOLATION AND INCREASING RATES OF DEPRESSION

Greater than 1 in 5 indicated they often feel isolated either often or some of the time in our community survey. There are a wide variety of available social support opportunities including churches, libraries and community centers. In addition, social media can help connect and build support. The Hospital provides a wide range of support groups and social support services. Social connectedness will be a strong consideration as we develop our Community Health Plan.

13. NEXT STEPS

The CHNAC will work with AdventHealth Shawnee Mission and other community partners to develop a measurable Community Health Plan for 2020-2022 addressing the priority issues. For each priority, specific goals will be developed including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly with an annual assessment of progress. A presentation of progress on the plan will also be presented to the Hospital board annually.

A link to the Community Health Plan will be posted on AdventHealth.com prior to May 15, 2020.

14. WRITTEN COMMENTS REGARDING 2016 NEEDS ASSESSMENT

We posted a link to the most recently conducted CHNA in December of 2016. The most recently adopted Community Health Plan strategy 2016 was also posted on our Hospital website and AdventHealth.com prior to May 15, 2017. We have not received any written comments.

15. REVIEW OF STRATEGIES UNDERTAKEN IN THE 2017 COMMUNITY HEALTH PLAN

AdventHealth Shawnee Mission conducts an annual evaluation of the progress made on the implementation strategies outlined in the Community Health Plan. The annual evaluation is reported to the IRS on Form 990. The following is a summary of progress made on our most recently adopted plan.

PRIORITY #1: CHRONIC DISEASE AND RISK REDUCTION

2016 Description of the Issue: The household survey of our community health assessment identified 35% of those in our service area self-reported high blood pressure, 35% reported high cholesterol and 60% reported being overweight or obese. 13.4% of our service area reported experiencing food insecurity at some point during the previous twelve-month period. Wyandotte County has the highest diabetes occurrence in the state of Kansas and has a food insecurity rate of 17.87%.

2019 Update: The Hospital's Partners in Produce initiative provides fresh produce to the clients of Shawnee Community Services. In 2018 we added our second food pantry partner with financial support to purchase of fresh produce.

The Hospital serves on the steering committee and provides financial support for Hunger-Free Health Care KC. This committee includes Harvesters (our Feeding America agency), Johnson County Health and Environment, the Food Equity Network, and St. Luke's Hospitals. In September 2019, we sponsored our third regional Hunger-Free Health Care Summit. The first summit supported and inspired new health care initiatives to address hunger in several health care settings. One example is a multi-disciplinary task force at AdventHealth Shawnee Mission to expand the role of our hospital and physician practices to address hunger and access to healthy food. The task force is working in partnership with the Johnson County Food Policy Council to formally develop processes and tools that can be replicated in other healthcare setting.

Our community health programs resulted in 403 participants attending and 89% reporting increased knowledge and/or behavior change. The chronic disease wellness center averages 105 participants monthly.

AdventHealth Shawnee Mission financially supports the Dotte. Mobile Market in Wyandotte County. This mobile market will provide healthy food, including fresh produce, with stops in areas identified as food deserts. Currently the mobile market launch is pending while determining their new fiscal agent.

PRIORITY #2: ACCESS TO CARE

2016 Description of the Issue: Thirty percent of the Hospital's service area residents indicated affordable health care as one of the top three community health needs. Eight percent reported not having any health insurance and 19 percent indicated not having enough insurance. Twenty percent of those surveyed reported being either worried or very worried about paying medical bills. Higher health care costs and confusion about health insurance resulted in our community avoiding or delaying necessary care. One in four of those participating in our household survey indicated they had visited an ED two or more times in the past twelve months. Thirteen percent of these individuals indicated the Emergency Room is where they receive the majority of their medical care.

2019 Update: During ACA 2019 enrollment, the Hospital partnered with Kansas Assistors to provide phone and in-person education and support at our hospital resulting in 123 individuals signing up for health coverage. The Hospital also participates in multiple community events to provide information on accessing health insurance and providing education on health insurance literacy. In 2018 our Emergency Department's Bridge Care Program case-managed 93 patients with very high ED utilization. Our coordinators identify barriers and gaps in services, assist with goal setting and educate patients. Fifty-three percent of these managed patients without a medical home were successfully referred. One hundred percent of patients with complaints of pain or history of opioid use completed a chronic pain assessment. To further establish and develop relationships with many community resources, our Bridge Care Coordinators have begun facilitating regularly scheduled networking events featuring community resources.

PRIORITY #3 MENTAL HEALTH

2016 Description of the Issue: Household survey respondents indicated mental health as the second most important need for their community. Key informant surveys identified mental health as the most important health issue and referenced the impact of the state budget cuts on mental health resources. Seventeen percent of the household survey respondents reported seeing a mental health provider at least once in the last month. Twenty-eight percent of those participating in our household survey indicated 'they have felt down, depressed or hopeless' at least occasionally. Suicide rates in Johnson County are 14.1 per 100,000 (2015 data). Prescription pain medication/opiate addictions and deaths due to overdoses quadrupled from 1999 to 2014. Sprain of back and neck are in the top ten diagnoses for the SMH ED. SMH is one of the few hospitals in the Kansas City metropolitan area providing inpatient and outpatient behavioral health services.

2019 Update: The Hospital provided funding and hosted the Mental Health First Aid program with 23 participants attending and meeting certification requirements. The Hospital's Behavioral Health Department co-leads the Johnson County Suicide Prevention Coalition. The Hospital serves on the planning committee and sponsors for the annual Mental Health-KC Conference. This conference targets mental health professionals and human resource professionals. Four hundred seventy-two attended this conference with 99% reporting an increase in relevant knowledge. AdventHealth also presented behavioral education, opioid prevention education materials at our sponsorship table.

The Hospital seeks to impact opioid overdoses and deaths by increasing medically assisted treatments for opioid addictions such as suboxone therapies, reduce access to unused prescriptions and educate the community on appropriate and safe use of opioids for addressing pain. In 2018 one of our physician practices received the waiver necessary to provide suboxone treatments and has begun providing treatments in 2019. As part of a joint-hospital and county 'take-back' drug initiative, the Hospital installed a MED-Safe disposal container which was installed in our out-patient pharmacy. The Hospital provided education and materials at multiple community events and education information was included in our hospital's community health magazine.

PRIORITY #4 IMPROVING PREGNANCY OUTCOMES IN WYANDOTTE COUNTY

2016 Description of the Issue: In Wyandotte County 31.5% of expectant mothers receive no or late prenatal care as compared to 18% in the SMH service area. Infant mortality rates in Wyandotte County are 8.4/1,000, which is one of the highest in the United States. In addition, 8.3% of babies are born at a low birth weight, which is an indicator of health problems and higher risk of infant mortality. High infant mortality rate in Wyandotte County was also identified as a priority through the needs assessment for Children's Mercy Hospital.

2019 Update: A collaborative partnership between AdventHealth Shawnee Mission, Children's Mercy Hospital and other key stakeholders in Wyandotte County was established to develop and implement an educational campaign delivered through the African American faith community. Every Baby to One (EBT1) focuses on the three S's - Safe Sleep, Safe Space and Social Support. Baby ambassadors within the church are trained and responsible for implementing regularly scheduled educational activities while providing support for expecting and new moms. After evaluation of our pilot church in 2018, two additional African American churches in Wyandotte County have been identified and will launch in the fall of 2019. Cradle KC is a newer collective-impact model initiative through the CHC of Wyandotte County that will begin their focus in Wyandotte County and AdventHealth is currently participating in the Steering Committee and work groups.

APPENDIX A: PRIMARY DATA SURVEY & PRIMARY DATA RESULTS

COMMUNITY CONCERNS SURVEYS:

AdventHealth Shawnee Mission’s Household, Stakeholder, Johnson County Household Survey and Social Media Surveys

	Importance of the Issue					Community Response				
	Not	Somewhat	Moderately	Very	Extremely	Not	Somewhat	Moderately	Very	Extremely
1. Quality childcare is available and affordable	1	2	3	4	5	1	2	3	4	5
2. People are able to find and keep jobs that pay well enough to support themselves and their families	1	2	3	4	5	1	2	3	4	5
3. Affordable housing is available	1	2	3	4	5	1	2	3	4	5
4. People are treated fairly and without discrimination	1	2	3	4	5	1	2	3	4	5
5. Residents in the community have adequate emotional and social support	1	2	3	4	5	1	2	3	4	5
6. Suicide prevention resources are available	1	2	3	4	5	1	2	3	4	5
7. Transportation is available to people of all ages and abilities	1	2	3	4	5	1	2	3	4	5
8. People are free from addiction to prescription and/or street drugs (e.g., heroin, meth)	1	2	3	4	5	1	2	3	4	5
9. People have opportunities to receive higher education or skills training	1	2	3	4	5	1	2	3	4	5
10. Our community has a fair criminal justice system	1	2	3	4	5	1	2	3	4	5
11. Mental health concerns are recognized in our community	1	2	3	4	5	1	2	3	4	5
12. Quality medical care and preventive screenings are available for all	1	2	3	4	5	1	2	3	4	5
13. Neighborhoods are racially diverse	1	2	3	4	5	1	2	3	4	5
14. Our community is walkable/ bikeable/ wheelable	1	2	3	4	5	1	2	3	4	5
15. Dental care is available for all	1	2	3	4	5	1	2	3	4	5
16. Mental health illnesses are treated in our community	1	2	3	4	5	1	2	3	4	5
17. People are free from chronic stress or constant worry	1	2	3	4	5	1	2	3	4	5
18. Health insurance is available for all	1	2	3	4	5	1	2	3	4	5
19. Elderly residents can age in place	1	2	3	4	5	1	2	3	4	5
20. Resources are available to help residents during times of need	1	2	3	4	5	1	2	3	4	5

AdventHealth Shawnee Mission CHNA Survey

		Community Concerns	
		Importance	
		High	Low
Satisfaction	High	<ul style="list-style-type: none"> People are treated fairly and without discrimination Quality medical care and preventive screenings are available for all Resources are available to help residents during times of need People are able to find and keep jobs that pay well enough to support themselves and their families People have opportunities to receive higher education skills or training Our community has a fair criminal justice system Suicide prevention resources are available 	<ul style="list-style-type: none"> Elderly residents can age in place Our community is walkable/bikeable/wheelable Neighborhoods are racially diverse Residents in the community have adequate emotional and social support
	Low	<ul style="list-style-type: none"> Health insurance is available for all People are free from addiction to prescription and/or street drugs Mental health illnesses are treated in our community Mental health concerns are recognized in our community 	<ul style="list-style-type: none"> Dental care is available for all People are free from chronic stress or constant worry Transportation is available to people of all ages and abilities Quality childcare is available and affordable Affordable housing is available

AdventHealth Shawnee Mission Community Survey – Section 2: Personal or Family Experience

1. On how many of the last SEVEN DAYS did you participate in at least 30 minutes of physical activity? (#) _____

2. For each of the following barriers to exercise, please tell me if you agree or disagree

	Agree	Disagree	Refused
I don't have time to exercise			
It costs too much to exercise			
Exercise is not important to me			
It is difficult to motivate myself to exercise			
I would need child care and I don't have it			
I have physical challenges that prevent me from exercising			
There is so much traffic along nearby streets that it makes it difficult or unpleasant to exercise in my neighborhood			
The amount of crime makes it unsafe to exercise in my neighborhood			

3. On how many of the last SEVEN DAYS did you eat 5 or more servings of fruits and vegetables? (#) _____

4. Thinking about breakfast, lunch, and dinner, on how many of the last SEVEN DAYS did you eat meals that were not prepared at home, like from restaurants, cafeterias, or fast food? (#) _____

5. For each of the following barriers to healthy eating, please tell me if you agree or disagree.

	Agree	Disagree	Refused
I don't like the taste of healthy food			
I have no desire to eat healthy			
I don't know what foods are healthy			
I don't know how to prepare healthy food			
I have trouble storing fresh foods			
Nobody else in my family will eat it			
I don't have access to healthy food			
There are few healthy options outside my home			
Stress prevents me from eating healthy foods			
Healthy food costs too much			
I don't have time			
I already eat healthy			

Access to Care

- 6. In the past 12 months, did you have a problem getting the healthcare you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility?
Yes | No | Don't know | Refused
- 7. Was there a time you needed to see a doctor but could not because of cost?
Yes | No | Don't know | Refused
- 8. Was there a time you had to go without care because you didn't have a way to get there?
Yes | No | Don't know | Refused
- 9. Are you aware there are preventive cancer screenings based on your age/gender?
Yes | No | Don't know | Refused
- 10. *IF yes to question 9 - Are you current on preventive screenings?*
Yes | No | Don't know | Refused

Financial Stress

11. How often in the past 12 months would you say you were worried or stressed about your finances? Would you say... **Always | Usually | Sometimes | Rarely | Never**

Please answer either 'yes' or 'no' to the following questions. In the last 12 months:

- Have you been worried about whether food would run out before you had money to buy more?
- Have you ever had a time when the food you bought didn't last and you didn't have money to buy more?
- Has your utility company shut off your service for not paying your bills?

12. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent or stay in as part of a household?

Yes | No | Don't Know | Refused

13. Are you afraid you might be hurt in your apartment building or house?

Yes | No | Don't Know | Refused

14. Do problems getting childcare make it difficult for you to work or study?

Yes | No | Don't Know | Refused

15. How often do you feel?

- That you lack companionship
- Left out
- Isolated

Hardly Ever | Some of the time | Often

Demographics

16. Which age category are you in?

- | | |
|----------|----------|
| a. 18-24 | e. 55-64 |
| b. 25-34 | f. 65-74 |
| c. 35-44 | g. 75+ |
| d. 45-54 | |

17. How do you describe yourself?

- | | |
|----------------|------------|
| a. Female | d. Other |
| b. Male | e. Refused |
| c. Transgender | |

18. What is your race?

- | | |
|------------------------------|--|
| a. White | e. Native Hawaiian or Other Pacific Islander |
| b. Black or African American | f. American Indian or Alaska Native |
| c. Asian | g. Other _____ |
| d. Asian Indian | h. Refused |

19. Are you of Hispanic, Latino, or Spanish origin?

Yes | No | Refused

20. What is the highest level of school, college or vocational training that you have finished?

- | | |
|---|------------------------------------|
| a. Less than 9 th grade | e. Some college (no degree) |
| b. 9 th – 12 th grade, no diploma | f. Bachelor's degree |
| c. High school graduate or GED equivalent | g. Graduate or professional degree |
| d. Associate degree or vocational training | h. Other _____ |

21. What kind of health insurance or health care coverage do you have?

- | | |
|-----------------------------|--------------------------|
| a. Private health insurance | e. Indian health service |
| b. Medicaid or KanCare | f. Other |
| c. Medicare | g. No Insurance |
| d. Military health care | |

22. What was your total household income last year before taxes?

- a. Less than \$10,000
- b. \$10-14,999
- c. \$15-24,999
- d. \$25-34,999
- e. \$35-49,999
- f. \$50-74,999
- g. \$75-99,999
- h. More than \$100,000

23. How many people are in your household? (#___)

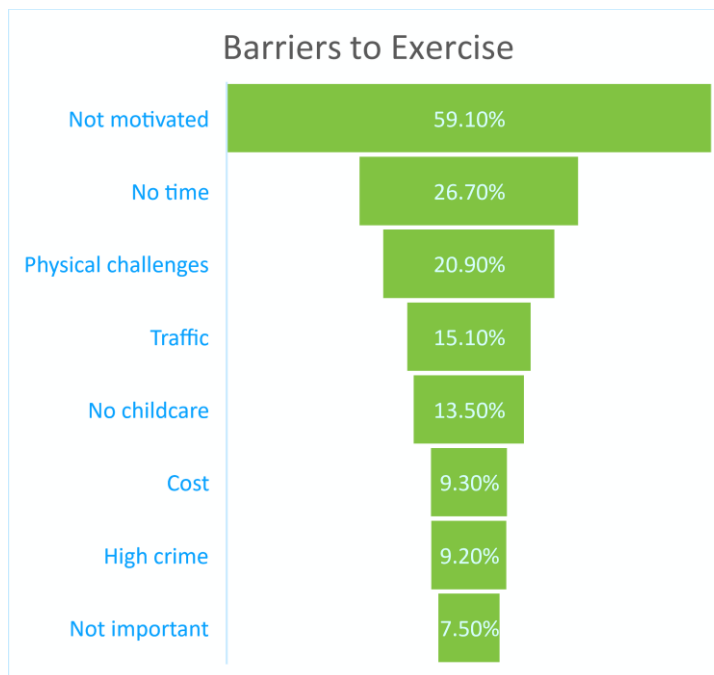
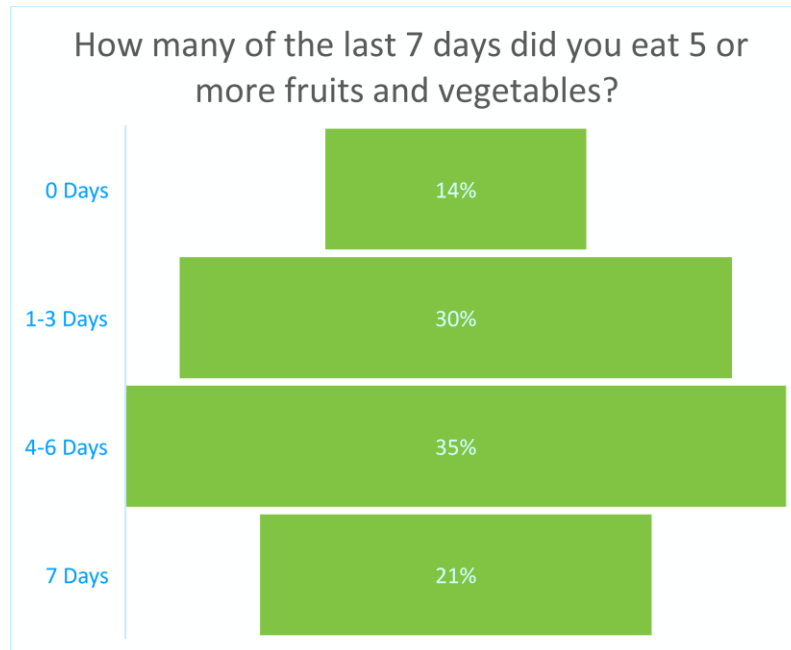
AdventHealth Shawnee Mission Community Survey - Section 2 Results

Demographic Survey Questions	Survey Responses	
Zip Codes	Randomized census blocks based on AdventHealth Service Area in Johnson and Wyandotte Counties.	
Insurance	55.8% Private 12.6% Medicare 11.8% Multiple	8.6% Medicaid/KanCare 7.5% No insurance 3.5% Other or don't know
Gender	62% Female	36% Male
Highest Education Level	4.8% Some High School 19.5% High School/GED 16.6% Some College 11.6% Associate Degree	28.5% Bachelor's Degree 17.5% Graduate Degree
Age	30% 18-24 Years 10% 25-34 Years 5% 45-54 Years	10% 55-64 Years 20% 65 Years or older
Ethnicity	7% Hispanic 2% Refused	90% Non-Hispanic
Race	77.5% White 13.6% African-American 2% Asian 1.6% Multi-racial 1% American Indian/Alaska Native 1.6% Not Specified	.5% Native Hawaiian/Other Pacific Islander .1% Multiple Race .15% Other
Social Determinant Questions	Survey Responses	
Within the past 12 months we worried whether our food would run out before we got money to buy more.	17.9% Yes	82.1% No
Within the past 12 months the food we bought just didn't last and we didn't have money to get more.	12.6% Yes	87.4% No
Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household?	2.9% Yes	92.7% No 4.4% Don't Know

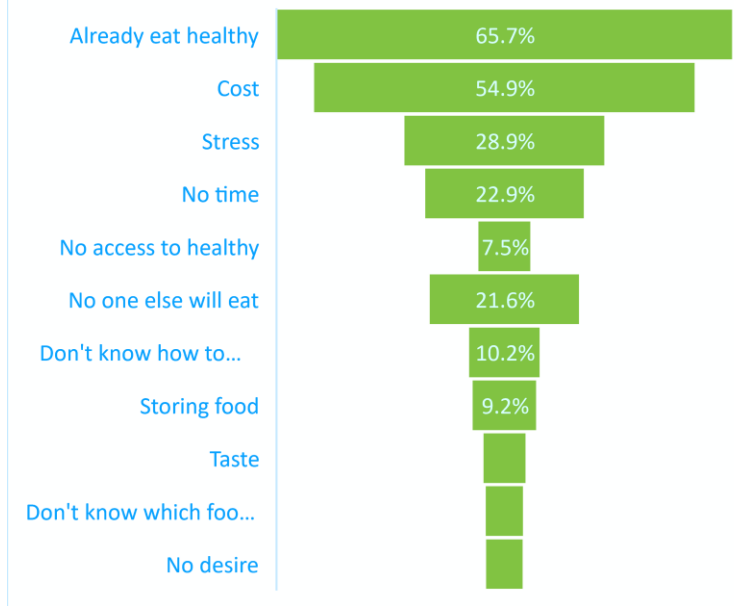
In the past 12 months has your utility company shut off your service for not paying your bills?	8.1% Yes	91% No
In the past 12 months, was there a time you needed to see a doctor but could not because of cost?	22.6% Yes	76.8% No
In the past 12 months, have you ever had to go without health care because you didn't have a way to get there?	6.9% Yes	93.1% No
Are you afraid you might be hurt in your apartment building or house?	7.8% Yes	91% No 1.4% Didn't know or refused
Do problems getting child care make it difficult for you to work or study?	12.1% Yes	84% No 3.9% Didn't know or Refused
How often do you feel that you lack companionship?	74% Hardly Ever 22.7% Some of the Time	3.3% Often
How often do you feel left out?	72.4% Hardly Ever 24.3% Some of the Time	3.2% Often
How often do you feel isolated from others?	78.3% Hardly Ever 6.5% Some of the Time	15.2% Some of the time
How often in the past 12 months would you say you were worried or stressed about finances?	10.8% Always 34.6% Sometimes	22.3% Rarely 13.6% Never
Lifestyle & Behavior Questions	Survey Responses	
How many of the last 7 days did you participate in at least 30 minutes of physical activity	11.7% 0 Days/Week 33.7% 1-3 Days/Week 43% 4-6 Days/Week 11.7% 7 Days/Week	
For the following barriers to exercise, please tell me if you agree or disagree	59.1% No motivation 20.9% Physical challenges 26.7% No time 15.1% Traffic 13.5% No childcare 9.2% Crime 9.3% Cost 7.5% Not important	
On how many of the last 7 days did you eat 5 or more servings of fruits and vegetables?	14% 0 Days 29.6% 1-3Days/Week 35.4% 4-6 Days/Week 21% 7 Days/Week	
For the following barriers to healthy eating, please tell me if you agree or disagree.	65.7% Already eat healthy 54.9% Cost 28.9% Stress 22.9% No time 21.8% No healthy options 7.5% No access 21.6% No one else will eat 10.2% Don't know how prepare 9.2% Storing 6.1% Taste 5.4% Don't know what's healthy 5.3% No desire to eat healthy	
How many of the last 7 days did you eat meals that were not prepared at home, like from restaurants, fast food or cafeterias?	55.9% 1-3 Days 25% 4-6 Days 9.4% 7 Days 9.7% 0 Days	

Access to Care Questions	Survey Responses	
In the past 12 months, did you have a problem getting the healthcare that you needed for you personally or for a family member?	24.9% 75.1%	Yes No
Was there a time you needed to see a doctor, but could not because of cost?	22.6% 76.8%	Yes No
Was there a time you had to go without care because you didn't have a way to get there?	6.9% 93.1%	Yes No
Are you aware there are preventive screenings based on your age / gender?	82.7% 13.5% 3.8%	Yes No Don't Know
Are you current on preventive screenings?	66.3% 21.6% 8.2% 4%	Yes No Don't Know Refused
Social Connectedness Questions	Survey Responses	
How often do you feel that you lack companionship?	3.3% 22.7% 74%	Often Some of the time Hardly ever
How often do you feel left out?	3.2% 24.3% 72.4%	Often Some of the time Hardly ever
How often do you feel isolated	6.5% 15.2% 78.3%	Often Some of the time Hardly ever

LIFESTYLE AND BEHAVIOR SURVEY RESPONSES:

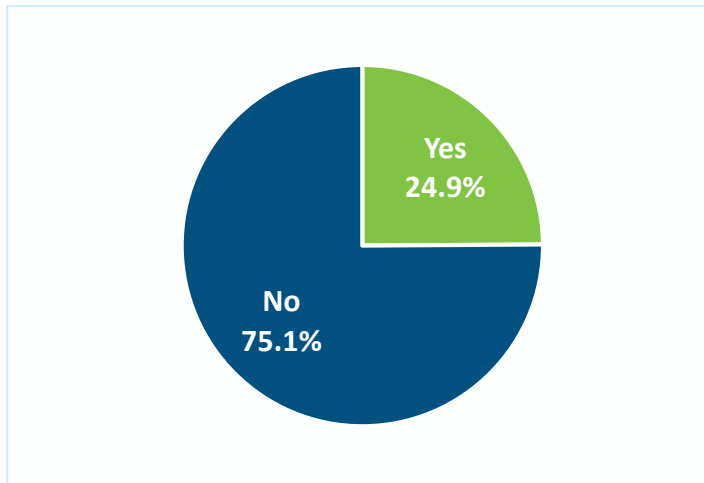


Barriers to Eating Fruits and Vegetables

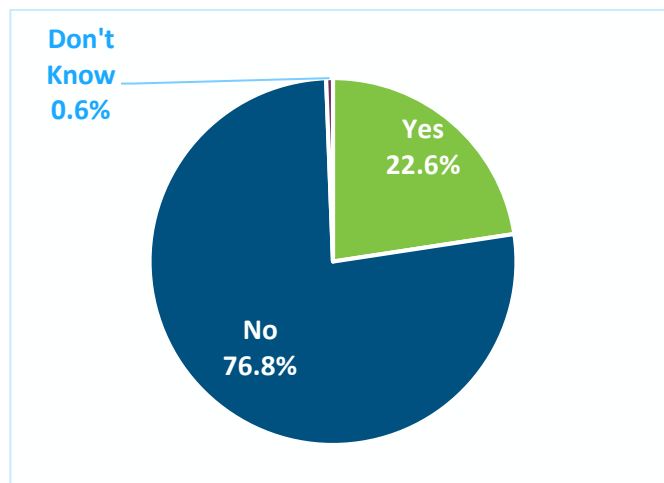


ACCESS TO CARE SURVEY RESPONSES:

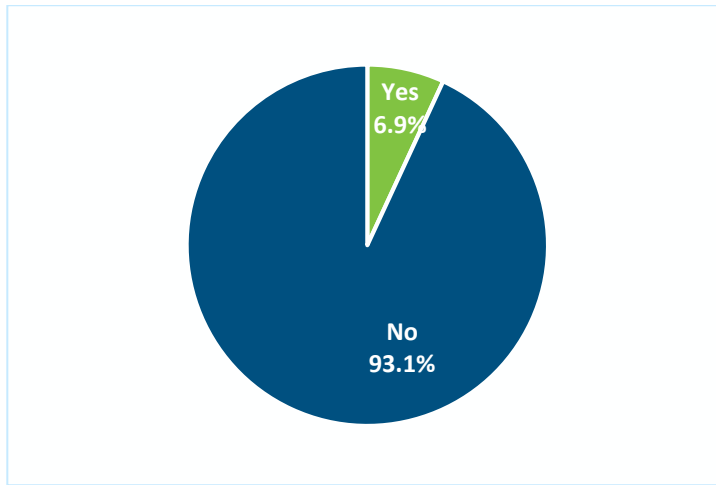
In the past 12 months, did you have a problem getting healthcare needed for you or your family?



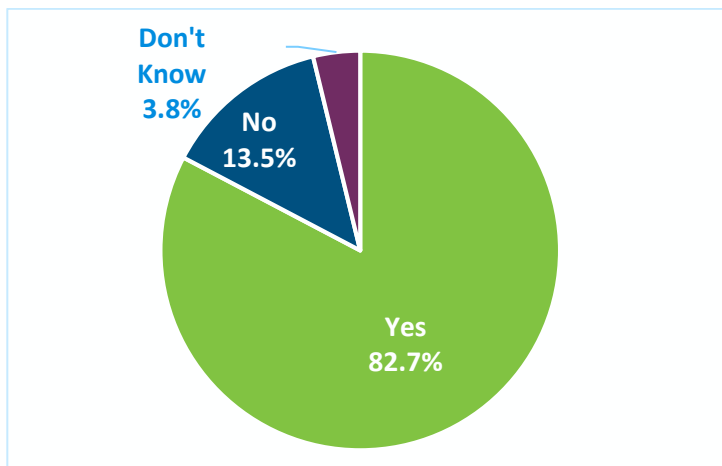
Was there a time you needed to see a doctor but could not because of cost?



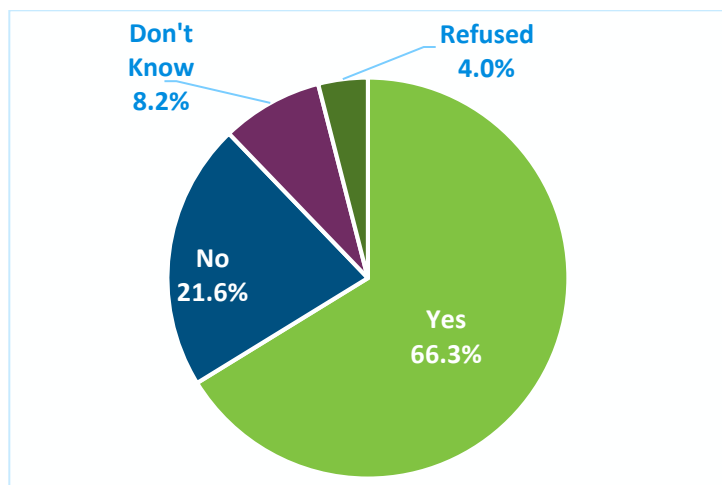
Was there a time you had to go without care because you didn't have a way to get there?



Are you aware there are preventive screenings based on your age and gender?

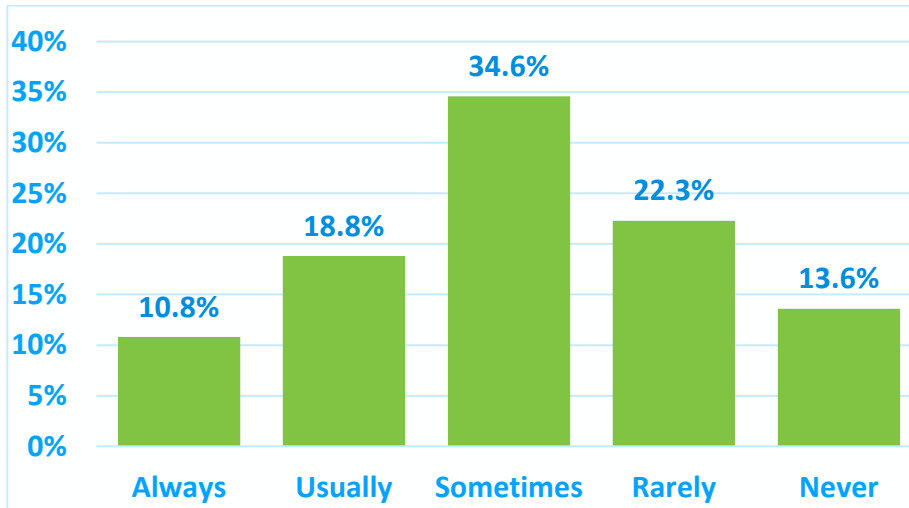


Are you current on preventive screenings?

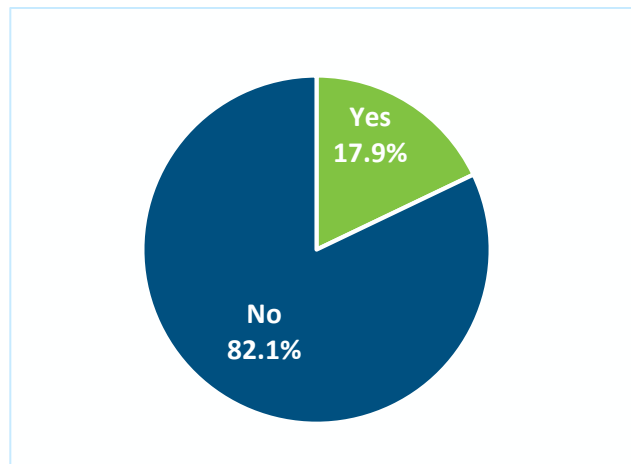


SOCIAL DETERMINANTS SURVEY RESPONSES:

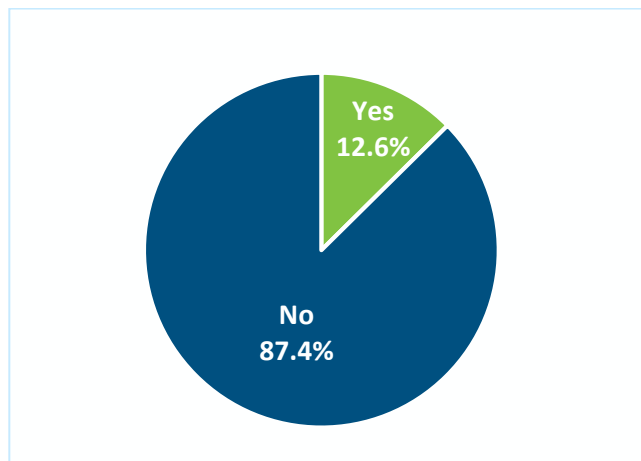
How often in the past 12 months would you say you were worried or stressed about finances?



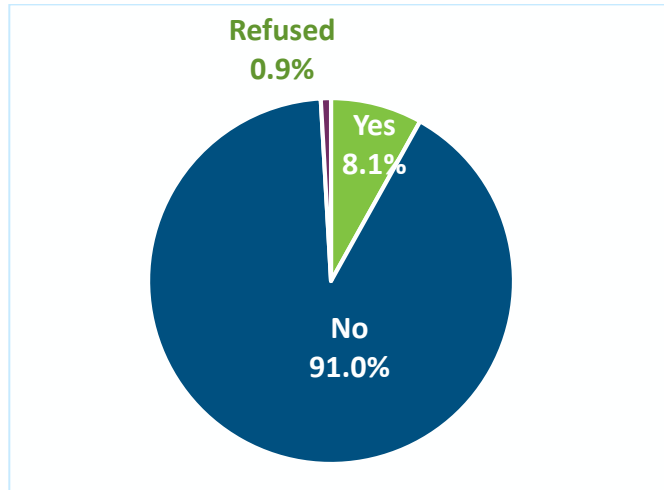
In the past 12 months, have you been worried about whether food would run out before you had money to buy more?



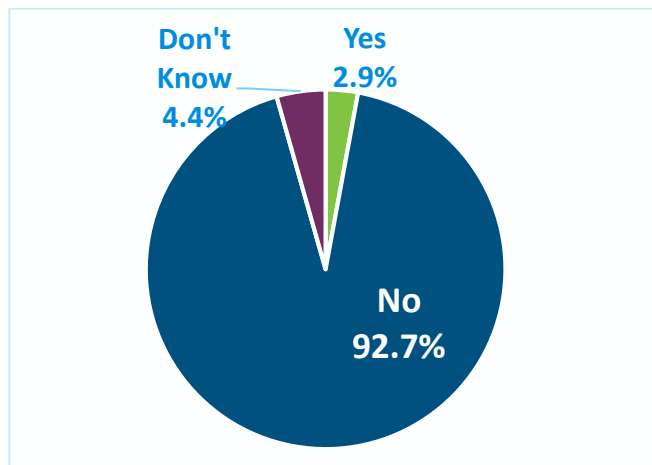
In the past 12 months, have you ever had a time when the food you bought didn't last and you didn't have money to buy more?



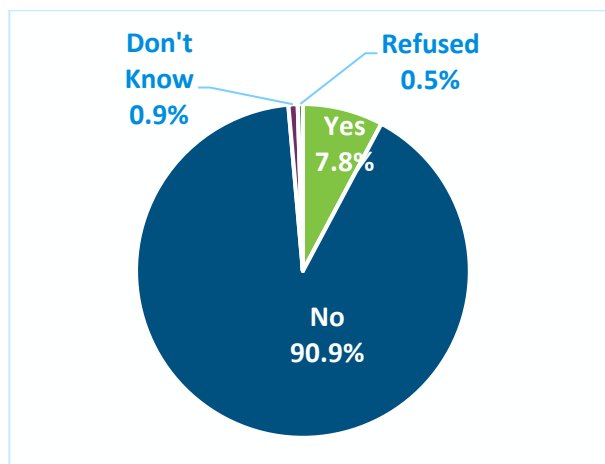
In the past 12 months, has your utility company shut off your service for not paying your bills?



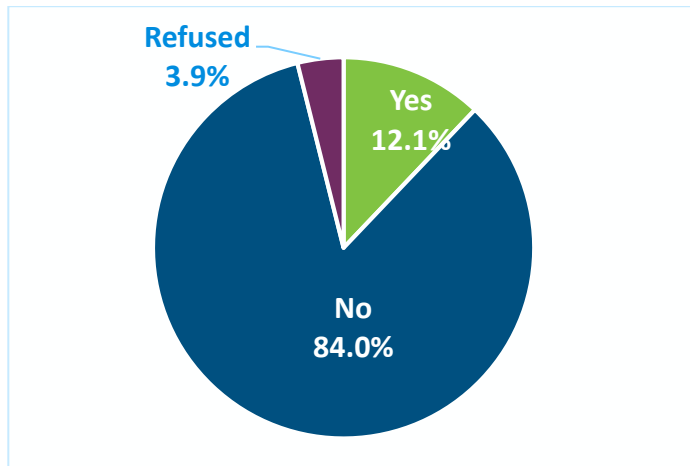
Are you worried or concerned that in the next 2 months you may not have stable housing?



Are you afraid you might be hurt in your apartment or house?

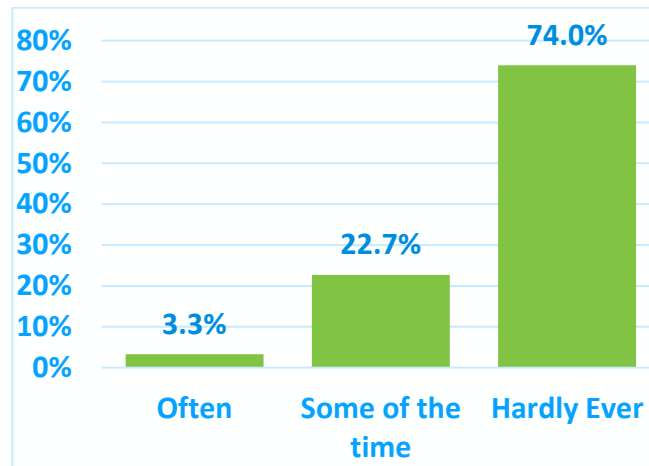


Do problems getting childcare make it difficult for you to work or study?

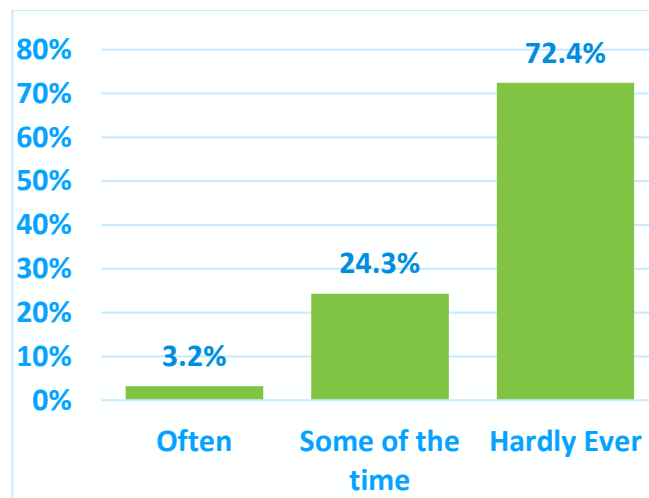


SOCIAL CONNECTEDNESS QUESTIONS

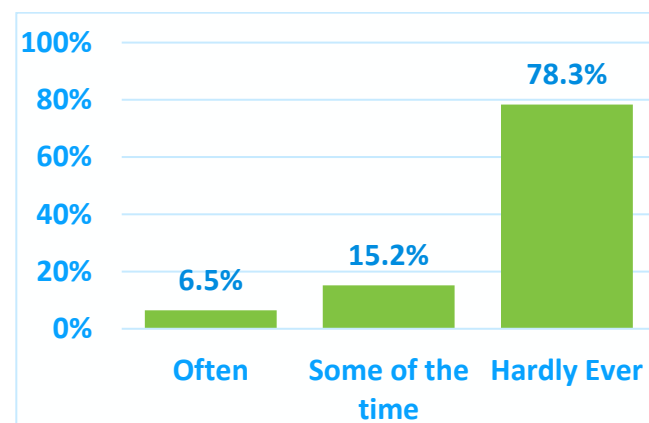
How often do you feel that you lack companionship?



How often do you feel left out?



How often do you feel isolated?



DEMOGRAPHICS OF SURVEY RESPONDENTS

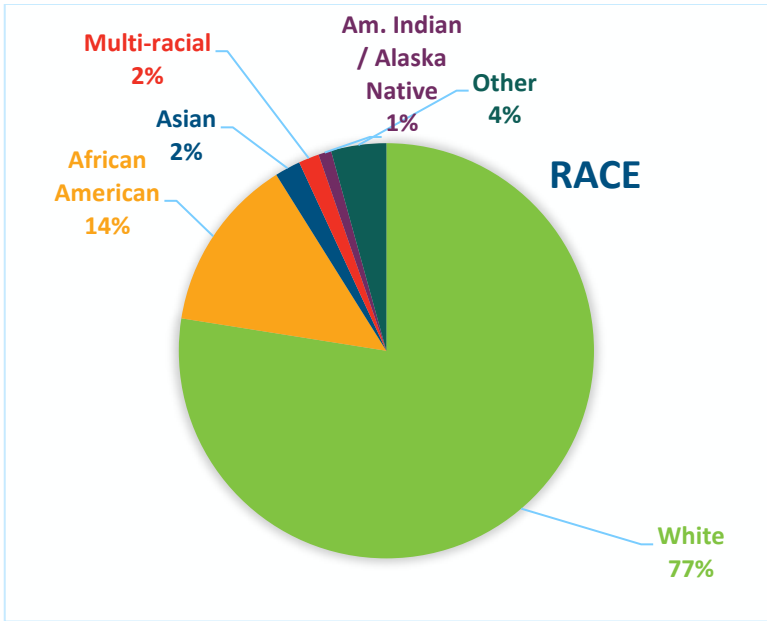
GENDER

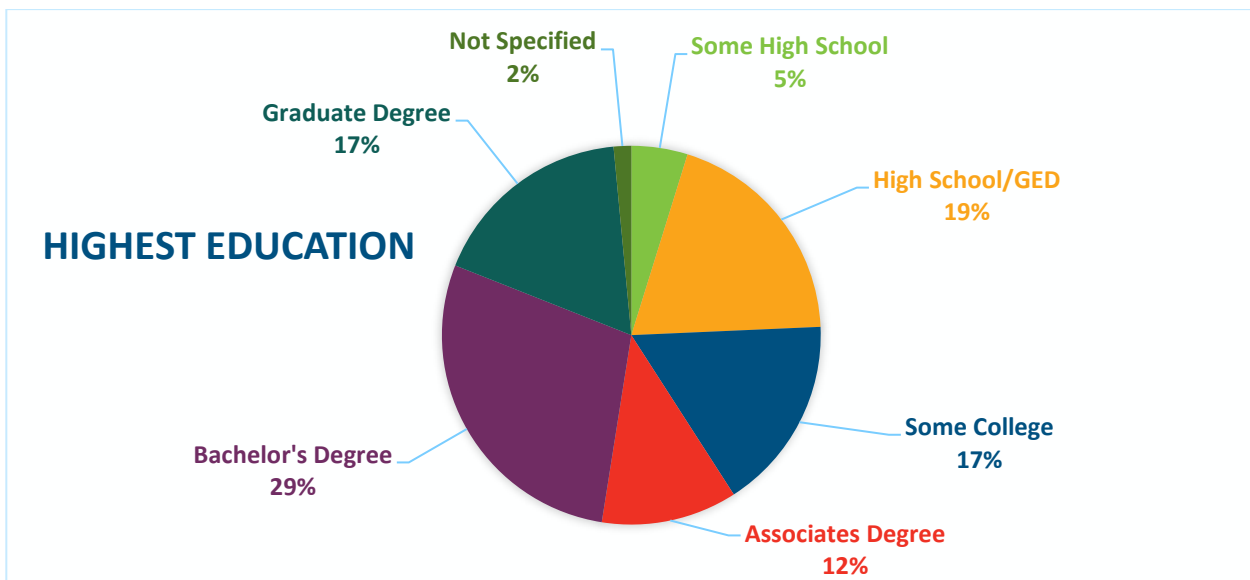
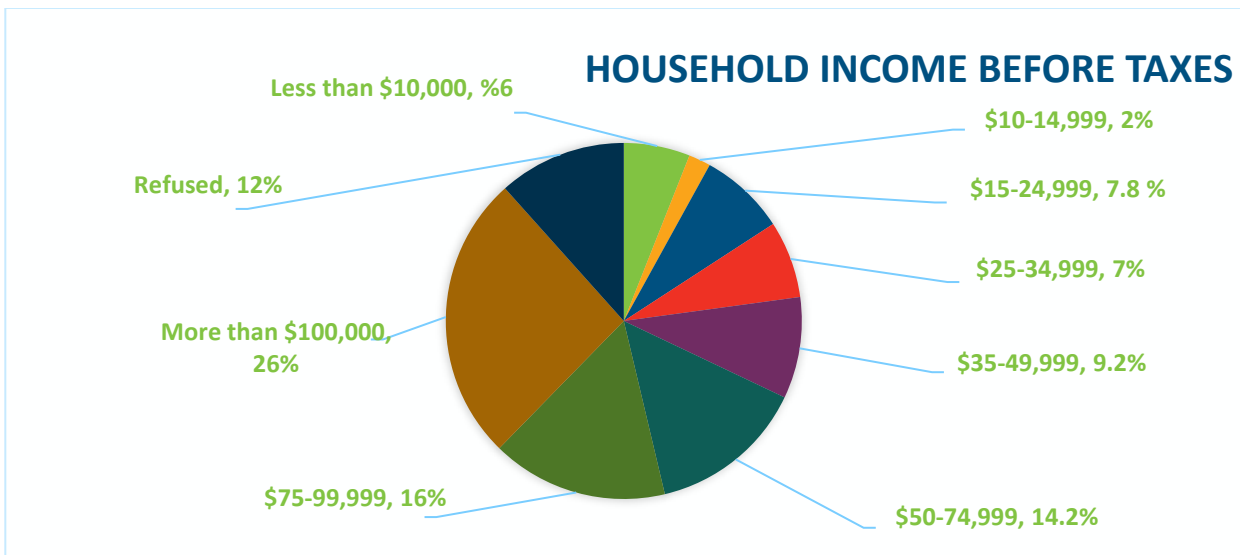
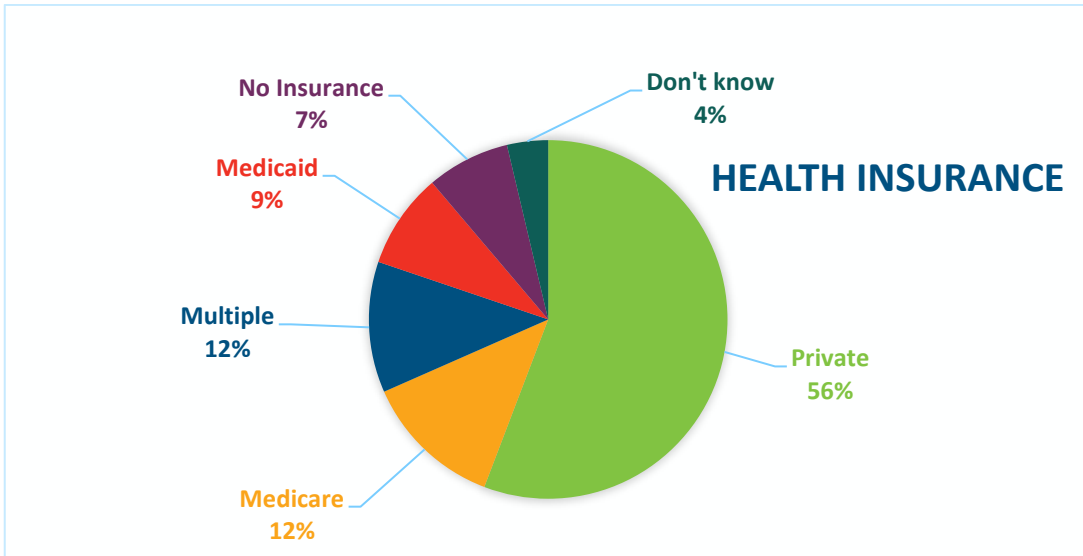


Female 61.4%



Male 37.4%





STAKEHOLDER SURVEY RESULTS (29 Completed Surveys)

Stakeholder surveys were completed in collaboration with Johnson County Health and Environment. The surveys were administered online and included organizations serving Johnson County, Wyandotte County and the Kansas City metropolitan area. Survey questions asked were the same as Community Concerns in AdventHealth Community Household Survey. Stakeholders were asked to rate importance and their satisfaction on twenty different community issues. The questions can be found at the beginning of this Appendix, on page 28. In addition, the following open-ended questions were asked:

What is the geographic areas your organization / agency serves? Please check all that apply:
Johnson County / Wyandotte County / Kansas City, MO

In your opinion, what are the three most important issues for the population your organization / agency serves? 1. _____ 2. _____ 3. _____ **Other Comments:** _____

Community Concerns Survey – Stakeholders			
Importance			
High		Low	
Satisfaction	High	<ul style="list-style-type: none"> • People are able to find and keep jobs that pay well enough • People are treated fairly and without discrimination • Quality medical care & preventative screenings are available • Resources are available to help residents during times of need • Residents in the community have adequate emotional and social support 	<ul style="list-style-type: none"> • Elderly residents can age in place • People are free from addiction to prescription and/or street drugs • Suicide prevention resources are available • Our community is walkable/bikeable/wheelable • Quality childcare is available and affordable • People have opportunities to receive higher education or skills training • Fair criminal justice system
	Low	<ul style="list-style-type: none"> • Transportation is available to people of all ages and abilities • Health insurance is available to all • Affordable housing is available • Mental health illnesses are treated in our community • Mental health concerns are recognized 	<ul style="list-style-type: none"> • Dental care is available to all • Neighborhoods are racially diverse • People are free from chronic stress or constant worry

What stakeholders reported as their top three concerns for the population they serve:



JOHNSON COUNTY HOUSEHOLD SURVEY COMMUNITY CONCERNS RESULTS (183 Completed Surveys)

Using the Casper methodology Johnson County conducted their household surveys in 30 unique randomly selected neighborhoods in Johnson County. These households were different from the AdventHealth Shawnee Mission's households.

Community Concerns Survey – Johnson County CHNA Responses		
Importance		
	High	Low
Satisfaction	<ul style="list-style-type: none"> • People are able to find and keep jobs that pay well enough • People are treated fairly and without discrimination • Suicide prevention resources are available • People have opportunities to receive higher education or skills training • Fair criminal justice system • Mental health concerns are recognized • Quality medical care & preventative screenings are available • Our community is walkable/bikeable/wheelable • Elderly residents can age in place • Resources are available to help residents during times of need 	<ul style="list-style-type: none"> • Residents in the community have adequate emotional and social support
	<ul style="list-style-type: none"> • People are free from addiction to prescription and/or street drugs • Dental care is available to all • Mental health illnesses are treated in our community • Health insurance is available to all • Affordable housing is available 	<ul style="list-style-type: none"> • Quality childcare is available and affordable • Transportation is available to people of all ages and abilities • Neighborhoods are racially diverse • People are free from chronic stress or constant worry

SOCIAL MEDIA COMMUNITY CONCERNS SURVEY RESULTS (623 Completed Surveys)

The Community Concerns Survey was made available to the general public by promoting and posting on social media pages for both Johnson County and AdventHealth. In addition, it was posted on the neighborhood social media application-Next Door.

Community Concerns Survey – Online Responses		
Importance		
	High	Low
Satisfaction	<ul style="list-style-type: none"> • People have opportunities to receive higher education skills or training • Our community has a fair criminal justice system • People are treated fairly and without discrimination • People are able to find and keep jobs that pay well enough to support themselves and their families • Quality medical care and preventive screenings are available for all • Suicide prevention resources are available 	<ul style="list-style-type: none"> • Our community is walkable/bikeable/wheelable • Residents in the community have adequate emotional and social support • Quality childcare is available and affordable
	<ul style="list-style-type: none"> • Mental health concerns are recognized in our community • Resources are available to help residents during times of need • Affordable housing is available • People are free from addiction to prescription and/or street drugs • Mental health illnesses are treated in our community • Health insurance is available for all 	<ul style="list-style-type: none"> • Neighborhoods are racially diverse • Dental care is available for all • People are free from chronic stress or constant worry • Elderly residents can age in place • Transportation is available to people of all ages and abilities

APPENDIX B: SECONDARY DATA REPORT

AdventHealth Shawnee Mission Needs Assessment Report - Quick Facts

Location

Shawnee Mission (Service Area)

Demographics

Data Indicator	Indicator Variable	Location Summary	State Average
Population Age 65+	Total Population	1,462,539	2,898,292
	Population Age 65+	203,416	415,527
	Percent Population Age 65+	13.9%	14.33%
Population Age 0-18	Total Population	1,462,539	2,898,292
	Population Age 0-17	348,990	721,347
	Percent Population Age 0-17	23.8%	24.88%
Population Age 18-64	Total Population	1,462,539	2,898,292
	Population Age 18-64	910,133	1,761,418
	Percent Population Age 18-64	62.2%	60.77%
Total Population	Total Population	1,462,539	2,898,292
	Total Land Area (Square Miles)	2,573	81,758.39
	Population Density (Per Square Mile)	568.26	35.45
Female Population	Total Population	1,462,539	2,898,292
	Female Population	744,720	1,456,380
	Percent Female Population	50.92%	50.25%
Hispanic Population	Total Population	1,462,539	2,898,292
	Non-Hispanic Population	1,324,154	2,570,553
	Percent Population Non-Hispanic	90.54%	88.69%
	Hispanic or Latino Population	138,385	327,739
	Percent Population Hispanic or Latino	9.46%	11.31%
Male Population	Total Population	1,462,539	2,898,292
	Male Population	717,820	1,441,912
	Percent Male Population	49.08%	49.75%

Social & Economic Factors

Data Indicator	Indicator Variable	Location Summary	State Average
Violent Crime	Total Population	1,413,425	2,858,500
	Violent Crimes	5,306	9,966
	Violent Crime Rate (Per 100,000 Pop.)	375.4	348.7
Population with No High School Diploma	Total Population Age 25+	974,683	1,878,495
	Population Age 25+ with No High School Diploma	78,099	182,049
	Percent Population Age 25+ with No High School Diploma	8%	9.69%
Poverty - Population Below 100% FPL	Total Population	1,433,531.98	2,816,191
	Population in Poverty	164,279.94	373,162
	Percent Population in Poverty	11.5%	13.25%
Insurance - Uninsured Adults	Total Population Age 18 - 64	906,733	1,704,475
	Population with Medical Insurance	801,732	1,495,453
	Percent Population with Medical Insurance	88.4%	87.4%
	Population Without Medical Insurance	105,001	209,022
	Percent Population Without Medical Insurance	11.58%	12.26%
Insurance - Uninsured Children	Total Population Under Age 19	377,652	739,656
	Population with Medical Insurance	362,891	706,324
	Percent Population with Medical Insurance	96.1%	95.49%
	Population Without Medical Insurance	14,761	33,332
	Percent Population Without Medical Insurance	3.91%	4.51%
Income - Per Capita Income	Total Population	1,462,540	2,898,292
	Total Income (\$)	\$48,405,682,560	\$82,536,574,200
	Per Capita Income (\$)	\$33,097	\$28,477
Unemployment Rate	Labor Force	779,390	1,476,834
	Number Employed	738,578	1,425,342
	Number Unemployed	40,812	51,492
	Unemployment Rate	5.2%	3.5%
Lack of Social or Emotional Support	Total Population Age 18+	1,041,984	2,112,400
	Estimated Population Without Adequate Social / Emotional Support	170,990	331,647
	Crude Percentage	16.4%	15.7%
	Age-Adjusted Percentage	16.4%	15.7%
Teen Births	Female Population Age 15 - 19	20,065	98,459
	Births to Mothers Age 15 - 19	641	3,929
	Teen Birth Rate (Per 1,000 Population)	31.96	39.9
Food Insecurity Rate	Total Population	1,422,522	2,904,021
	Food Insecure Population, Total	206,942	413,560
	Food Insecurity Rate	14.5%	14.2%

Physical Environment

Data Indicator	Indicator Variable	Location Summary	State Average
Use of Public Transportation	Total Population Employed Age 16+	727,657	1,402,677
	Population Using Public Transit for Commute to Work	6,210	7,169
	Percent Population Using Public Transit for Commute to Work	.85%	.5%
Population with Low Food Access	Total Population	1,407,447	2,853,118
	Population with Low Food Access	351,300	752,888
	Percent Population with Low Food Access	24.96%	26.39%

Clinical Care

Data Indicator	Indicator Variable	Location Summary	State Average
Cancer Screening - Sigmoidoscopy or Colonoscopy	Total Population Age 50+	320,211	693,824
	Estimated Population Ever Screened for Colon Cancer	220,873	439,884
	Crude Percentage	69%	63.4%
	Age-Adjusted Percentage	65.9%	60.3%
Cancer Screening - Mammogram	Total Medicare Enrollees	117,459	323,018
	Female Medicare Enrollees Age 67-69	11,864	29,474
	Female Medicare Enrollees with Mammogram in Past 2 Years	7,611	18,421
	Percent Female Medicare Enrollees with Mammogram in Past 2 Year	64.2%	62.5%
Cancer Screening - Pap Test	Female Population Age 18+	866,912	1,838,372
	Estimated Number with Regular Pap Test	691,505	1,400,839
	Crude Percentage	79.8%	76.2%
	Age-Adjusted Percentage	80.5%	77.8%
Lack of Prenatal Care	Total Births	66,168	165,882
	Mothers Starting Prenatal Care in First Semester	39,948	117,513
	Mothers with Late or No Prenatal Care	10,183	41,231
	Prenatal Care Not Reported	19,038	7,138
	Percentage Mothers with Late or No Prenatal Care	15.4%	24.9%
Federally Qualified Health Centers	Total Population	166,395	2,853,118
	Number of Federally Qualified Health Centers	7	72
	Rate of Federally Qualified Health Centers per 100,000 Population	4.21	2.52

Lack of a Consistent Source of Primary Care	Survey Population (Adults Age 18+)	10,012,654	2,136,402
	Total Adults Without Any Regular Doctor	207,643	432,196
	Percent Adults Without Any Regular Doctor	20.5%	20.23%
Preventable Hospital Events	Total Medicare Part A Enrollees	44,093	261,763
	Ambulatory Care Sensitive Condition Hospital Discharges	21,434	13,441
	Ambulatory Care Sensitive Condition Discharge Rate	48.6	51.3

Health Behaviors

Data Indicator	Indicator Variable	Location Summary	State Average
Alcohol Consumption	Total Population Age 18+	466,179	2,112,400
	Estimated Adults Drinking Excessively	81,480	323,197
	Estimated Adults Drinking Excessively (Crude Percentage)	17.5%	15.3%
	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	17.5%	15.3%
Physical Inactivity	Total Population Age 20+	1,080,292	2,106,598
	Population with no Leisure Time Physical Activity	228,904	494,896
	Percent Population with no Leisure Time Physical Activity	20.7%	22.9%
Tobacco Usage - Current Smokers	Total Population Age 18+	1,041,984	2,112,400
	Total Adults Regularly Smoking Cigarettes	187,200	369,670
	Percent Population Smoking Cigarettes (Crude)	18%	17.5%
	Percent Population Smoking Cigarettes (Age-Adjusted)	18%	17.7%

Health Outcomes

Data Indicator	Indicator Variable	Location Summary	State Average
High Blood Pressure (Adult)	Total Population (Age 18+)	1,041,984	2,112,400
	Total Adults with High Blood Pressure	283,232	578,798
	Percent Adults with High Blood Pressure	27.18%	27.4%
Cancer Incidence - Lung	Estimated Total Population	62,828	326,929
	New Cases (Annual Average)	461	1,991
	Cancer Incidence Rate (Per 100,000 Pop.)	73.5	60.9
Cancer Incidence - Prostate	Estimated Total Population (Male)	30,367	157,363
	New Cases (Annual Average)	260	1,838
	Cancer Incidence Rate (Per 100,000 Pop.)	85.7	116.8
Cancer Incidence - Breast	Estimated Total Population (Female)	32,744	166,959
	New Cases (Annual Average)	430	2,092
	Cancer Incidence Rate (Per 100,000 Pop.)	131.4	125.3
	Estimated Total Population (Female)	27,731	139,726
Cancer Incidence - Cervix	New Cases (Annual Average)	24	102
	Cancer Incidence Rate (Per 100,000 Pop.)	9	7.3
Cancer Incidence - Colon and Rectum	Estimated Total Population	60,948	322,636
	New Cases (Annual Average)	243	1,297
	Cancer Incidence Rate (Per 100,000 Pop.)	39.9	40.2
Obesity	Total Population Age 20+	1,079,255	2,106,148
	Adults with BMI > 30.0 (Obese)	333,658	699,363
	Percent Adults with BMI > 30.0 (Obese)	30.8%	33.2%
Overweight	Survey Population (Adults Age 18+)	961,250	2,026,269
	Total Adults Overweight	339,656	715,654
	Percent Adults Overweight	35.3%	35.3%
Diabetes (Adult)	Total Population Age 20+	1,080,863	2,107,012
	Population with Diagnosed Diabetes	106,107	207,387
	Population with Diagnosed Diabetes, Age-Adjusted Rate	9.1%	8.95%
Poor General Health	Total Population Age 18+	1,041,984	2,112,400

	Estimated Population with Poor or Fair Health	133,378	278,837
	Crude Percentage	12.8%	13.2%
	Age-Adjusted Percentage	12.7%	12.7%
Mortality - Suicide	Total Population	1,464,184	2,900,563
	Average Annual Deaths, 2010-2014	236	475
	Crude Death Rate (Per 100,000 Pop.)	16.11	16.36
	Age-Adjusted Death Rate (Per 100,000 Pop.)	16.01	16.43
Mortality - Cancer	Total Population	1,464,184	2,900,563
	Average Annual Deaths, 2010-2014	2,513	5,497
	Crude Death Rate (Per 100,000 Pop.)	171.66	189.5
	Age-Adjusted Death Rate (Per 100,000 Pop.)	159.72	164.21
High Cholesterol (Adult)	Survey Population (Adults Age 18+)	797,466	1,570,832
	Total Adults with High Cholesterol	317,908	604,594
	Percent Adults with High Cholesterol	39.86%	38.49%
Heart Disease (Adult)	Survey Population (Adults Age 18+)	1,009,493	2,127,276
	Total Adults with Heart Disease	43,556	96,196
	Percent Adults with Heart Disease	4.3%	4.5%
Depression (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	147,869	402,096
	Beneficiaries with Depression	25,511	71,709
	Percent with Depression	17.9%	17.8%
Infant Mortality	Total Births	100,612	207,475
	Total Infant Deaths	654	1,473
	Infant Mortality Rate (Per 1,000 Births)	6.5	7.1
Low Birth Weight	Total Live Births	369,999	285,236
	Low Weight Births (Under 2500g)	29,582	20,537
	Low Weight Births, Percent of Total	8%	7.2%
Asthma Prevalence	Survey Population (Adults Age 18+)	1,011,990	2,133,641
	Total Adults with Asthma	137,983	264,243
	Percent Adults with Asthma	13.6%	12.4%

Source: <https://ahs.engagementnetwork.org>, 1/9/2019

APPENDIX C: HOSPITAL UTILIZATION & EMERGENCY ROOM DATA

Below are the top 10 diagnoses for AdventHealth Shawnee Mission in 2018.

Emergency Department

1.	Chest Pain, other
2.	Sepsis, unspecified organism
3.	Urinary tract infection
4.	Chest pain, unspecified
5.	Headache
6.	Syncope and collapse
7.	Low back pain
8.	Pneumonia, unspecified organism
9.	Noninfective gastroenteritis and colitis, unspecified
10.	Dehydration

Inpatient Admissions

1.	Single liveborn infant, delivered vaginally
2.	Single liveborn infant, delivered cesarean
3.	Sepsis, unspecified organism
4.	Morbid (severe) obesity due to excess calories
5.	Maternal care for low transverse scar from previous cesarean delivery
6.	Second-degree perineal laceration during delivery
7.	Post-term pregnancy
8.	Major depressive disorder, recurrent severe without psych features
9.	Alcohol dependence with withdrawal, unspecified
10.	First degree perineal laceration during delivery

APPENDIX D: COMMUNITY ASSET INVENTORY

COMMUNITY ASSET INVENTORY		
Top Issues Defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs
Lack of resources to meet community mental/behavioral health needs	Duchesne Clinic; Health Partnership Clinic-JC; JC Suicide Prevention Coalition; Johnson County Mental Health Center; Mental Health KC Conference; Prairie Ridge Psychiatric Hospital; Tri-County Mental Health; Wyandotte Center; Zero Reasons Why	Advocacy; Inpatient/outpatient behavioral health services
Increasing incidence of overdoses and death from prescription pain / opioids	Health Partnership Substance Abuse Program; JC grant funding for community and physician education; Joint-hospital and health department drug take back initiatives	AdventHealth physician offices providing Medically Assisted Treatments; Inpatient/outpatient behavioral health services; Pharmacy RX disposal service
Rising health care costs and lack of health insurance	Alliance for a Healthier Kansas; Children's Mercy West; Duchesne Clinic; Enroll Kansas; Free Health Clinic; Health Partnership Clinics; Jay Doc; JCDHE; Kansas Assisters; Mercy & Truth Clinics; Safety net clinics; United Way (Greater KC and Wyandotte County); Wy-Jo Care	AdventHealth Nurse Line, Bridge Care ED Program; Financial Assistance, Med-Data (Patient support in accessing health coverage); Subsidies to patients for co-pays and transportation costs
Chronic diseases in communities of color	After the Harvest; CMH-Weighing In; Cultivate KC; Dotte Mobile Market; Double Up Food Bucks; Greater KC Food Policy Council; Harvesters; Hunger-Free Health Care-KC; JCDHE; JC Food Policy Council; KC Healthy Kids; SM School District Back-Snack and school garden programs; UG-Wyandotte Community Action Teams - Nutrition and Tobacco; YMCA Disease Prevention Programs	CHEERS Support Group; Community health and wellness education programs; Chronic Disease Wellness programs; Hunger Free Health-Care-AHSM; Partner's in Produce with Food Pantries; Move 4 Life
Poor pregnancy outcomes in Wyandotte County	Cradle KC; Every Baby to 1; FIMR Review Board; New Birth Company; UG-Wyandotte pregnancy programs,	Childbirth education programs, breastfeeding classes, warm-line for new parents, prenatal education and support classes, Post-partum depression support group and services
High mortality rates in African American Infants	Cradle KC; Every Baby to 1; FIMR Review Board; New Birth Company; UG-Wyandotte pregnancy programs,	Childbirth education programs, breastfeeding classes, warm-line for new parents, prenatal education and support classes, Post-partum depression support group and services
Food insecurity and lack of access to healthy options	After the Harvest; Cultivate KC; CMH Weighing-In; Double-Up Food Bucks; Greater KC Food Policy Council; Harvesters; Hunger-Free Healthcare KC; Johnson County Food Policy Council	AdventHealth Hunger-Free Healthcare Workgroup; partnership with local food pantries; leadership in JC FPC, and HFHC-KC initiatives

Elevating rates of suicide	JC School District Superintendent; Johnson County Suicide Prevention Coalition; Zero Reasons Why	Leadership in JCSPC; Mental Health First Aid programming
Social Isolation	JCHDE; JC Suicide Prevention	CHEERS Support Group; Support groups specifically for those with chronic conditions to support their emotional well-being
Limited transportation options	Mid-America Regional Council, Municipalities, KC Area Transportation	ride vouchers
Lack of affordable housing	UCS, Johnson and Wyandotte Counties, Housing Authorities	

