



20 AdventHealth
23 South Overland Park
Community
Health Needs
Assessment

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■ Letter From Leadership

At AdventHealth, our mission of Extending the Healing Ministry of Christ goes beyond our walls. We are committed to addressing the needs of the communities we serve with a holistic focus – one that strives to heal and restore the body, mind and spirit.

Every three years, AdventHealth completes a Community Health Needs Assessment. We collaborate with community organizations, public health experts and people like you: those who understand our communities best. This in-depth look at the overall health of the community as well as barriers to care helps us better understand each area's unique needs, so we can address the issues that matter most.

AdventHealth is blessed to serve communities across the United States. In big cities and small towns, our promise of wholeness is constant. We believe all people deserve to feel whole, and we are committed to meeting them wherever they are on that journey and supporting them along the way.

Work of this magnitude is not possible without the incredible partnership of public health experts, community health organizations and countless community members. It is through open dialogue and constant collaboration with these key partners that AdventHealth will bring wholeness to all communities we serve.

In His service,

Alan Verrill, MD
President and CEO
AdventHealth South Overland Park



Executive Summary

AdventHealth South Overland Park, Inc. d/b/a AdventHealth South Overland Park will be referred to in this document as AdventHealth South Overland Park or “the Hospital”. The Hospital conducted a community health needs assessment from January to May 2023. 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 2024 to 2025 Community Health Plan based on the needs prioritized in the assessment process.

Community Health Needs Assessment Committee

In order to ensure broad community input, AdventHealth South Overland Park 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 three times in 2023. They reviewed the primary and secondary data and helped to identify the top priority needs in the community.

See the Prioritization Process section for a list of CHNAC members.

Hospital Health Needs Assessment Committee

AdventHealth South Overland Park also convened a Hospital Health Needs Assessment Committee (HHNAC). The purpose of the HHNAC was to select the needs the Hospital would address as a result of the findings in the assessment. The HHNAC made this decision by reviewing the priority needs selected by the CHNAC and the internal Hospital resources available. With this information, the HHNAC was able to determine where the Hospital could most effectively support the community.

See the Prioritization Process section for a list of HHNAC members.

Data

AdventHealth South Overland Park in collaboration with the AdventHealth Corporate team collected both primary and secondary data. The primary data included community surveys and stakeholder interviews. Secondary data included internal Hospital utilization data (inpatient, outpatient and emergency department). This utilization data showed the top diagnoses for visits to the Hospital from 2021 to 2022. In addition, publicly available data was utilized from state and national data sources. Primary and secondary data was compiled and analyzed to identify the top 10 aggregate issues.

See the Process and Methods section 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 CHNAC and the HHNAC understand existing community efforts to address the 10 identified issues from aggregate primary and secondary data and to prevent duplication of efforts.

See Available Community Resources for more.

Selection Criteria

The CHNAC participated in a prioritization process after data review and discussion through which the needs were ranked based on established criteria.

See Priorities Selection for more.

The HHNAC reviewed and discussed the needs that had been identified by the CHNAC and the available resources to address them in the community. The HHNAC also considered the Hospital's current resources and strategies which could most effectively address the needs having the biggest short term and long-term impact on the community. Through these discussions the Hospital selected the needs it is best positioned to impact.



The priority selection criteria included:

- A. Impact on Community:** What are the consequences to the health of the community of not addressing this issue now?
- B. Resources:** Are there existing, effective interventions and opportunities to partner with the community to address this issue?
- C. Outcome Opportunities:** Do interventions addressing this issue have an impact on other health and social issues in the community?



Priority Issues to be Addressed

The priority issues to be addressed are:

1. Mental and Behavioral Health
2. Health Care Access
3. Food Security

See Priorities Selection for more.

Approval

On September 28, 2023, the AdventHealth South Overland Park Board approved the Community Health Needs Assessment findings, priority issues and final report. A link to the 2023 Community Health Needs Assessment was posted on the Hospital's website prior to December 31, 2023.

Next Steps

AdventHealth South Overland Park will work with the CHNAC and the HHNAC to develop a measurable implementation strategy called the 2024-2025 Community Health Plan to address the priority issues. The plan will be completed and posted on the Hospital's website prior to May 15, 2024.

About AdventHealth

AdventHealth South Overland Park is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care. More than 80,000 skilled and compassionate caregivers serve 4.7 million patients annually. From physician practices, hospitals, outpatient clinics, home health agencies and hospice centers, AdventHealth provides individualized, wholistic care at nearly 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in research, new technologies and the people behind them to redefine medicine and create healthier communities.

In a 2020 study by Stanford University, physicians and researchers from AdventHealth were featured in the ranking of the world's top 2% of scientists. These critical thinkers are changing medicine and shaping the future of health care.

Amwell, a national telehealth leader, named AdventHealth the winner of its Innovation Integration Award. This telemedicine accreditation recognizes organizations that have identified connection points within digital health care to improve clinical outcomes and user experiences. AdventHealth was recognized for its innovative digital front door strategy, which

is making it possible for patients to seamlessly navigate their health care journey. From checking health documentations and paying a bill, to conducting a virtual urgent care visit with a provider, we are making health care easier by creating pathways to wholistic care no matter where your health journey starts.

AdventHealth is also an award-winning workplace aiming to promote personal, professional and spiritual growth with its workplace culture having been recognized by Becker's Hospital Review on its "150 Top Places to Work in Healthcare" three years straight. This recognition is given annually to health care organizations that promote workplace diversity, employee engagement and professional growth.



AdventHealth South Overland Park

AdventHealth South Overland Park is located within the Bluhawk development near 159th Street and 69 Highway in Overland Park, Kansas. AdventHealth South Overland Park opened in 2021 and brings expert, convenient health care services to residents of southern Johnson County.

Employing more than 230 team members, AdventHealth South Overland Park offers comprehensive care for all stages of life. Since opening in October 2021, AdventHealth physicians and staff have delivered 575 babies, performed 2,616 surgeries and cared for nearly 30,000 patients.

The state-of-the-art campus includes:

- 193,000 square foot hospital with 38 inpatient beds with space for expansion into an 85-bed hospital in the future
- Bariatric services
- Birth Center
- 24/7 Emergency Department
- Cardiology
- Endocrinology and Diabetes
- Gastroenterology
- Imaging
- Intensive Care Unit
- Laboratory
- Orthopedics
- Pediatrics
- Physical therapy and rehab
- Primary care
- Surgical services
- Whole Health Institute
- Women's Imaging Center

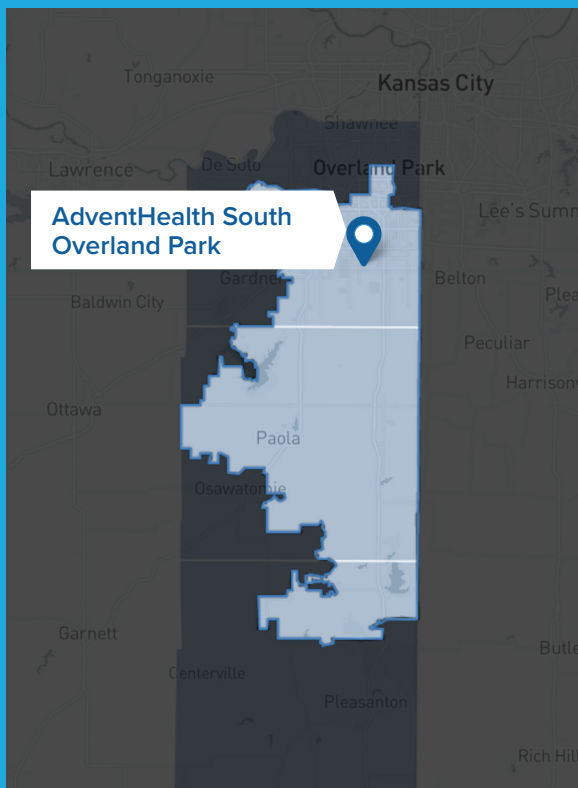
COMMUNITY OVERVIEW



Community Description

AdventHealth South Overland Park is located in Johnson County, Kansas. The Hospital defines its community as the Primary Service Area (PSA), the area in which over 75-80% of its patient population lives. This includes 15 zip codes across three counties: Miami, Johnson, and Linn.

Demographic and community profile data in this report are from publicly available data sources such as the U.S. Census Bureau and the Center for Disease Control and Prevention, unless indicated otherwise. Data are reported for the PSA unless listed differently. Data are also provided to show how the community compares locally, in the state and at a national level for some indicators.



Community Profile

Age and Sex

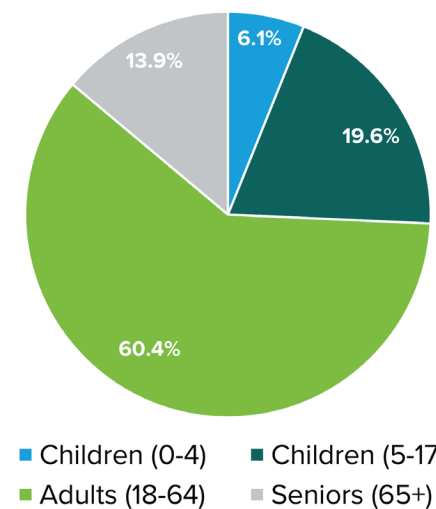
The median age in the Hospital's community is 38.6, higher than that of the state which is 37.3 but lower than the US, 38.8.

Females are the majority, representing 51% of the population. Middle-aged women, 40-64 are the largest demographic in the community at 16.9%.

Children are 25.8% of the total population in the community. Infants, those zero to four, are 6.1% of that number. The community birth rate is 47.95 births per 1,000 women aged 15-50, this is lower than the U.S. average of 50.8 and then that of the state, 58.97. In the Hospital's community, 4.5% of children aged 0-4 and 5.5% of children aged 5-17 are in poverty.

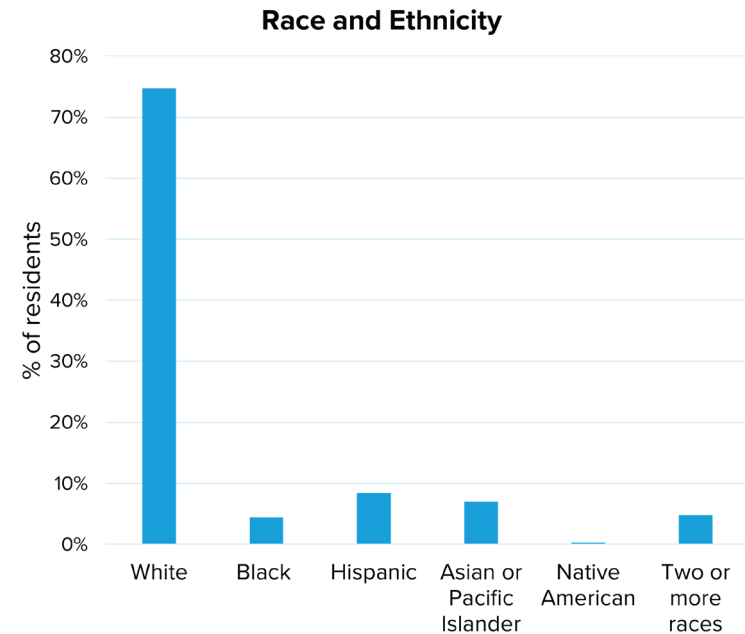
Seniors, those 65 and older, represent 13.9% of the total population in the community. Females are 54.9% of the total senior population.

Age and Sex



Race and Ethnicity

In the Hospital's community, 74.7% of the residents are non-Hispanic White, 4.4% are non-Hispanic Black and 8.4% are Hispanic or Latino. Residents that are of Asian or Pacific Islander descent represent 7% of the total population, while less than 1% are Native American and 4.8% are two or more races.



Social Determinants of Health

According to the CDC, social determinants of health (SDOH) are the conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. Social determinants of health are increasingly seen as the largest contributing factor to health inequities in communities throughout the country.

The Hospital categorized and analyzed SDOH data following the Healthy People 2030 model. This approach was chosen so, when possible, the Hospital could align its work with national efforts when addressing social determinants of health. For the purposes of CHNA, the Hospital will follow this model for reporting any related data.

The Healthy People 2030 place-based framework outlines five areas of SDOH:



Economic Stability: This includes areas such as income, cost of living, food security and housing stability.



Education Access and Quality: This focuses on topics such as high school graduation rates, enrollment in higher education, literacy and early childhood education and development.



Health Care Access and Quality: This includes topics such as access to health care, access to primary care and health insurance coverage.



Neighborhood and Built Environment: This includes areas like quality of housing, access to transportation, availability of healthy foods, and neighborhood crime and violence.



Social and Community Context: This focuses on topics such as community cohesion, civic participation, discrimination and incarceration.

Economic Stability

Income

The median household income in the Hospital's community is \$107,249. This is above the median for both the state and the US. In the community, 4.8% of residents live in poverty, which is lower than the poverty rate of the state, 11.7% and U.S., 12.8%.

Food Insecurity and Housing Stability

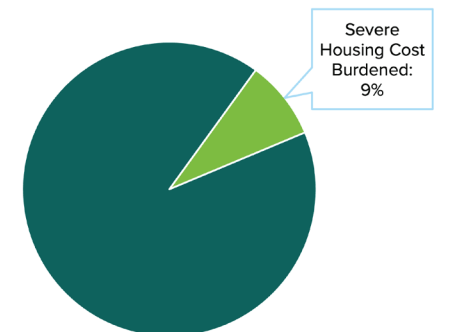
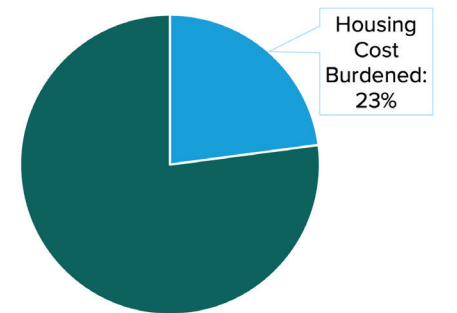
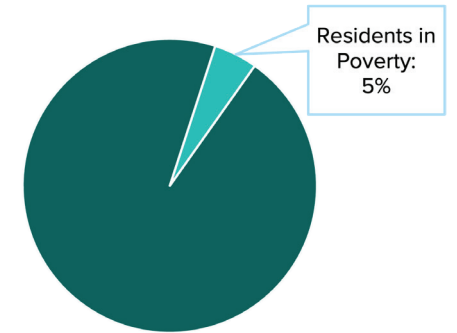
People who are food insecure, having reduced quality and/or amount of food intake, may be at an increased risk of negative health outcomes. Studies have shown an increased risk of obesity and chronic disease in adults who are food insecure. Children who are food insecure have been found to have an increased risk of obesity and developmental problems compared to children who are not.¹ Feeding America estimates for 2020², showed the food insecurity rate in the Hospital's community as 10.1%.

Increased evidence is showing a connection between stable and affordable housing and health.³ When households are cost burdened or severely cost burdened, they have less money to spend on food, health care and other necessities. Having less access can result in more negative health outcomes. Households are considered cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more than 50%.

¹ Food Insecurity - Healthy People 2030 | health.gov

² Map the Meal Gap 2020 Combined Modules.pdf (feedingamerica.org)

³ Severe housing cost burden* | County Health Rankings & Roadmaps



Education Access and Quality

Research shows education can be a predictor of health outcomes, as well a path to address inequality in communities.⁴ Better education can lead to people having an increased understanding of their personal health and health needs. Higher education can also lead to better jobs, which can result in increased wages and access to health insurance.

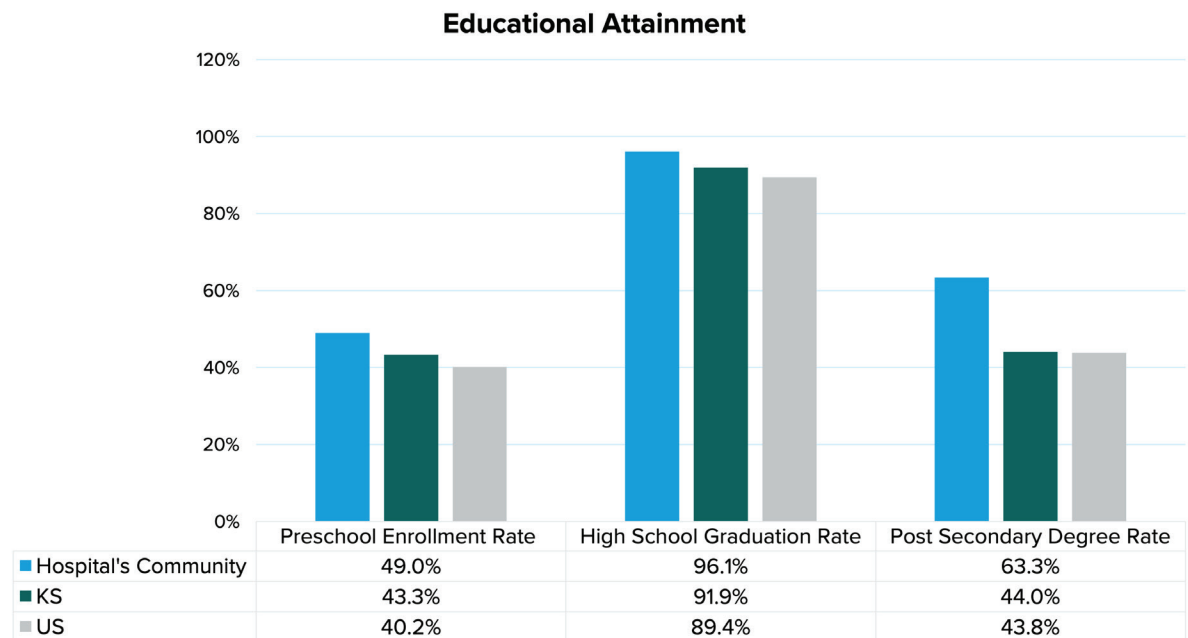
In the Hospital's community, there is a 96% high school graduation rate, which is higher than both the state and national average. The rate of people with a post-secondary degree is 63%, which is higher than in both the state and nation.

Early childhood education is uniquely important and can improve the cognitive and social development of children. This helps provide the foundation for long-term academic success, as well as improved health outcomes. Research on early childhood education programs show that long-term benefits include improved health outcomes, savings in health care costs and increased lifetime earnings.⁵

In the Hospital's community, 49% of 3 to 4-year-olds were enrolled in preschool. This is higher than both the state (43.3%) and the national (40.2%) average.

⁴ The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015 | Archives of Public Health | Full Text (biomedcentral.com)

⁵ Early Childhood Education | Health Impact in 5 Years | Health System Transformation | AD for Policy | CDC



Health Care Access and Quality

In 2020, 10.5% of community members aged 18 to 64 were found to not have health insurance. A lack of health insurance can lead to delayed care, resulting in more serious health conditions and increased treatment costs. Although health insurance coverage levels can be a strong indicator of a person’s ability to access care, there are other potential barriers that can delay care for many people.⁶

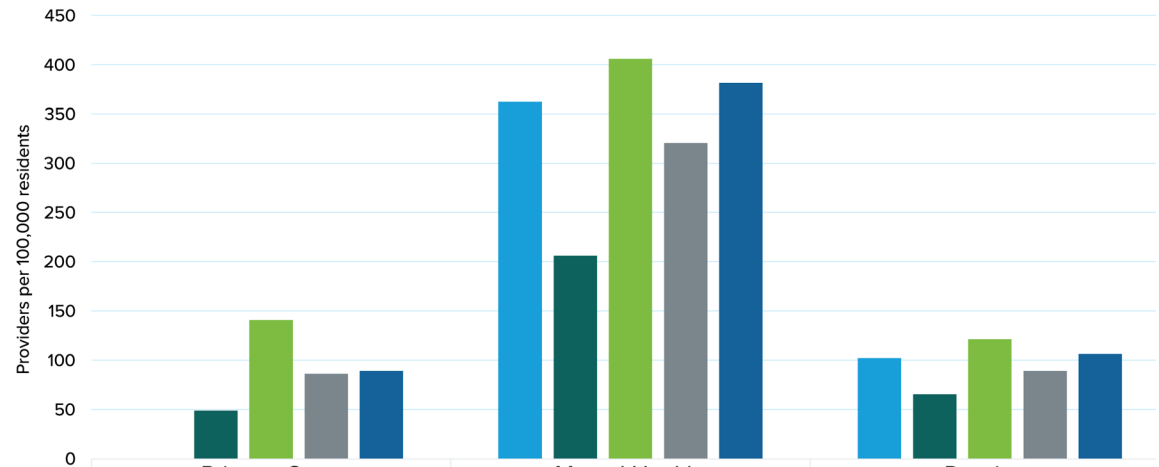
Accessing health care requires more than just insurance; there also needs to be available health care professionals to provide care. When more providers are available in a community access can be easier, particularly for those experiencing transportation challenges. In the counties that the Hospital serves, Johnson County has the most mental health and primary care providers available.

Routine checkups can provide an opportunity to identify potential health issues and, when needed, develop care plans. In the Hospital’s community, 73% of people report visiting their doctor for routine care.

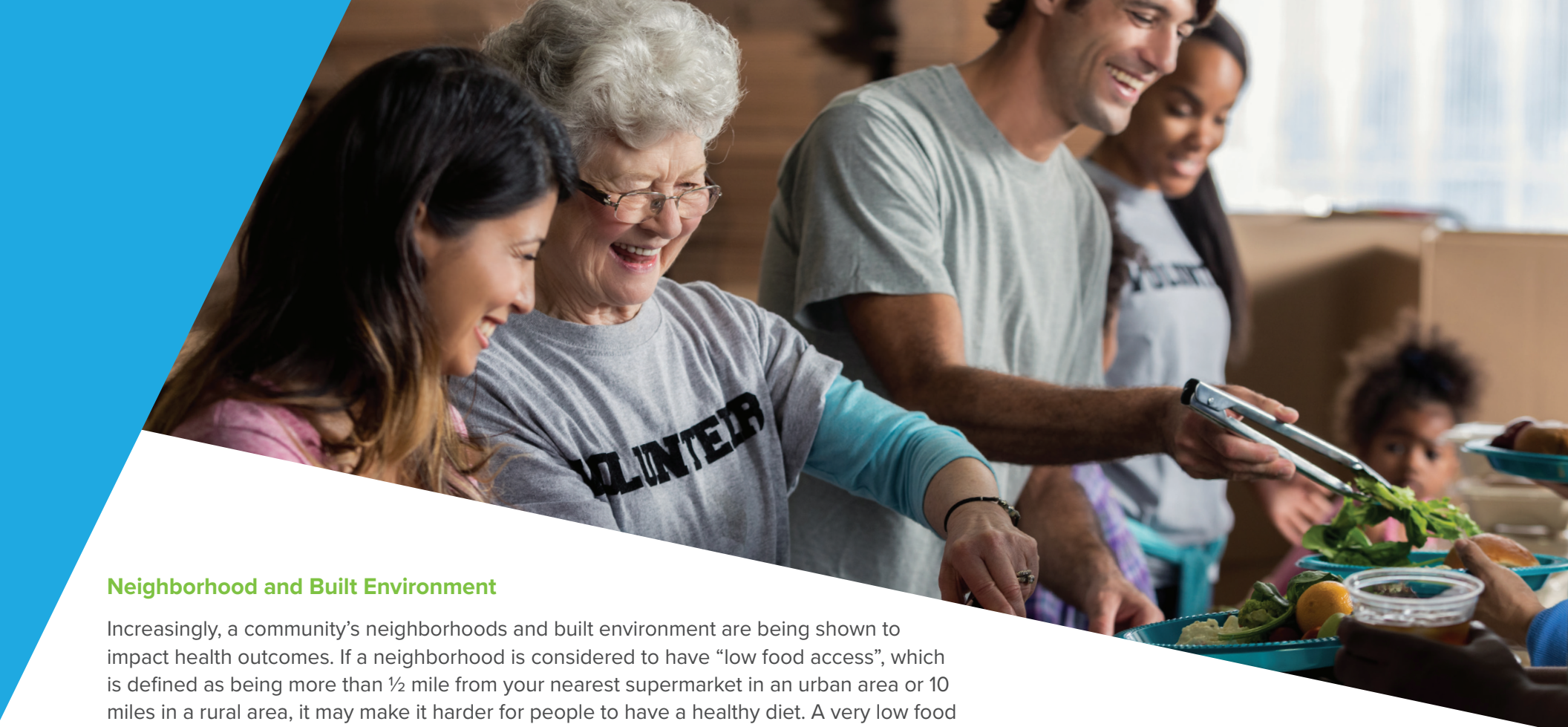
⁶ Health Insurance and Access to Care (cdc.gov)



Providers Per Capita



	Primary Care	Mental Health	Dentists
■ Hospital's Community	N/A	362.6	102.4
■ Miami County	48.9	206.1	65.5
■ Johnson County	140.8	406.3	121.3
■ KS	86.3	320.6	89.2
■ US	89.1	381.9	106.4



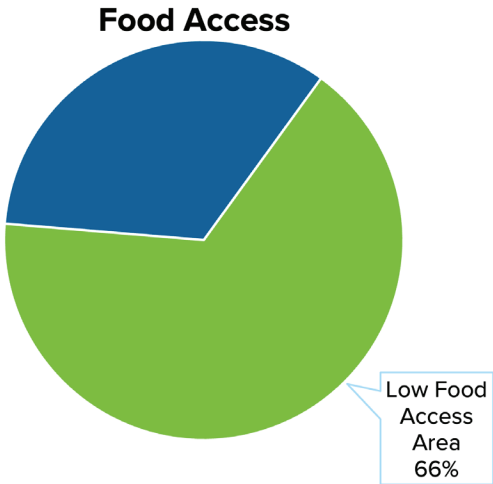
Neighborhood and Built Environment

Increasingly, a community’s neighborhoods and built environment are being shown to impact health outcomes. If a neighborhood is considered to have “low food access”, which is defined as being more than ½ mile from your nearest supermarket in an urban area or 10 miles in a rural area, it may make it harder for people to have a healthy diet. A very low food access area is defined as being more than 1 mile from your nearest supermarket in an urban area or 20 miles in a rural area.

A person’s diet can have a significant impact on health, so access to healthy food is important. For example, the largest contributors to cardiovascular disease are obesity and type 2 diabetes, both of which can be impacted by diet.⁷ In the Hospital’s community, 66.3% of the community lives in a low food access area, while 20.1% live in a very low food access area.

Access to public transportation is also an important part of a built environment. For people who do not have cars, reliable public transportation can be essential to accessing health care, healthy food and maintaining employment. In the community, 3% of the households do not have an available vehicle.

⁷ A Neighborhood’s Built Environment May Have Numerous Effects on Its Residents’ Health - RWJF



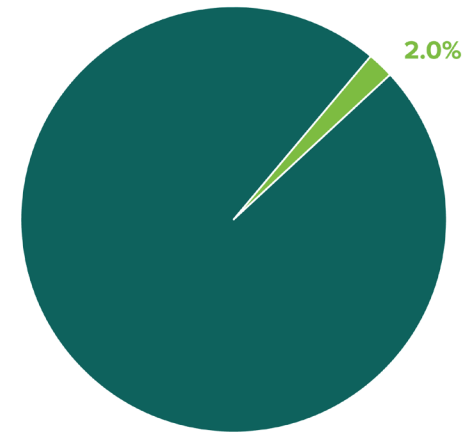
Social and Community Context

People's relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being.⁸ When faced with challenges outside of their control, positive relationships with others can help reduce negative impacts. People can connect through work, community clubs or others to build their own relationships and social supports. There can be challenges to building these relationships when people don't have connections to create them or there are barriers like language between groups.

In the community, 2% of youth aged 16 to 19 were reported as disconnected, meaning they were neither enrolled in school nor working at the time.

Also, in the community 23.3% of seniors (age 65 and older) report living alone and 1.6% of residents report having limited English proficiency. All these factors can create barriers to feeling connected in the community.

Disconnected Youth



⁸ Social and Community Context - Healthy People 2030 | [health.gov](https://www.health.gov)



Process, Methods and Findings



■ Process and Methods

The Process

The health of people living in the same community can be very different, because there are so many influencing factors. To understand and assess the most important health needs of its unique community and the people in it, the Hospital, in collaboration with the AdventHealth Corporate team, solicited input directly from the community and from individuals who represent the broad interests of the community. A real effort was made to reach out to all members of the community to obtain perspectives across age, race/ethnicity, gender, profession, household income, education level and geographic location. The Hospital, aided by the AdventHealth Corporate team, also collected publicly available data and internal Hospital utilization data for review.

The Hospital partnered with local community organizations and stakeholders, including those in public health and those who represent the interests of medically underserved, low-income and minority community members, to form a Community Health Needs Assessment Committee (CHNAC) to guide the assessment process. During data review sessions, community members of the CHNAC provided insight on how health conditions and areas of need were impacting those they represented. The CHNAC used the data review and discussion sessions to understand the most important health needs and barriers to health the community was facing and to guide the selection of needs to be addressed in the 2023 CHNA.

Community Input

The Hospital collected input directly from the community and from community stakeholders, individuals working in organizations addressing the needs and interests of the community. Input was collected through two different surveys: the community health survey and the stakeholder survey.

Community Health Survey

- Provided in both English and Spanish to anyone in the community and accessible through weblinks and QR codes.
- Links and QR codes shared through targeted social media posts and with community partners including public health organizations. Partners were provided links to the survey, with the request that it be sent to listservs, electronic mailing lists, they maintained and, when possible, shared on their own social media channels.

Stakeholder Survey

- Participants were asked to provide input on health and barriers to health that they were seeing in the community.
- Surveys were sent to individuals working at community organizations, including public health organizations, which work to improve the health and wellbeing of the community.
- A focus was on hearing from stakeholders who represent or serve communities that are underserved, underrepresented, lower income, and/or who are more likely to be impacted by the social determinants of health.

Public and Community Health Experts Consulted

A total of 29 stakeholders provided their expertise and knowledge regarding their community including:

Name	Organization	Services Provided	Populations Served
Sharon Mitchell, Chamber President, Board of Education Vice President	Spring Hill Chamber and Spring Hill School District	Education/youth services; Business Resources; Community development	Children; Families; General public; Business community
Callie Hoffman, Director	Paola Unified School District 368	Education/youth services	Children; Families; Low income
Sarah Gilliland, Director of Student Health Services	Olathe Public Schools	Education/youth services	Children; Families; Low income
Lexzy Burnett, Integrated Care Case Manager	Elizabeth Layton Center	Housing; Mental/behavioral health care	Low income; Children; Families; Homeless; LGBTQIA+; General public
Barbara Mitchell, Division Director	Johnson County Department of Health and Environment	Health care/public health	General public; Homeless; Low income; Elderly; Children; Women; Veterans; LGBTQIA+
Leslea Rockers, Executive Director	East Central Kansas Area Agency on Aging	In-home and support services for 60+ population and meals on wheels	Low income; Elderly; General public
Kendall Burr, Principal of Early Childhood Programs (Early Childhood Special Education Coordinator)	Blue Valley School District	Education/youth services	Children; Families; Children with special needs
Catherine Rice, VP Marketing and Outreach	Health Partnership Clinic	Health care/public health; Mental/behavioral health care; Dental	General public; Low income; Children; Women; LGBTQIA+; Refugees
Claire Sinovic, Schoolyard Gardens Program Coordinator	Kansas City Community Gardens	Education/youth services; Food assistance	Children; Families; General public
Glenda Kinaman, District Nurse Coordinator	Paola Unified School District 368	Education/youth services; Transportation; Mental/behavioral health care; Food assistance; Health care	Children; Families; General public
Renee Bryant, Food Policy and Advocacy Coordinator	Johnson County Health and Environment	Policy and Advocacy; Food access; Food waste; Transportation; Education	Families and individuals residing in Johnson County

Name	Organization	Services Provided	Populations Served
Gina Piccinini, Director of Grants and Quality	KC Healthy Kids	KC Healthy Kids connects communities to close health gaps. We invest in community education, local and regional advocacy and direct support. Our work addresses systemic obstacles through solutions-based focus areas of youth advocacy, food policy, mental health, local food and active communities for kids and their families; Food assistance; Mental/behavioral health care; Education/youth services	Children; Families; Low income; General public
Maggie Little, Executive Director	Olathe Family YMCA	Community and fitness center; Health and wellness education; Aquatics	General public; Children; Families; Low income; LGBTQIA+
Valorie Carson, Population Health/Health Equity Program Manager	Johnson County Department of Health and Environment	Health care/public health	General public; Low income; Children; Women; LGBTQIA+; Homeless
Susan Tideman, Executive Director Blue Valley Educational Foundation	Blue Valley Educational Foundation	Education/youth services	Children; Families; Low income
Christena Beer, Health Director	Miami County Health Department	Health care/public health; Education/youth services; Chronic Disease Risk Reduction, Home Visiting, Special Health Care Needs, Outreach, Epidemiology, Care Resource Coordination, WIC, Maternal and Child Health, Immunizations	General public; Low income; Elderly; Children; Women; LGBTQIA+
Sondra Wallace, Director of Mental Health Programs	Jewish Family Services	Education/youth services; Transportation; Mental/behavioral health care; Food assistance; Financial support	Low income; General public; Children; Families; Elderly; LGBTQIA+
Matt Martinek, VP Development	American Cancer Society	Cancer research and support for families and individuals with cancer	General public; Low income; Elderly; LGBTQIA+
Michelle Robin, Chief Wellness Center	Your Wellness Connection	Chiropractic and integrative health care; Education	General public

Name	Organization	Services Provided	Populations Served
Marlene Nagel, Community Development Director	Mid-America Regional Council	Employment assistance; Education/youth services; Food assistance; older adult services, transportation, environmental and emergency services planning and coordination	General public; Low income; Elderly; Families
Laura Lopez, Executive Director	American Heart Association	Health care/public health; Education/youth services; Financial support; Research	General public; Low income; Elderly; Children; Homeless; LGBTQIA+
Justin Gust, Director of Community Health	El Centro	Education/youth services; Food assistance; Employment assistance; Financial support; Health care/public health; Advocacy/Civic Engagement	Low income; Elderly; Children; Women; General public; Latino Immigrants/Mixed-Status Households
Carla Gibson, Vice President of Programs	REACH Healthcare Foundation	Financial Support	Homeless; Low income; Children; Women; Veterans; LGBTQIA+; General public; Immigrants/refugees; transition age youth; Black-led, Black serving organizations
Jeff Stewart, Executive Director	Johnson County Park and Recreation District	Health care/public health; Education/youth services; Transportation; Mental/behavioral health care; Food assistance; Financial support; Our purpose is to enrich the Johnson County community through excellence in parks, recreation, culture, education, and public service. We offer over 4,000 programs and events on an annual basis, own and manage over 10,000 acres of public park space, and serve over 10,000,000 customers and visitors annually; Employment assistance	General public; Homeless; Low income; Elderly; Children; Families; Women; Veterans; LGBTQIA+
Jessica Kejr, Director of Programs	Harvesters – The Community Food Network	Food assistance	Homeless; Low income; Elderly; Children; Women; Veterans; LGBTQIA+; General public
Kristin Riott, Executive Director	Bridging the Gap, Inc.	Environmental remediation	General public; Low income
Lindsey Constance, President	Climate Action KC	Climate resilience planning and solutions	General public; Low income; Minorities
Kimberly Paul, Director of Community Programs	Safehome	Domestic violence	Homeless; Low income; Elderly; Children; Women; Veterans; LGBTQIA+; General public
Suzanne Wheeler, Executive Director/CEO	Mid-America LGBT Chamber of Commerce	LGBTQ+ Business Chamber	LGBTQIA+; General public

Secondary Data

To inform the assessment process, the Hospital collected existing health-related and demographic data about the community from publicly available sources and Metopio, a web-based data platform. This included data on health conditions, social determinants of health and health behaviors.

The most current public data for the assessment was compiled and sourced from government and public health organizations including:

- US Census Bureau
- Centers for Disease Control and Prevention
- Feeding America
- County Health Rankings
- The State Health Department.

Hospital utilization data for 2021 to 2022 was also used in the assessment. Data was for uninsured or self-pay patients who visited the hospital for emergency department, inpatient or outpatient services. The top ten diagnosis codes were provided by the AdventHealth finance team for emergency room, inpatient and outpatient visits.



The Findings

Throughout the assessment process there were several themes from community input that rose to the top, and were mentioned across numerous issues and health needs, including:



Access: A need for more affordable and accessible entry points to care in the community, including for primary, dental and mental health care.



Transportation: The barrier that a lack of transportation presents to accessing services in the community.



Economic Barriers: An increasing cost barrier to accessing care, products and services regardless of insurance and employment status.

When reviewing the data for prioritization, the CHNAC considered the identified themes and their impact on the communities whose interests they represented.

The significant needs identified in the assessment process included:



Cardiovascular and Hypertension: Cardiovascular disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Hypertension, also known as high blood pressure, occurs when blood pressure is consistently higher than normal. Elevated blood pressure can damage arteries in the heart which increases the risk of heart disease, heart attack and stroke.



Diabetes: Diabetes is a group of diseases characterized by high blood sugar. When a person has diabetes, the body either does not make enough insulin (type 1) or is unable to properly use insulin (type 2). People with diabetes can develop high blood pressure, high cholesterol, and high triglycerides (a type of fat in the blood). High blood sugar, particularly when combined with high blood pressure and high triglycerides, can lead to heart disease, stroke, blindness, kidney failure, amputations of the legs and feet, and even early death. Diabetes is also associated with increased risk of certain types of cancer. High blood sugar also increases a person's chance of developing dementia and Alzheimer's disease.



Mental Health: Mental illnesses are conditions that affect a person's thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder, or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.



Drug and Alcohol Use: Healthy People 2030 focuses on preventing drug and alcohol misuse and helping people with substance use disorders get the treatment they need. Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.



Economic Stability: People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or conditions like arthritis may be especially limited in their ability to work. In addition, many people with steady work still don't earn enough to afford the things they need to stay healthy.

Employment programs, career counseling, and high-quality childcare opportunities can help more people find and keep jobs. In addition, policies to help people pay for food, housing, health care, and education can reduce poverty and improve health and well-being.



Neighborhood and Built Environment — Food Security:

Food security exists when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences. A lack of food security has been linked to negative health outcomes in children and adults, as well as potentially causing trouble for children in schools.



Health Care Access and Quality: Many people in the United States don't get the health care services they need. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.



Physical Activity: Physical activity is anything that gets your body moving. Each week adults need 150 minutes of moderate-intensity physical activity and 2 days of muscle strengthening activity, according to the current Physical Activity Guidelines for Americans. Regular physical activity helps reduce the risk of chronic conditions such as type 2 diabetes, heart disease, and some types of cancer.



Pregnancy and Childbirth: Pregnancy and childbirth focuses on women's health, and infant health before, during and after pregnancy. Efforts focus on reduction of disease and death among mothers and babies, with special attention to reducing racial and ethnic differences in these health outcomes.



Overweight and Obesity: Obesity is a common, serious, and costly chronic disease of adults and children. Obesity is associated with poorer mental health outcomes and reduced quality of life. In the United States and worldwide, obesity is also associated with the leading causes of death, including deaths from diabetes, heart disease, stroke, and some types of cancer. Many factors can contribute to excess weight gain including behavior, genetics and taking certain medications. Societal and community factors also matter.



PRIORITIES SELECTION



■ Prioritization Process

The Community Health Needs Assessment Committee (CHNAC) and Hospital Health Needs Assessment Committee (HHNAC) through data review and discussion, narrowed the health needs of the community to a list of 10. Community partners on the CHNAC were looked to represent the broad range of interests and needs, from public health to the economic, of underserved, low-income and minority people in the community. During the Spring of 2023, the CHNAC and HHNAC met to review and discuss the collected data and select the top community needs.



Members of the CHNAC included:

Community Members:

- Patrick Benson, Director, Co-Founder, Warhorse for Veterans
- Leslie Bjork, Executive Director, Elizabeth Layton Center, Inc.
- Kendall Burr, Principal, Hilltop Learning Centers, BVSD
- Stewart Curtright, Community Justice Program Manager, Church of the Resurrection
- Amy Falk, CEO, Health Partnership Clinics of Johnson County
- Sarah Gilliland, Director of Health Services, Olathe School Districts
- Justin Gust, Director of Community Health, El Centro
- Callie Hoffman, Director, Gardner Parents of Teachers
- Glenda Kinaman, Nurse, Paola School District
- Donna Martin, Sr. Public Health Program Manager, Mid America Regional Council
- Sharon Mitchell, Board of Education Vice President, Spring Hill School Board and Chamber
- Donna Rains, Caring Ministry Director, Caring Ministry of Stillwell
- Catherine Rice, VP of Marketing and Community Outreach, Health Partnership Clinics of Johnson County
- Leslea Rockers, Executive Director, East Central Kansas Area Agency on Aging
- Korrie Snell, Director of CSBG Operations, ECKAN
- Sondra Wallace, Director of Mental Health Programs, Jewish Family Services of Greater KC
- Susan Tideman, Executive Director, BV Well (Education Foundation)

Public Health Experts:

- Valorie Carson, Health Equity/Population Health, Johnson County Health and Environment
- Christena Beer, Public Health Director, Miami County Health Department

Members of the HHNAC included:

- Alan Verrill, President and Chief Executive Officer
- Jeff Prusia, Chief Financial Officer (Past)
- Lisa Hays, Chief Medical Officer
- Monica Natzke, Chief Nursing Officer
- Heidi Renfro, Executive Secretary
- Laurie McCormack, Foundation Executive Director
- Julie Santos, Population Health Director
- Molly Hasse, Director of Advocacy
- Heather Neir, Director, Emergency Department
- Brenda Quinlan, Human Resources Manager
- Lisa Cummings, Wellness Manager
- Bryan Mann, Senior Chaplain
- Jeanette Metzler, Community Benefit Manager

To identify the top needs the CHNAC and HHNAC took part in a prioritization activity. During the activity, the data behind each need was reviewed, followed by a discussion of the need, the impact it had on the community and the resources available to address it. CHNAC and HHNAC members then ranked the need through an online survey.

CHNAC and HHNAC Members (n=28) were asked to select the top three issues they thought AdventHealth South Overland Park should address in the community. The criteria (A-C) were not weighted. The voting results were re-shared via email.

A. Impact on Community: What are the consequences to the health of the community of not addressing this issue now?

B. Resources: Are there existing, effective interventions and opportunities to partner with the community to address this issue?

C. Outcome Opportunities: Do interventions addressing this issue have an impact on other health and social issues in the community?

The following needs rose to the top during the CHNAC’s discussion and prioritization activity:

Top Needs Identified	# of Votes	% responses
Mental Health	23	82.14%
Health Care Access and Quality	15	53.57
Drug and Alcohol Use	12	42.86%
Neighborhood & Built Environment: Food Security	10	35.71%
Overweight & Obesity	6	21.43%
Cardiovascular: Hypertension	5	17.86%
Pregnancy & Childbirth	5	17.86%
Economic Stability	4	14.29%
Diabetes	2	7.14%
Physical Activity	2	7.14%

After a list of 10 of the top health needs of the community had been voted on by the CHNAC and HHNAC, the top needs that had been chosen were presented at an Executive Council meeting. During the meeting, attendees reviewed and discussed the needs that had been identified by the CHNAC and HHNAC as well as the available resources to address them in the community. The Executive Council meeting attendees also considered the Hospital’s current resources and strategies which could most effectively address the needs having the biggest short term and long-term impacts on the community. Through these discussions the Hospital selected the needs it is best positioned to impact.

Attendees of the Executive Council meeting included

- Alan Verrill, President and Chief Executive Officer
- Jeff Prusia, Chief Financial Officer (Past)
- Lisa Hays, Chief Medical Officer
- Monica Natzke, Chief Nursing Officer
- Brenda Quinlan, Human Resources Manager
- Heidi Renfro, Executive Secretary

The Executive Council attendees narrowed down the list to three priority needs:

- Mental and Behavioral Health
- Health Care Access
- Food Security



Available Community Resources

When evaluating the top issues in the community a review of the available organizations and resources addressing these issues was conducted to understand where the greatest impact could be made.

Top Issues	Current Community Programs	Current Hospital Programs
Cardiovascular: Hypertension	<ul style="list-style-type: none"> • Health Partnership Clinics • County health departments • Stand-alone blood pressure stations (drug stores and pharmacies) • Healthy Heart Ambassador program • County-led Chronic Disease and Risk Reduction Programs 	<ul style="list-style-type: none"> • Community wellness programs • Blood pressure screenings • Nutrition Consultations
Diabetes	<ul style="list-style-type: none"> • County-led Diabetes Prevention Programs and Screenings • American Diabetes Association (resources and education programs) • Pharmacy programs for discounted diabetes supplies • Diversity in Diabetes (Virtual Diabetes Education program) 	<ul style="list-style-type: none"> • Whole Health Institute • Living Well with Diabetes Support Group (AdventHealth Shawnee Mission) • Diabetes Care Support (AdventHealth South Overland Park) • Nutrition Consultations
Drug and Alcohol Use	<ul style="list-style-type: none"> • Johnson County Mental Health • Johnson County Prevention and Recovery Coalition • Health Partnership Clinic Substance Abuse Program • Drug Enforcement Agency • DCCCA – Naloxone Program • Cottonwood Springs • Heartland Regional Alcohol and Drug Addiction Center (RADAC) 	<ul style="list-style-type: none"> • AdventHealth Shawnee Mission Behavioral Health Services
Mental Health	<ul style="list-style-type: none"> • Health Partnership Clinics • Elizabeth Layton Center • Cottonwood Springs • Jewish Family Services • Johnson County Suicide Prevention Coalition • Osawatomie Mental Health 	<ul style="list-style-type: none"> • AdventHealth Shawnee Mission Behavioral Health Services • <i>Feel Whole</i> community programs • ParentCare
Overweight and Obesity	<ul style="list-style-type: none"> • YMCA's • Grocery store-based dietitians 	<ul style="list-style-type: none"> • Whole Health Institute Nutrition Education and Services • Bariatric and Weight Care Services • Nutrition Consults

Top Issues	Current Community Programs	Current Hospital Programs
Pregnancy and Childbirth	<ul style="list-style-type: none"> • Johnson County Nurse Family Partnership • Johnson County Family Planning, Prenatal and Postnatal Services • Miami County Women’s Health Services • Miami County Maternal and Child Health • Cradle KC Coalition • March of Dimes 	<ul style="list-style-type: none"> • Childbirth Education Programs • Post-Partum Support • ParentCare
Physical Activity	<ul style="list-style-type: none"> • YMCA • Community Centers • Parks and Recreation Departments • Local Fitness Centers • Walk With Ease (Arthritis Foundation) 	
Economic Stability	<ul style="list-style-type: none"> • Eastern Central Kansas Economic Corporation (ECKAN) • Employment Services by Goodwill • Vocational Rehabilitation (Kansas Dept for Children and Families) • Catholic Charities (Employment Services) • Honest Jobs (Criminal Justice Employment Services) • Kansas Works • Women’s Employment Network 	
Health Care Access and Quality	<ul style="list-style-type: none"> • Johnson County Health & Environment • Miami County Health Department • Health Partnership Clinics (FQHC) • KAN Assist (Medicaid / Health Exchange Sign Up Assistance) 	<ul style="list-style-type: none"> • Health Fund Solutions • AdventHealth Nurse Line • Financial Assistance • Transportation vouchers
Neighborhood and Built Environment: Food Security	<ul style="list-style-type: none"> • Eastern Central Kansas Economic Corporation (ECKAN) • Harvesters (Feeding America Agency) • WIC services • Church-based food pantries • Johnson County Food Policy Council • After the Harvest (Gleaning) 	



■ Priorities Addressed



Mental and Behavioral Health

In the Hospital's community, 17% of residents have a prevalence of depression, while 12% of the residents report poor mental health. According to community survey respondents 22% have been diagnosed with a depressive disorder and more than 23% have been diagnosed with an anxiety disorder. Awareness and the need to address mental health disorders has been growing in the country. Including mental health as a priority, the Hospital can align to local, state and national efforts for resources to create better outcome opportunities over the next three years.

While drug and alcohol use were not specifically selected, mental and behavioral health will provide opportunities to address issues such as binge drinking and proper use of medication which was highlighted in the data.



Health Care Access

Both Miami and Linn County show lower rates of dentists, mental health practitioners, and OB/GYN practitioners compared to state and national rates. The lack of providers surrounding Johnson County leads to increased barriers to neighboring counties. Almost 30% of community survey respondents also reported delaying medical care in the past 12 months due to cost. Stakeholders also expressed concern over the affordability and accessibility of care.

Preventative care is an important part of maintaining overall health and treating disease. In the Hospital's primary service area, about 27% of adults have not visited a doctor for a routine checkup in the past year. Screenings for certain types of cancer, such as colorectal are missed by about 30% of adults. Only 46% of seniors were shown to be up to date on core preventative services. The CHNAC felt confident that increasing access to care, especially preventative care, would help to prevent and provide much needed treatment to meet the needs of residents across the PSA.



Food Security

Approximately 10.1% of the residents in the Hospital's community are food insecure according to Feeding America and 66.28% live in a low food access area. One quarter of community survey respondents reported eating less than they should in the past year due to cost. Stakeholders agreed that the lack of grocery stores was another top concern. In addition to the demonstrated need in both primary and secondary data, the committee felt that improving access to healthy and affordable food can help to address multiple issues, and current assets in the community will allow for high potential for success addressing the issue of food security.



■ Priorities Not Addressed



Cardiovascular: Hypertension

In the Hospital's community, 13.6% of residents had no health insurance, according to public data. Of community survey respondents, 6% were uninsured. A need for increasing access to available services was heard from community and stakeholder survey respondents as well.

Hypertension was reported in a third of the survey respondents as well as highlighted as a top health condition by stakeholders. While the decision was made not to address hypertension, the Hospital believes that a focus on health care access can improve outcomes across multiple health conditions.



Diabetes

While diabetes is an important condition, the residents in the Hospital's PSA who have diabetes is 8%, lower than the state average of 10%. Both stakeholders and community members identified diabetes as an important issue with a prevalence of 18% amongst survey respondents. The Hospital believes that a focus on food security and health care access can contribute towards improved outcomes related to diabetes.



Drug and Alcohol Use

The issue of drug and alcohol use and misuse was highlighted as an area of great concern by CHNAC members. All counties in the Hospital PSA had rates of adults who binge drink above both the state and national average. While all agreed on the level of importance, the committee agreed that the Hospital was better positioned to focus on mental and behavioral health, which will encompass drug and alcohol use.



Economic Stability

The issue of economic stability was highlighted as an area of great concern by CHNAC members. While slightly lower than the state and county, more than one in five residents are considered housing cost burdened. While all were in agreement that this is an important issue, the committee agreed that the Hospital was better positioned to focus on other issues based on current available resources.



Overweight and Obesity

Both Miami and Linn County had higher than the state percent of overweight and obesity according to secondary data. In addition, 36% of community survey respondents reported being overweight. The committee felt better positioned to address this by focusing on access to care and affordable healthy food.



Physical Activity

Both stakeholders and community respondents identified a lack of physical activity as an issue. The Hospital believes that a focus on food security can improve outcomes across multiple health conditions, including encouraging healthy nutrition and activity.



Pregnancy and Childbirth

Childbirth was the highest reason for admissions amongst uninsured patients at the Hospital. More positive birth outcomes were seen in the Hospital PSA than both the state and nation. Since childbirth was the single most common reason for inpatient admissions amongst uninsured patients, the CHNAC agreed to focus on increasing access.



COMMUNITY HEALTH PLAN



Next Steps

The Hospital will work with the CHNAC and other community partners to develop a measurable Community Health Plan for 2024 to 2025 to address 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](https://www.adventhealth.com) prior to May 15, 2024.

Community Health Needs Assessment Comments

This is the first Community Health Needs Assessment completed for AdventHealth South Overland Park, so no written comments have been received.





**AdventHealth South Overland Park, Inc. d/b/a
AdventHealth South Overland Park**

7820 West 165th Street | Overland Park, KS 66223

CNHA Approved by the Hospital Board on: September 28, 2023

For questions or comments please contact:
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