

# Saint Luke's South Hospital Community Health Needs Assessment

2023

◆ Saint Luke's South Hospital



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### EXECUTIVE SUMMARY

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#### Introduction

This Community Health Needs Assessment (CHNA) was conducted by Saint Luke's South Hospital (SLS) to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Located in Overland Park, Kansas, SLS offers 24-hour emergency services, operates the Jacobson & McElliott Diabetes & Endocrinology Center, and the Goppert Breast Center. Inpatient physical rehabilitation services are housed in the Saint Luke's Rehabilitation Institute, located on the hospital's campus. The Rehabilitation Institute offers advanced therapies for people recovering from traumatic brain injuries, spinal cord injuries, or strokes.

In addition to its main campus facility, SLS also includes three Saint Luke's Community Hospitals, which offer inpatient and emergency care in local Kansas City neighborhoods. Additional information about Saint Luke's South Hospital is available at: [Saint Luke's South Hospital](#).

SLS is part of Saint Luke's Health System, which is a faith-based, not-for-profit health system committed to the highest levels of excellence in providing health care and health-related services in a caring environment. The system is dedicated to enhancing the physical, mental, and spiritual health of the diverse communities it serves. Saint Luke's Health System includes 14 hospitals and campuses across the Kansas City region, home care and hospice, behavioral health care, dozens of physician practices, a life care senior living community, and additional facilities and services. Additional information is available at: [About Saint Luke's](#).

This CHNA was conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessment was also conducted to comply with federal and state laws and regulations.

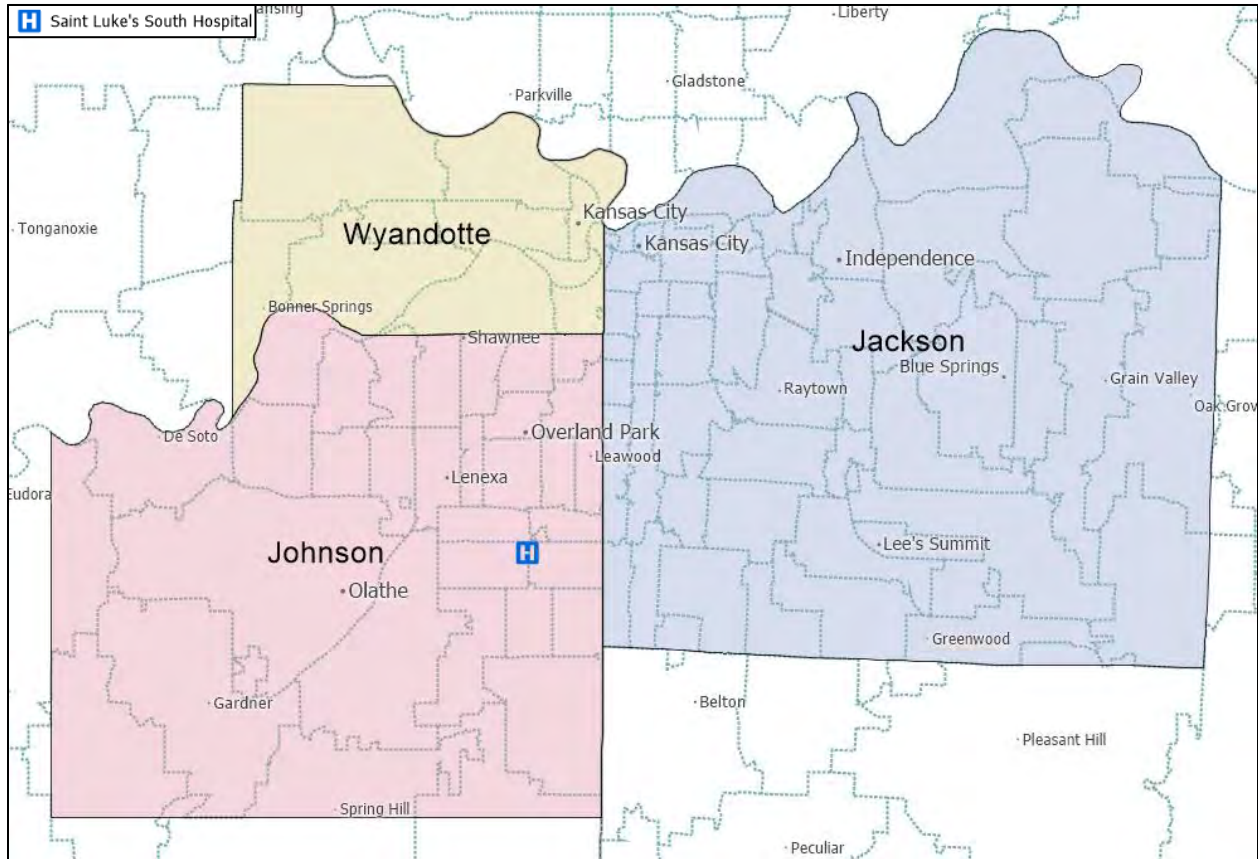
#### Community Assessed

For purposes of this CHNA, SLS's community is defined as a three-county area that includes Johnson County, Kansas; Jackson County, Missouri; and Wyandotte County, Kansas. In the calendar year 2022, the three counties accounted for approximately 76 percent of the hospital's inpatient volumes and 87 percent of emergency department visits.

The total population of the community in 2020 was 1,485,309.

The following map portrays the community served by SLS and the location of its main campus.

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Source: Caliper Maptitude, 2022.

### Significant Community Health Needs

As determined by analyses of quantitative and qualitative data, an overarching focus on advancing health equity has potential to improve community health. Within this context, significant health needs in the community served by Saint Luke's South Hospital are:

- Access to Care;
- Alcohol and Substance Use;
- Needs of Older Adults; and
- Social Drivers of Health.

### Significant Community Health Needs: Discussion

#### Access to Care

Access to healthcare services is critical for achieving optimal health. Accessing health care services is challenging for some members of the community assessed by SLS, especially those

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with no (or inadequate) health insurance coverage, low-income persons, and members of racial and ethnic minority populations.

Secondary data and community input indicate that more healthcare providers are needed in the community.

- The supply of primary care physicians (measured on a per-capita basis) in Jackson, and Wyandotte counties has been comparatively low.
- The supply of mental health professionals has been below national averages in all three counties.
- The supply of dentists has been below the national average in Wyandotte County.

The federal government has designated the following areas as Health Professional Shortage Areas (HPSAs):

- Wyandotte County for low-income residents seeking access to primary and dental care services.
- Jackson County for low-income residents seeking access to mental health care professionals.
- Central and north Kansas City, Grandview, and Independence for low-income residents seeking primary care services.

When providing input for this CHNA, community partners cited the shortage of healthcare providers, including mental health providers, primary care providers, specialists, and dentists, as problematic. They stated that residents without insurance and those covered by Medicaid are especially challenged to find providers. Other barriers to accessing health services were described, including cost of care (including co-payments), transportation, health literacy, and long wait times for appointments. However, some suggested that focusing on meeting basic needs such as securing affordable housing, childcare, and healthy food may be a more immediate priority than access to care for the most vulnerable members of the community.

Community members indicated that some residents have challenges with navigating the health care system, particularly those with low educational achievement and undocumented residents.

A lack of diversity in medical providers and healthcare staff was identified as an access barrier for some community members. Some experience difficulties when trying to find a provider with whom they feel comfortable.

Healthcare workforce shortages were identified by community input participants as problematic. All types of healthcare positions have been affected. Staffing shortages contribute to challenges with providing quality care in a timely manner.

Several of the Community Health Assessments and Community Health Improvement Plans recently prepared by local health departments identified improving access to affordable care, including primary care, dental care, and mental health care as a priority. According to these

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reports, access has been particularly challenging for residents who are uninsured, have low-income, and members of racial and ethnic minorities.

Wyandotte and Jackson counties have had a higher percentage of the population without health insurance than Kansas, Missouri, and the United States. On August 4, 2020, voters approved Medicaid expansion in Missouri. According to the Centers for Medicare & Medicaid Services (CMS), 275,000 Missourians became eligible for comprehensive health coverage due to Medicaid expansion. Kansas is one of the eleven states that have chosen not to expand Medicaid. An estimated 150,000 uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.

Maternal and child health measures indicate access to care issues. The percentage of women accessing care during the first trimester of pregnancy has been below Missouri averages in Jackson County for all races and ethnicities. Care in the first trimester was significantly lower for Black women in Jackson County compared to all Missouri residents. In Jackson County, the percent of live births with low birthweight has been above Missouri and U.S. averages.

### **Alcohol and Substance Use**

Substance use disorders are linked to many health problems and can lead to overdose and death. Deaths from opioid use disorder have increased dramatically in recent years.<sup>1</sup>

Community members providing input into this CHNA cited substance use, including alcohol consumption, as a significant factor that affects public health. Secondary data substantiate these concerns. Drug poisoning mortality has increased significantly in recent years in all three counties. The drug poisoning mortality rate has more than doubled in Wyandotte County from 2017-2020.

Binge plus heavy drinking has been above U.S. averages (in all community counties except Wyandotte). Driving deaths with alcohol involvement have been above U.S. averages in Jackson County. Binge drinking rates were higher in both Kansas and Missouri for residents with annual incomes of \$50,000 and above compared to residents in lower income brackets. Further, in 2020, binge drinking rates were problematic in 45 out of the 95 ZIP Codes located in the three-county area assessed by SLS.

### **Needs of Older Adults**

The population of adults 65 years of age and older is projected to grow 41.5 percent between 2020 and 2030 (approximately 94,000 persons). This compares to 9.2 percent growth in the three-county population as a whole. This development will likely contribute to a (or the) growing demand for health services, as older individuals typically need and use more services than younger people.

Community members identified the needs of a growing older adult population as a significant community health issue. Specific concerns include:

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<sup>1</sup> <https://health.gov/healthypeople/objectives-and-data/browse-objectives/addiction>

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- Greater risks of chronic and severe illness,
- The need for resources to support aging in place, and
- Needs associated with memory loss, falls, and worsening mental health status due to isolation and financial stress.

Healthcare professionals and leaders stated that meeting the increased needs and demands of older adults is likely to exacerbate problems with workforce shortages.

County Health Rankings data indicate that rates of preventable hospitalizations for Medicare beneficiaries have been above the U.S. average in Jackson, and Wyandotte counties. Wyandotte County ranked in the bottom half of Kansas counties for mammography screening for Medicare enrollees. Assuring that older adults have access to prevention services is an identified community health need.

### **Social Drivers of Health**

Social drivers of health, also called social determinants of health, (SDOH), are conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.<sup>2</sup> Social drivers of health play an important role in health equity.

Interviewees and community meeting participants identified SDOH, including poverty, food insecurity, safe and affordable housing, crime, access to transportation, education, and health literacy as significant concerns in the community assessed by SLS.

Community input participants noted that people living in low-income households were generally less healthy than those living in more prosperous areas.

Significant variation in poverty rates exists across the SLS community, ranging from 5.1 percent in Johnson County (KS) to 17.7 percent in Jackson (MO). In Jackson and Wyandotte counties, the percentages of children living in poverty compared unfavorably to state and national averages.

While the poverty rate in Johnson County was comparatively low, community input participants indicated that “pockets of need” and income disparities are present in these counties. They stated that the needs of these low-income communities often are minimized or overlooked.

Poverty rates for Black and -Hispanic (or Latino) residents have been substantially higher than rates for White residents.

Many low-income census tracts are present. They have been most prevalent in western parts of Jackson County, eastern and central Wyandotte County, and in Olathe in Johnson County.

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<sup>2</sup> <https://health.gov/healthypeople/priority-areas/social-determinants-health>



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Community input participants stated that safe and affordable housing is a key concern and one that affects residents' overall health and wellbeing. They indicated that finding affordable housing is especially difficult in some areas, such as Johnson County, due to large gaps in income throughout the county and high housing costs. Jackson and Wyandotte counties have a higher percentage of households rent burdened (paying more than 30 percent of income for rent) than community and state averages.

The Area Deprivation Index has ranked neighborhoods in the Kansas City area, Independence, western Jackson County, eastern Wyandotte County, and Olathe as having high levels of socioeconomic disadvantage.

Access to affordable and reliable transportation was discussed at length by many community input participants. They indicated that the Kansas City metro area lacks adequate public transportation infrastructure. Transportation is particularly difficult for residents living in rural areas surrounding Kansas City.

The CDC's Social Vulnerability Index indicated housing type and transportation vulnerability ZIP Codes are concentrated in Kansas City, Independence, Lee's Summit, and Olathe.

Food deserts and food swamps<sup>3</sup> were present in each of the counties and have been particularly prevalent in western Jackson County and eastern Wyandotte County. Community input participants noted that access to affordable, healthy food is an issue for many residents. Transportation challenges, cost, and availability were all indicated as barriers.

Education, linguistic isolation, and health literacy were identified as factors affecting community health by community input participants. Wyandotte County had over 18 percent of adult population without a high school diploma in 2017-2021, a rate more than 50 percent above the U.S. average and more than double the Kansas average. Wyandotte County also had a significant proportion of residents who are linguistically isolated, defined as speaking English "less than well."

Issues relating to social determinants of health, including education, housing, transportation, crime, and economic opportunity, were identified as priority issues in the Kansas City Community Health Improvement Plan (CHIP, 2017-2022), and the Eastern Jackson County CHIP (2020). The Kansas City Health Department Community Health Assessment noted racial and ethnic disparities in education, economic outcomes, and housing.

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<sup>3</sup> Food swamps have been described as areas with a high-density of establishments selling high-calorie fast food and junk food, relative to healthier food options. See: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5708005/>.

## DATA AND ANALYSIS

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### Community Definition

The community that was assessed by Saint Luke’s South Hospital (SLS) was defined by considering the geographic origins of the hospital’s discharges and emergency room visits in calendar year 2022.

SLS’s community was defined as a three-county area that includes Johnson County, Kansas; Jackson County, Missouri; and Wyandotte County, Kansas. This community accounted for 75.7 percent of the hospital’s 2022 inpatient volumes and 87.0 percent of its emergency room visits (**Exhibit 1**).

**Exhibit 1: SLS Discharges and Emergency Room Visits, 2022**

County	Inpatient Discharges	Percent Discharges	ER Visits	Percent ER Visits
Johnson (KS)	3,517	53.5%	21,390	40.5%
Jackson (MO)	1,185	18.0%	7,692	14.6%
Wyandotte (KS)	279	4.2%	16,842	31.9%
<b>Community</b>	<b>4,981</b>	<b>75.7%</b>	<b>45,924</b>	<b>87.0%</b>
<b>Hospital</b>	<b>6,578</b>	<b>100.0%</b>	<b>52,783</b>	<b>100.0%</b>

Source: Analysis of Saint Luke’s Utilization Data, 2022.

The total population of the three-county community in 2020 was approximately 1,485,000 persons (**Exhibit 2**).

**Exhibit 2: Community Population by County, 2020**

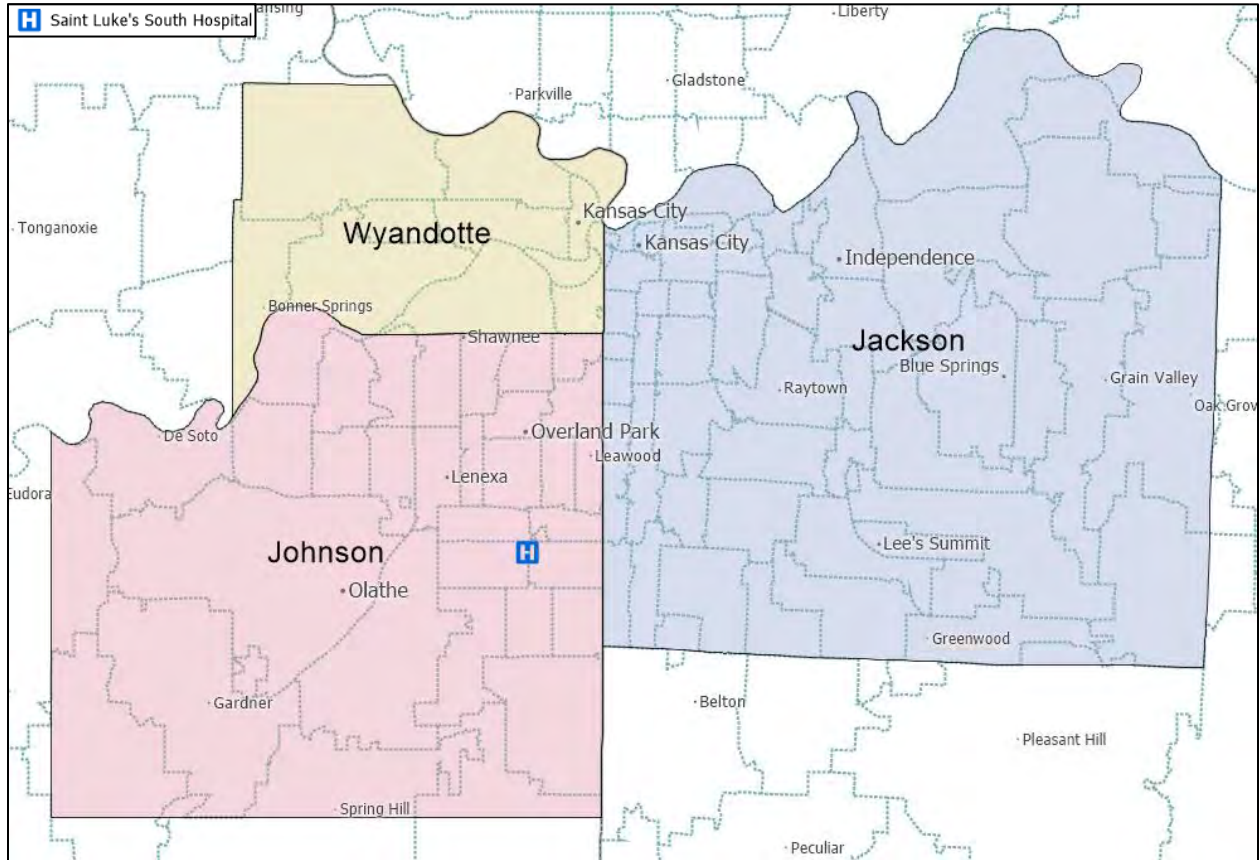
County	Total Population 2020	Percent of Total Population 2020
Johnson (KS)	628,444	42.3%
Jackson (MO)	689,226	46.4%
Wyandotte (KS)	167,639	11.3%
<b>Community</b>	<b>1,485,309</b>	<b>100.0%</b>

Source: Missouri Office of Admin, Budget, and Planning and the Kansas Center for Economic Development and Business Research, 2023.

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The hospital is located in Overland Park, Kansas (Johnson County ZIP Code 66213). **Exhibit 3** portrays the community and ZIP Code boundaries within the counties.

**Exhibit 3: Saint Luke's South Hospital Community**



Source: Caliper Maptitude, 2022.

### Secondary Data Summary

The following section summarizes principal observations from the secondary data analysis. *See Appendix B for more detailed information.*

#### Demographics

Demographic characteristics and trends directly influence community health needs. The total population in the community is expected to grow by 9.2 percent or 136,600 residents, from 2020 to 2030. The population 65 years of age and older is anticipated to grow much more rapidly, by 41.5 percent or 94,000 persons, during the same time. This development will likely contribute to greater demand for health services, as older individuals typically need and use more services than younger people.

The community has substantial variation in demographic characteristics, including age, race/ethnicity, and income levels, across the three counties.

In 2021, over one-third of the population in 19 community ZIP Codes identified as Black. Three of these ZIP Codes are in Wyandotte County and 16 are in Jackson County. In two of the Jackson County ZIP Codes, over 75 percent of the population identified as Black. These ZIP Codes were associated with comparatively high poverty rates and poor health status. The percentage of the population Black was under five percent in 36 percent of community ZIP Codes. Most of these ZIP Codes were in Johnson County.

Eastern Wyandotte County and the Kansas City (MO) area have the highest proportion of residents identified as Hispanic (or Latino).

#### Socioeconomic Indicators

Across the lifespan, residents of impoverished communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.<sup>4</sup>

Significant variation in poverty rates exists across the SLS community. Poverty rates in Jackson and Wyandotte counties were well above that of Kansas, Missouri, and United States averages. Johnson County poverty rates were comparatively low. Poverty rates in most areas were lower in 2017-2021 compared to 2014-2018.

Poverty rates for Black and for Hispanic (or Latino) residents have been substantially higher than rates for White residents in each of the three counties, as well as Kansas, Missouri, and the United States. Across the three counties and in 2017-2021, 6.6 percent of White residents, 22.1 percent of Black residents, 12.1 percent of Asian residents, and 16.5 percent of Hispanic (or Latino) residents lived in poverty.

Low-income census tracts are concentrated in western parts of Jackson County, eastern and central Wyandotte County, and in Olathe and Lenexa in Johnson County.

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<sup>4</sup> <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty>

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Significant disparities in socioeconomic indicators exist between the LGBT community and the straight/heterosexual community. Residents who identify as LGBT individuals are more likely to be unemployed, uninsured, food insecure, and experience low-income than residents who identify as straight/heterosexual.

Between 2017 and 2019, unemployment rates in the Kansas City Metropolitan Statistical Area and the United States fell. Due to the COVID-19 pandemic, unemployment rates rose sharply in 2020. In 2021-2022, unemployment rates declined and fell below pre-pandemic levels in both the Kansas City Metropolitan Area and the United States. The rate in the Kansas City Metropolitan Area was lower in 2022 (2.5 percent) than in 2017 (3.8 percent) and was below the U.S. average.

Wyandotte and Jackson counties have had a higher percentage of the population without health insurance than Kansas, Missouri, and the United States. A June 2012 Supreme Court ruling provided states with discretion regarding whether to expand Medicaid eligibility. On August 4, 2020, voters approved Medicaid expansion in Missouri. According to the Centers for Medicare & Medicaid Services (CMS), 275,000 Missourians became eligible for comprehensive health coverage due to Medicaid expansion. In 2023, Kansas is one of the eleven remaining states that have chosen not to expand Medicaid. An estimated one-hundred and fifty thousand (150,000) uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.

Proportionately more households have medical debt in collections in Jackson and Wyandotte counties than in the nation. In the SLS community (and in Kansas and Missouri), medical debt has been much more prevalent in communities of color.

Crime rates in Kansas City, Missouri and Independence have been well above national averages. Jackson County had the highest rates of violent crime, murder, robbery, aggravated assault, property crime, burglary, larceny-theft, and motor vehicle theft, as compared to the other counties assessed.

The percentage of households designated as rent burdened in Jackson and Wyandotte counties has been above state and national averages. ZIP Codes in Independence, Kansas City, central Wyandotte County, and southern Johnson County have had the highest percentage of households designated as rent burdened.

The Area Deprivation Index (ADI) ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality. The highest ADI measures are in Kansas City, Independence, western Jackson County, eastern Wyandotte County, and Olathe. Johnson County had the lowest ADI scores.

The Centers for Disease Control and Prevention's *Social Vulnerability Index (SVI)* is based on 15 variables derived from U.S. census data and grouped into four themes, including Socioeconomic Status; Household Characteristics; Racial & Ethnic Minority Status; and Housing Type & Transportation. The SVI is available for every U.S. census tract. Census tracts with the highest socioeconomic vulnerability were concentrated in eastern Wyandotte County, western Jackson County, Olathe, and western Johnson County.

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### Other Local Health Status and Access Indicators

In the 2023 *County Health Rankings*, all three counties ranked in the bottom half or bottom quartile for indicators related to the ratio of population to mental health providers and the percentage of workforce who drives alone to work. Wyandotte County ranked in the bottom quartile of Kansas counties for composite measures of health outcomes, health factors, length of life, quality of life, health behaviors, clinical care, social & economic factors, and physical environment. Wyandotte County also ranked at the bottom of Kansas' 105 counties for poor physical health days, adult obesity, unemployment, and air pollution (particulate matter). The county ranked 104/105 for adults reporting poor or fair health, rates of adult smoking, and severe housing problems. The county ranked 103/105 for poor mental health days and physical inactivity.

Community Health Status Indicators (CHSI) compares indicators for each county with those for peer counties across the United States. Each county is compared to 30 to 35 of its peers, which are selected based on socioeconomic characteristics such as population size, population density, percent elderly, per-capita income, and poverty rates. In CHSI, Johnson County compared unfavorably for four of the benchmark indicators, Jackson County compared unfavorably to peer counties for twenty-seven of the thirty-three benchmark indicators, and Wyandotte County compared unfavorably for twenty-three of the benchmark indicators. All three counties ranked in the bottom half of peer counties for the following indicators:

- Chlamydia rate;
- Preventable hospitalization rate;
- Income inequality; and
- The percentage who drive alone to work.

Other secondary data were assessed, including data sets from the Kansas Department of Health and Environment, Missouri Department of Health and Senior Services, the Centers for Disease Control, the Health Resources and Services Administration, and the United States Department of Agriculture.

Based on an assessment of available secondary data, the indicators presented in **Exhibit 4** appear to be most significant in the SLS community. An indicator is considered *significant* if it was found to vary materially from a benchmark statistic, such as an average value for Kansas or Missouri, for peer counties, or for the United States. For example, 18.8 percent of Wyandotte County's adults do not have a high school diploma; the average for the United States is 11.1 percent. The last column of the exhibit identifies where more information regarding the data sources can be found in this report.

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### Exhibit 4: Significant Indicators

Indicator	Geographic Area	Area Value	Benchmark Value	Benchmark Area	Exhibit
65+ population change, 2020-2030	Community	40.8%	10.1%	Community, All Ages	9
Life expectancy, Black, 2018-2020	Jackson County	71.8	78.5	United States, All Races	10
	Wyandotte County	71.3	78.5	United States, All Races	10
Adults without a H.S. diploma, 2017-2021	Wyandotte County	18.8%	11.1%	United States	16
Residents linguistically isolated, 2017-2021	Wyandotte County	13.5%	8.2%	United States	16
Poverty rate, 2017-2021	Jackson County	13.4%	12.6%	United States	17
	Wyandotte County	17.7%	12.6%	United States	17
Poverty rate, Black, 2017-2021	Jackson County	23.0%	8.6%	Jackson County, White	18
	Wyandotte County	25.6%	13.0%	Wyandotte County, White	18
Poverty rate, Hispanic (or Latino), 2017-2021	Jackson County	19.0%	8.6%	Jackson County, White	18
Child poverty rate, 2017-2021	Jackson County	19.4%	17.0%	United States	19
Child poverty rate, 2017-2021	Wyandotte County	26.2%	17.0%	United States	19
LGBT population food insecure, 2019	Kansas	33%	12%	Straight/heterosexual Kansas	21
LGBT population income <\$24K, 2019	Kansas	30%	18%	Straight/heterosexual Kansas	21
Percent uninsured, 2017-2021	Jackson County	11.6%	8.8%	United States	23
	Wyandotte County	17.3%	8.8%	United States	23
Medical debt in collections (People of Color), 2022	Jackson County	28.9%	12.6%	United States, All Races	24
	Wyandotte County	29.0%	12.6%	United States, All Races	24
Violent crime rate per 100,000 population, 2019-2021	Kansas City (MO)	1,477	379	United States	25
Years of potential life lost, 2018-2020	Jackson County	9,377	7,300	United States	34
	Wyandotte County	10,612	7,300	United States	34
Percent adults reporting fair or poor health, 2020	Wyandotte County	19.7%	12.0%	United States	34
Percent adults obese (BMI >= 30), 2020	Wyandotte County	46.0%	32.0%	United States	34
Chlamydia rate per 100,000 population, 2020	Jackson County	892.6	481.3	United States	34
	Wyandotte County	852.3	481.3	United States	34
Teen birth rate per 1,000 female population, ages 15-19, 2014-2020	Jackson County	28.9	19.0	United States	34
	Wyandotte County	44.4	19.0	United States	34
Ratio of population to dentists, 2021	Wyandotte County	2,493:1	1,380:1	United States	34
Ratio of population to mental health providers, 2022	Johnson County	368:1	340:1	United States	34
	Jackson County	361:1	340:1	United States	34
	Wyandotte County	559:1	340:1	United States	34

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**Exhibit 4: Significant Indicators (continued)**

Indicator	Geographic Area	Area Value	Benchmark Value	Benchmark Area	Exhibit
Driving deaths with alcohol involvement, 2016-2020	Jackson County	35.9%	26.8%	Peer Counties	35
Mortality rate, kidney disease, per 100,000 population, 2011-2020	Wyandotte County	24.1	16.0	Kansas	37
Assault (homicide), 2011-2020	Jackson County	19.9	9.6	Missouri	37
	Wyandotte County	20.3	5.0	Kansas	37
Drug poisoning mortality, percent change 2017-2020, per 100,000 population	Johnson County	46.1%	28.2%	United States	39
	Wyandotte County	123.7%	28.2%	United States	39
Suicide rate per 100,000 population, Male, 2016-2020	Jackson County	32.7	22.2	United States	42
Suicide rate per 100,000 population, Non-Hispanic White, 2016-2020	Jackson County	24.3	17.4	United States	43
	Wyandotte County	22.9	17.4	United States	43
Percent of mothers who smoked during pregnancy, White, 2021	Jackson County	11.8%	9.7%	All residents Jackson County	45
Infant mortality rate, per 1,000 live births, Black, 2021	Johnson County	10.3	3.9	All residents Johnson County	46
	Jackson County	9.9	6.3	All residents Jackson County	46
	Wyandotte County	11.4	5.8	All residents Wyandotte County	46

Source: Verité Analysis, 2023.

When community health data are arrayed by race and ethnicity, significant differences are observed for:

- Life expectancy,
- Poverty,
- Medical debt,
- Infant mortality,
- Low birthweight births,
- Percent of women beginning prenatal care in the first trimester,
- Mothers smoking during pregnancy,
- Emergency room visits due to asthma (for children under 18),
- Suicide rates,
- Mortality rates due to chronic conditions, and
- Health risk behaviors, healthcare access, and preventive measures.

### Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) include thirteen health conditions “for which good outpatient care can potentially prevent the need for hospitalization or for which early



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intervention can prevent complications or more severe disease.”<sup>5</sup> These conditions, also referred to as Prevention Quality Indicators (PQIs), include: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Analyses conducted for this CHNA indicated that Jackson and Wyandotte County residents were discharged more frequently for ACSCs than Johnson County.

### Food Deserts

The U.S. Department of Agriculture’s Economic Research Service identifies census tracts that are considered “food deserts” because they include people with lower income without supermarkets or large grocery stores nearby. Food deserts were concentrated in western Jackson County, central and eastern Wyandotte County, and Olathe in Johnson County.

### Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration based on an “Index of Medical Underservice.” MUA/Ps were concentrated in the Kansas City area and eastern Wyandotte County.

### Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is present. The entire low-income population of Jackson County has been designated as a mental health HPSA. The low-income populations in Central Kansas City, Grandview, Independence, and North Kansas City have been designated as primary care HPSAs. Dental health HPSAs were designated for Central Kansas City, North Kansas City, and all Wyandotte County.

### Findings of Other Assessments

Local health departments recently conducted Community Health Assessments and developed Community Health Improvement Plans (CHIPs). This CHNA has integrated the findings of that work.

Issues frequently identified as *significant* in these other assessments are as follows:

- Access to care;
- Alcohol and substance (drug) abuse – including abuse of opioids;
- Chronic disease prevalence and prevention;
- Educational achievement and opportunity;
- Health disparities;
- Infant mortality, maternal and child health;

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<sup>5</sup>Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.

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- Mental health and access to mental health services;
- Obesity, physical inactivity, and nutrition;
- Poverty and problems with social drivers of health, particularly in certain neighborhoods and areas;
- Safe and affordable housing; and
- Violent crime and violence prevention.

The 2022-2027 Kansas City Community Health Improvement Plan, published and maintained by the Kansas City Missouri Health Department, highlights an 18.2-year difference in life expectancy between the highest life expectancy ZIP Code and the lowest life expectancy ZIP Code in Kansas City, Missouri (KCMO). In KCMO, ZIP Codes with lower life expectancy, had higher percentages of population from minority racial and ethnic groups.

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### Primary Data Summary

Primary data were gathered through interviews and community meetings. Two in-person community meetings were conducted with attendees representing the three counties, one focused on Jackson County, and one focused on Johnson and Wyandotte counties. One online meeting was facilitated with Saint Luke's South Hospital staff members. Key community partner and public health informant interviews were conducted in-person and via online video conference.

See Appendix C for information regarding those who participated in the community input process.

### Key Community Partner Interviews

Five (5) interviews were conducted with eight (8) community partner participants to gain insight into perceptions about community health issues in the SLS community. Participants included individuals representing public health departments, social service organizations, community health centers, and similar organizations.

Questions focused on identifying and discussing significant health issues in the community and significant barriers to accessing health resources. Interviewees were asked a question about the pandemic's impacts and on what has been learned about the community's health given those impacts. Community partners were also asked to describe the types of initiatives, programs, and investments that should be implemented to address the community's health issues and to be better prepared for future risks.

Interview participants most frequently identified the following issues as current *significant health concerns* in the community:

- **Mental Health.** Mental health was identified as a primary health concern in the community. Mental health was described as presenting as anxiety, depression, and severe and persistent mental illness. Rising rates of suicide were noted as particularly concerning. Factors identified include the following:
  - Undersupply of inpatient and outpatient mental health providers and facilities, resulting in typical wait times of three to six months for mental health services;
  - The undersupply of providers is especially problematic for children, adolescents, and older adults;
  - Stress, a lack of social connectedness, trauma, and Adverse Childhood Experiences (ACEs);
  - Lasting social and economic impacts of the COVID-19 pandemic; and
  - An inadequate workforce supply of behavioral health providers, treatment centers, and foster care service to meet community needs.
- **Substance Use, Opioid Addiction, and Fentanyl Overdoses.** Most interview participants described substance misuse as a significant health issue in the community.

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Participants identified alcohol misuse, driving under the influence, opioid addiction, and fentanyl use as particularly problematic. Factors identified include the following:

- First-time drug user overdoses and deaths are an emerging concern in the community, particularly among youth, because a high percentage of street drugs are laced with fentanyl;
  - Teenagers and young adults have easy access to drug exchanges through digital means and social media;
  - Social isolation and lack of addiction-focused mental health services contribute to substance misuse; and
  - Poor mental health and increased substance use are inextricably connected.
- **Basic Needs Instability (Social Drivers of Health).** Transportation availability, stable jobs that provide a livable wage, and housing access were the most identified community health concerns. Inability to find affordable childcare was another barrier to health mentioned during interviews. Rural areas and portions of Jackson County were described as more disadvantaged. Interviewees described Johnson County as experiencing a housing crisis.

Interviewees stated that the influences of health and basic needs instability have many impacts on health and wellbeing. Factors identified include the following:

- Housing challenges are multi-faceted with quality, quantity, and cost as limiting factors;
  - Access to healthcare is impeded because of lack of reliable, affordable transportation –and public transportation, particularly to more rural areas, is almost nonexistent in the Kansas City area;
  - Vulnerable residents must choose to use limited resources for either basic needs or health care services;
  - Numerous barriers impede access to primary care, preventive care, mental health care, and other services;
  - Affordable housing is difficult to secure in each of the community’s counties; and
  - Food insecurity adds additional complexity for individuals to follow nutritional guidelines for healthy weight.
- **Heart Disease, Diabetes, and Obesity.** Interviewees indicated that hypertension, heart disease, diabetes, and obesity are significant health concerns. Some individuals with chronic conditions may require support to navigate the healthcare system to access needed care. Factors identified include the following:
    - Poor access to healthy foods due to cost or availability contributes to chronic conditions;
    - Physical inactivity may be influenced by perceptions of lack of safe exercise areas in communities;
    - Lifestyle choices contribute to outcomes; and
    - Severity of chronic conditions can be a separate barrier to accessing health care services.

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- **Maternal Health Outcomes.** Many community partners cited worse maternal and infant health outcomes, for racial and ethnic minorities. Some participants indicated that access to care may be impeded by insufficient representation among maternal health services, as well as lack of cultural competency in treating different communities. Factors identified include the following:
  - Unmet maternal mental health needs, both peri- and post-partum; and
  - Continuum of care is needed for women experiencing complications due to pregnancy.
- **COVID-19.** Community input participants indicated the need for support for individuals and systems for the ongoing impacts of COVID-19.

During community engagement activities, participants identified various populations of concern for health status or access to care issues. These populations of concern include the ones below.

- **Aging Population and Older Adults.** Nearly all community partners mentioned older adults as groups of concern, as well as the increase in the number of older adults. Factors identified include the following:
  - Affordable and accessible services are insufficient for older adults in the Kansas City region;
  - Community members, notably older adults, continue to experience isolation that increased during the COVID-19 pandemic;
  - Older adults are especially prone to transportation challenges and the community has a lack of public transportation; and
  - Dementia prevalence in the community is increasing yet limited available resources are available to provide to support these individuals.
- **Disparities for minority populations, refugees, and immigrant residents.** Interviewees indicated that racial/ethnic minority residents disproportionately experience poor health outcomes. Non-native English speakers were identified as a population of concern when navigating the health system. Factors identified include the following:
  - Comparatively high rates of infant mortality and low rates of prenatal care for Black mothers was described as a significant health disparity;
  - Diabetes, obesity, and hypertension disproportionately affect Black residents; and
  - Factors that contribute to racial/ethnic disparities are numerous and include structural/institutional policies, lack of community trust in public health and healthcare resulting in lack of engagement, socioeconomic factors, and lack of minority representation among healthcare providers.
- **Youth mental health, substance use, and suicide.** Interviewees stated that younger people are experiencing rising mental health challenges. They cited a growing prevalence of youth suicide and substance use in all regions. Factors identified include the following:

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- Drug overdoses are more prevalent among first-time and non-chronic substance users,
  - Outpatient mental health providers serving adolescents and teenagers are insufficient to meet the need, and
  - Inpatient substance-use treatment centers for youth in the region are few in the community, and none are present in Johnson County.
- **Young, low-income families and single parents.** Young families were identified as having greater challenges in receiving preventive and specialty healthcare services. Among young families, interview participants focused on low-income and single-parent households. Factors identified include the following:
    - Affordable childcare contributes to healthcare issues as parents often have no safe options for their children during provider appointments;
    - Time constraints are experienced by parents working multiple jobs and exacerbated by limited financial resources;
    - Health care related costs are particularly problematic for uninsured or under-insured families, due to cost sharing requirements and the costs of basic needs, such as food and housing; and
    - Urgent issues may take priority over scheduled appointments – and wait times associated with appointment availability contribute to the challenges.
  - **Adults with disabilities or chronic conditions.** Adults experiencing long-term, chronic, and often disabling diseases may be less able to self-advocate for their healthcare needs. Factors identified include the following:
    - Coordination of care between different providers can be insufficient or non-existent; and
    - Knowledge gaps among both patients and providers may contribute to uncertainty about what specialty care is needed to treat or manage complex chronic conditions.

Community partners were additionally asked to describe *barriers* that community residents experience in accessing healthcare. The following barriers were identified:

- **Inadequate workforce supply.** Nearly all interview participants cited an undersupply of workforce available, as compared to the demand for healthcare services. Factors identified include the following:
  - Long wait times for appointments are impacting the health of residents –three month waits for primary care appointments are not atypical and waits for specialty care can be longer;
  - Mental health professionals are needed across the entire Kansas City region –and wait times for mental healthcare appointments can exceed six months; and

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- Reasons for the undersupply of workforce members include burnout among existing healthcare providers and recruiting challenges due to a low supply of affordable housing.
- **Access to transportation.** Access to transportation, particularly for low-income and aging residents, is a significant barrier to optimal health in the community. While downtown Kansas City and the urban core were described as having options, public transportation elsewhere does not align with residents' needs. Interviewees stated that transportation barriers contribute to difficulties accessing doctor appointments, preventive health care services, grocery stores, and other necessary services. Geographically, transportation is particularly problematic for residents of rural and suburban areas.
- **Digital divide and knowledge of available resources.** Several interview participants stated that information about healthy living is lacking for many community residents. Factors identified include the following:
  - More health education resources are needed to improve community health –and the currently available resources often do not reach populations in need;
  - Additional community health workers, community resource navigators, and other information sources are needed for the community to achieve better health;
  - Community outreach efforts that “go into the community” are needed to reach underserved people in the community;
  - Many residents are unaware of available resources in the community and also are unaware of where to seek guidance when they are in need;
  - Health care services are not “patient-centered” but are largely driven by provider availability, rather than the patient’s need, which contributes to overutilization of emergency rooms.
- **Uninsurance and underinsurance.** Many participants discussed how low-income and uninsured residents have difficulty accessing primary care, specialty care, and mental health care. Participants indicated that Medicaid has not been expanded in Kansas and expansion for low-income in Missouri is delayed. Further, wait-times for appointments for individuals with Medicaid are often long.
- **Crime and safety concerns.** Many participants cited neighborhood violence and safety as concerns that impact residents' physical activity. Factors identified include the following:
  - Gun violence in neighborhoods impacting children’s ability to play outside and use green spaces for exercise; and
  - Rising homicide rates increase residents’ barriers to engaging in activity.

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### Community and Internal Hospital Meetings

Community and hospital staff meetings were conducted across the Kansas City region to obtain input regarding significant health needs of the communities served. Four meetings were comprised of external community partners and public health participants in each of the five surrounding counties<sup>6</sup>, and four meetings were comprised of staff from Saint Luke's Health System facilities.<sup>7</sup>

Seventy-two (72) community partners and public health informants participated in the four community meetings. These individuals represented organizations, including local health departments, non-profit organizations, local businesses, health care providers, local policymakers, and school systems.

The following community meetings were facilitated representing the following geographies:

- Tuesday, April 18, 2023 – Jackson County, MO;
- Tuesday, April 18, 2023 – Johnson County, KS and Wyandotte County, KS;
- Thursday, April 20, 2023 – Clay County, MO, and Platte County, MO; and
- Friday, April 21, 2023 – Kansas City Metropolitan Area.

One-hundred-five (105) Saint Luke's Health System staff members participated in the internal meetings. Individuals represented administration, nursing, case management, social services, emergency departments, and other departments. These meetings were held with hospital staff as follows:

- Thursday, April 27, 2023 – Saint Luke's South Hospital;
- Thursday, May 4, 2023 – Saint Luke's North Hospital;
- Monday, May 8, 2023 – Saint Luke's Hospital of Kansas City; and
- Thursday, May 11, 2023 – Saint Luke's East Hospital.

Each meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of community input. Secondary data were presented, along with a summary of unfavorable community health indicators and strengths and resources available in the community.

Meeting participants were asked to discuss the top three most significant needs in the community, in small groups for the community meetings and as a single group for staff meetings. Participants were asked to consider scope, disparities and inequities, severity, urgency, and feasibility of possible interventions for each identified need. Participants were also asked to discuss the community members most impacted, barriers to achieving good health, geographic locations most impacted, why the issues and needs exist, and the strengths/resources

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<sup>6</sup> These counties were Jackson County, MO; Johnson County, KS; Clay County, MO; Platte County, MO; and Wyandotte County, KS.

<sup>7</sup> These facilities were Saint Luke's Hospital of Kansas City, Saint Luke's East Hospital, Saint Luke's South Hospital, and Saint Luke's North Hospital.



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available in the community. As a final question, meeting participants were asked to identify changes that could be made to improve community health.

From these discussions, the following community input was obtained regarding significant needs, community members most impacted, barriers to good health, geographic locations most impacted, reasons that issues and needs persist, and strengths and resources available to address the needs.

### **Significant needs in Johnson County identified by participants are as follows:**

- Mental health, especially among middle-aged men, youth, seniors, and individuals with substance use disorder;
- Suicide, especially among youth and seniors;
- Social drivers of health, including transportation, housing, issues related to Medicaid expansion, and lack of opportunities for social interaction;
- Access to health care services, including specialty care. Concern was expressed for undocumented residents seeking care.
- Healthcare workforce shortages, contributing to access issues, quality, and timeliness of care;
- Substance use disorder, notably alcohol; and
- Maternal and infant health, including lack of prenatal care as evidenced by infant mortality, especially among Black residents.

The community members and populations with the greatest unmet needs were identified as Black residents, minority populations, seniors, refugees, immigrants, infants and new mothers, and youth/young adults. Participants noted that geographic areas with unmet health care needs include Olathe, DeSoto, and the I-35 corridor.

Participants indicated that poverty is the key driver of disparities among community members. Poverty may be more widespread in the community than is perceived when using the Federal Poverty Line (FPL) as a benchmark and assessing poverty at two times that FPL may provide a better benchmark.

Participants also indicated that historical racism contributes to disparities in health outcomes. Correlations between racism, poverty, insurance status, and lack of English fluency highlight barriers to services for some community members.

Financial barriers impact health outcomes due to lack of resources to achieve healthy outcomes. These financial barriers delay and restrict access to medical services due to lack of insurance or underinsurance and delays in treatment exacerbate conditions.

Participants also indicated that some community members have challenges with navigating the health care system. Navigation is especially challenging for residents with low educational achievement and for undocumented residents who may fear deportation. Silos within the health system contribute to navigation difficulty. A lack of diversity in medical providers and

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healthcare staff was expressed as a barrier for some residents seeking care. This lack of diversity may make it difficult for some patients to find a provider with whom they feel comfortable. Participants noted that lack of collaboration between community organizations, including different health systems, perpetuates poor outcomes among vulnerable populations. As individual interventions were thought to dilute overall effectiveness of efforts across the area, a unified approach to a single issue might yield significant improvement in outcomes.

Top strengths and resources available to address the needs were identified as Johnson County Parks and Recreation, libraries, and school system. Participants noted that overall, Johnson County is highly financially resourced. The Johnson County Health Department is also noted to be collaborative within the community.

### **Significant needs in Jackson County identified by participants are as follows:**

- Mental health, especially among veterans and residents experiencing homelessness; however, mental health is seen as a widespread concern affecting the entire community;
- Social drivers of health, including transportation, housing, and food security;
- Access to affordable health care services, including trust with providers and generational patterns of health care utilization;
- Substance use disorder and binge drinking, which impacts diverse populations across the community;
- Maternal and infant health; and
- Preventive care and healthy behaviors.

The community members and populations with the greatest unmet needs were identified as minority communities (especially women), low-income residents of all ages, and Black and Hispanic residents. Participants noted that geographic areas with unmet health care needs include the I-49 corridor, areas in Lee's Summit, Independence, the area around Mason Elementary School, and near the airport. Disparities are also particularly evident for minority populations, veterans, homeless individuals, and undocumented residents. Participants indicated that financial barriers impact health outcomes due to lack of resources to achieve healthy outcomes. These financial barriers delay and restrict access to medical services due to lack of insurance or underinsurance and delays in treatment exacerbate conditions.

Participants indicated that some community members have challenges with navigating the health care system. Navigation is especially challenging for residents with low educational achievement and for undocumented residents who may fear deportation.

Participants noted that a lack of primary care providers and issues with access to primary care is a barrier for many community members to getting care when it is needed. These issues lead to community members delaying care and using emergency care as an alternative.

Participants indicated that siloed systems play a role in why these issues and concerns persist. It was noted that there is a lack of intervention, programming, funding, and staff to address the concerns. Some participants express that fear of repercussion and judgment prevent community

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members from seeking healthcare and/or help with social issues. Poverty and lack of resources is noted as a key reason that many are unable to achieve wellbeing.

Top strengths and resources in the community were identified as high community involvement with many organizations to be part of. There are good medical providers; although, not enough supply to meet demand. Participants expressed that Jackson County has a healthy living environment, with abundant opportunities and good access to outdoor activities. Jackson County is noted to have a strong school system that is well resourced.

### **Significant needs in Wyandotte County identified by participants are as follows:**

- Social drivers of health, including housing, violence, healthy food access, and poverty;
- Mental health;
- Substance use disorder;
- Access to health care services, including specialty care, especially among low-income community members, refugees, and undocumented residents; and
- Structural issues, including lack of investment within the community.

The community members and populations with the greatest unmet needs were identified as Black residents, minority populations, seniors, refugees, immigrants, infants and new mothers, and youth/young adults. Participants noted that geographic areas with unmet health care needs include the northeast Kansas City area, most of Wyandotte County; however, especially ZIP Codes 66101 to 66105.

Participants indicated that structural issues contribute to negative health outcomes among residents. Structural issues include a historical lack of investment within the community compared to other areas in the region, evidenced by lack of adequate housing and other infrastructure gaps. Participants also noted that a lack of diversity among health care providers impedes outcomes.

Insufficient investment in health care resources in the community was identified as one specific infrastructure gap and it was noted that other areas in the region have overinvestment in health care resources. Access to these health care services is hindered by insufficient transportation, lack of awareness of service availability, and language barriers. Compounding access issues is referrals are made to community-based organizations which may have unsustainable operations due to lack of financial support.

Participants highlight the strengths and resources of Wyandotte County to be a strong sense of community, diversity, collaboration, and a Community Health Improvement Plan (CHIP) with many partners and ongoing anti-racism work.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

**OTHER FACILITIES AND RESOURCES IN THE COMMUNITY**

This section identifies other facilities, clinics, and resources in the Saint Luke’s South Hospital community that are available to address health needs.

**Exhibit 5** identifies general acute care hospitals in the community. More information can be found about locations and services via the website address listed for each. **Exhibit 6** identifies other types of hospitals in the community.

**Hospitals**

**Exhibit 5: General Acute Care Hospitals Located in Community, 2023**

Hospital Name	Website Address
<b>Johnson (KS)</b>	
Olathe Health	<a href="http://www.olathehealth.org">www.olathehealth.org</a>
AdventHealth South Overland Park	<a href="http://www.adventhealth.com/hospital/adventhealth-south-overland-park">www.adventhealth.com/hospital/adventhealth-south-overland-park</a>
Children’s Mercy Hospital Kansas	<a href="http://www.childrensmercy.org">www.childrensmercy.org</a>
Menorah Medical Center	<a href="http://hcamidwest.com/locations/menorah-medical-center">/hcamidwest.com/locations/menorah-medical-center</a>
Overland Park Regional Medical Center	<a href="http://www.oprhc.com">www.oprhc.com</a>
Saint Luke’s South Hospital	<a href="http://www.saintlukeskc.org/locations/saint-lukes-south-hospital">www.saintlukeskc.org/locations/saint-lukes-south-hospital</a>
AdventHealth Shawnee Mission	<a href="http://www.adventhealth.com/hospital/adventhealth-shawnee-mission">www.adventhealth.com/hospital/adventhealth-shawnee-mission</a>
<b>Jackson (MO)</b>	
Centerpoint Medical Center	<a href="https://hcamidwest.com/locations/centerpoint-medical-center/">https://hcamidwest.com/locations/centerpoint-medical-center/</a>
Children's Mercy Hospital	<a href="https://www.childrensmercy.org/">https://www.childrensmercy.org/</a>
Lee's Summit Medical Center	<a href="https://hcamidwest.com/locations/lees-summit-medical-center/">https://hcamidwest.com/locations/lees-summit-medical-center/</a>
Research Medical Center	<a href="https://hcamidwest.com/locations/research-medical-center/">https://hcamidwest.com/locations/research-medical-center/</a>
Saint Luke's East Hospital	<a href="https://www.saintlukeskc.org/locations/saint-lukes-east-hospital">https://www.saintlukeskc.org/locations/saint-lukes-east-hospital</a>
Saint Luke's Hospital of Kansas City	<a href="https://www.saintlukeskc.org/locations/saint-lukes-hospital-kansas-city">https://www.saintlukeskc.org/locations/saint-lukes-hospital-kansas-city</a>
St. Joseph Medical Center	<a href="https://stjosephkc.com/">https://stjosephkc.com/</a>
St. Mary's Medical Center	<a href="https://stmaryskc.com/">https://stmaryskc.com/</a>
University Health Lakewood Medical Center	<a href="https://www.universityhealthkc.org/">https://www.universityhealthkc.org/</a>
University Health Truman Medical Center	<a href="https://www.universityhealthkc.org/">https://www.universityhealthkc.org/</a>
<b>Wyandotte (KS)</b>	
Providence Medical Center	<a href="http://www.providencekc.com">www.providencekc.com</a>
The University of Kansas Health System	<a href="http://www.kansashealthsystem.com">www.kansashealthsystem.com</a>

Source: Kansas Hospital Association, 2023; Missouri Department of Health and Senior Services, 2023.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

**Exhibit 6: Other Hospital Types Located in Community by Type, 2023**

Hospital Name	Hospital Type
<b>Johnson (KS)</b>	
AdventHealth	Long-Term Care
Anew Health	Psychiatric
Apple Orchard Hospice of Kansas	Hospice/Long-Term Care
Bariatric Center of Kansas City	Specialty
Children's Mercy Hospital	Specialty
Johnson County Rehabilitation Hospital	Specialty
Kansas City Orthopaedic Institute	Specialty
KPC Promise Hospital	Long-Term Care/Nursing Facility
Meadowbrook Rehabilitation Hospital	Specialty/Long-Term Care
Menorah Medical Center	Long-Term Care
Mid America Rehabilitation Center	Specialty
Minimally Invasive Surgery Hospital	Long-Term Care
Monarch Hospice and Palliative Care	Hospice/Long-Term Care
Olathe Medical Center	Long-Term Care
Overland Park Regional Medical Center	Long-Term Care
Rehabilitation Hospital of Overland Park	Specialty
Saint Luke's South Hospital	Long-Term Care
<b>Jackson (MO)</b>	
Center for Behavioral Medicine	Psychiatric
Crittenton Children's Center	Psychiatric
Research Psychiatric Center	Psychiatric
<b>Wyandotte (KS)</b>	
Providence Medical Center	Long-Term Care
Providence Place	Nursing Facility
Select Specialty Hospital	Specialty
University of Kansas Hospital	Long-Term Care
University of Kansas Hospital Transplant Center	Long-Term Care

Source: Kansas Department of Health and Environment, 2023; Missouri Department of Health and Senior Services, 2023.  
 No other hospital types are listed for Platte County.

## OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

### Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act.

**Exhibit 7** provides a list of FQHCs in the community. The majority of these operate multiple clinics throughout the community. More information can be found about locations and services via the web address listed for each.

**Exhibit 7: Federally Qualified Health Centers Located in Community, 2023**

FQHC Name	Website Address
<b>Johnson (KS)</b>	
Mercy and Truth Medical Missions (MTMM)	<a href="http://www.mercyandtruth.com/">http://www.mercyandtruth.com/</a>
Health Partnership Clinic, Inc.	<a href="https://hpcks.org/">https://hpcks.org/</a>
<b>Jackson (MO)</b>	
Hope Family Care Center	<a href="https://hfcckc.org/">https://hfcckc.org/</a>
Live Well Community Health Center	<a href="https://hccnetwork.org/">https://hccnetwork.org/</a>
Compass Health, Inc.	<a href="https://compasshealthnetwork.org/">https://compasshealthnetwork.org/</a>
Samuel U. Rodgers Health Center	<a href="https://samrodgers.org/">https://samrodgers.org/</a>
Swope Health Services	<a href="https://swopehealth.org/">https://swopehealth.org/</a>
Kansas City CARE Clinic	<a href="https://kccare.org/">https://kccare.org/</a>
<b>Wyandotte (KS)</b>	
Sharon Lee Family Health Care	<a href="https://swbfhc.org/">https://swbfhc.org/</a>
Mercy and Truth Medical Missions (MTMM)	<a href="http://www.mercyandtruth.com/">http://www.mercyandtruth.com/</a>
Vibrant Health	<a href="https://vibranthealthkc.org/">https://vibranthealthkc.org/</a>
Swope Health Services	<a href="https://swopehealth.org/">https://swopehealth.org/</a>

Source: Health Resources and Services Administration, 2023.

## OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

### Other Community Resources

Social services and resources are available throughout community counties and the Kansas City region to assist residents. The United Way of Greater Kansas City (UWGKC) 2-1-1 maintains a comprehensive database of thousands of local and national community resources. This database contains organizations from seven counties in Kansas, all of Missouri, and eleven counties in Illinois. The UWGKC 2-1-1 is available 24-hours a day, seven days a week, and has resources in the following categories:

- Housing and Utilities
- Health and Dental Care
- Employment and Public Assistance
- Food, Clothing, and Household Items
- Pregnancy, Parenting, and Family Health
- Consumer, Legal, and Safety
- Transportation
- Mental Health and Addiction
- Education
- Military and Veterans
- Disability Support

Additional information about these resources and participating providers can be found at: [United Way GKC](#).

In addition to UWGKC 2-1-1, Saint Luke's Health System maintains a Community Resource Hub to connect community members to reduced-cost and free services in their neighborhoods. The Saint Luke's Resource Hub contains resources for a variety of categories, including:

- Food
- Housing
- Goods
- Transit
- Health
- Money
- Care
- Education
- Work
- Legal

Additional information about these resources and participating providers can be found at: [Saint Luke's Resources](#).

## APPENDIX A – OBJECTIVES AND METHODOLOGY

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### Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.<sup>8</sup> In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and,
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community’s health needs.

### Methodology

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The focus on **who** is most vulnerable and **where** they live is important to identifying groups experiencing health inequities and disparities. Understanding **why** these issues are present is challenging but is important to designing effective community health improvement initiatives. The question of **how** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on “all of the relevant facts and circumstances,” including the “geographic location” served by the hospital facility, “target populations served” (e.g., children, women, or the aged), and/or the hospital

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<sup>8</sup> Internal Revenue Code, Section 501(r).



## APPENDIX A – OBJECTIVES AND METHODOLOGY

facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).”<sup>9</sup> Accordingly, the community definition considered the geographic origins of the hospital’s patients and also the hospital’s mission, target populations, principal functions, and strategies.

Data from multiple sources were gathered and assessed, including secondary data<sup>10</sup> published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews and online community meetings (including a meeting conducted with internal hospital staff). Stakeholders and community meeting participants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See Appendix C.* Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives, and to increase confidence that significant community health needs were identified accurately and objectively.

Certain community health needs were determined to be “significant” if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community’s health, (2) recent assessments developed by state and local health departments, and (3) input from community stakeholders who participated in the community meeting and/or interview process.

In addition, data were gathered to evaluate the impact of various services and programs identified in SLS’s previous CHNA process. *See Appendix E.*

### Collaborating Organizations

For this community health assessment, Saint Luke’s South Hospital collaborated with the following Saint Luke’s hospitals: Saint Luke’s Hospital of Kansas City, Saint Luke’s East Hospital, and Saint Luke’s North Hospital. These facilities collaborated through gathering and assessing secondary data together, conducting community meetings and key stakeholder interviews, relying on shared methodologies, report formats, and staff to manage the CHNA process.

### Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Saint Luke’s Health System. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community’s health needs conducted by other organizations (e.g., local health departments) were reviewed as well. Input from people representing the broad interests of the community was considered through key informant interviews (8 participants) and community meetings (72 participants).

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<sup>9</sup> 501(r) Final Rule, 2014.

<sup>10</sup> “Secondary data” refers to data published by others, for example the U.S. Census and the Missouri Department of Health and Social Services. “Primary data” refers to data observed or collected from first-hand experience, for example by conducting interviews.

## APPENDIX A – OBJECTIVES AND METHODOLOGY

Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Saint Luke's Health System posts CHNA reports and Implementation Plans online at <https://www.saintlukeskc.org/community-health-needs-assessments-implementation-plans>.

### **Consultant Qualifications**

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 100 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in community benefit and Community Health Needs Assessments.

## APPENDIX B – SECONDARY DATA ASSESSMENT

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### Demographics and Life Expectancy

**Exhibit 8: Change in Community Population by County, 2020 to 2030**

County	Total Population 2020	Projected Population 2030	Percent Change 2020-2030
Johnson (KS)	628,444	733,910	16.8%
Jackson (MO)	689,226	714,467	3.7%
Wyandotte (KS)	167,639	173,563	3.5%
<b>Community</b>	<b>1,485,309</b>	<b>1,621,940</b>	<b>9.2%</b>

Source: Missouri Office of Admin, Budget, and Planning; Kansas Center for Economic Development and Business Research, 2023.

**Description:** Exhibit 8 portrays the estimated population by county in 2020 and projected to 2030.

#### Observations

- Between 2020 and 2030, the community’s population is expected to grow by approximately 136,600 people, or 9.2 percent.
- The population in Johnson County is expected to grow the fastest (16.8 percent).

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 9: Change in Community Population by Age/Sex Cohort, 2020 to 2030**

Age/Sex Cohort	Total Population 2020	Projected Population 2030	Percent Change 2020-2030
0-19	400,475	406,119	1.4%
Female 20 - 44	246,671	263,950	7.0%
Male 20 - 44	252,063	272,885	8.3%
45 - 64	359,659	358,463	-0.3%
65+	226,442	320,522	41.5%
<b>Community</b>	<b>1,485,309</b>	<b>1,621,940</b>	<b>9.2%</b>

Source: Missouri Office of Admin, Budget, and Planning; Kansas Center for Economic Development and Business Research, 2023.

**Description:** Exhibit 9 shows the population for certain age and sex cohorts in 2020, with projections to 2030.

**Observations**

- The population 65 years and older is projected to grow much more rapidly (41.5 percent) than the total population (9.2 percent).
- The growth of older populations is likely to lead to greater demand for health services since older individuals typically need and use more services than younger people.
- The second highest growth rate is projected for the male population aged 20-44 (8.3 percent).

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 10: Life Expectancy in Years by Race and Ethnicity, 2018-2020**

Race/Ethnicity	Johnson (KS)	Jackson (MO)	Wyandotte (KS)	United States
American Indian & Alaska Native	73.0	82.7	N/A	75.5
Asian	86.8	84.5	77.2	87.0
Black	76.4	71.8	71.3	74.3
Hispanic	82.6	82.2	82.0	82.0
White	81.4	78.0	74.7	78.5
All Races/Ethnicities	81.4	76.6	74.7	78.5

Source: County Health Rankings, 2023.

**Description:** Exhibit 10 presents estimated life expectancy by race and ethnicity for the three counties with the United States referenced as a benchmark. Light grey shading indicates life expectancy below the U.S. average for all races/ethnicities (78.5 years).

**Observations**

- In 2018-2020, life expectancy for Black residents was significantly lower in all counties.
- Wyandotte County had a lower life expectancy for all races and ethnicities except Hispanic residents.

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 11: Population by Race, 2020**

Race	Johnson (KS)	Jackson (MO)	Wyandotte (KS)	Kansas	Missouri	United States
White	77.6%	60.8%	43.6%	75.6%	77.0%	61.6%
Black or African American	4.7%	22.1%	20.4%	5.7%	11.4%	12.4%
American Indian and Alaska Native	0.4%	0.6%	1.1%	1.1%	0.5%	1.1%
Asian	5.4%	2.1%	4.6%	2.9%	2.2%	6.0%
Native Hawaiian and Other Pacific Islander	0.1%	0.3%	0.2%	0.1%	0.2%	0.2%
Some Other Race	3.1%	5.0%	15.2%	4.9%	2.1%	8.4%
Two or more races	8.7%	9.1%	14.9%	9.5%	6.7%	10.2%

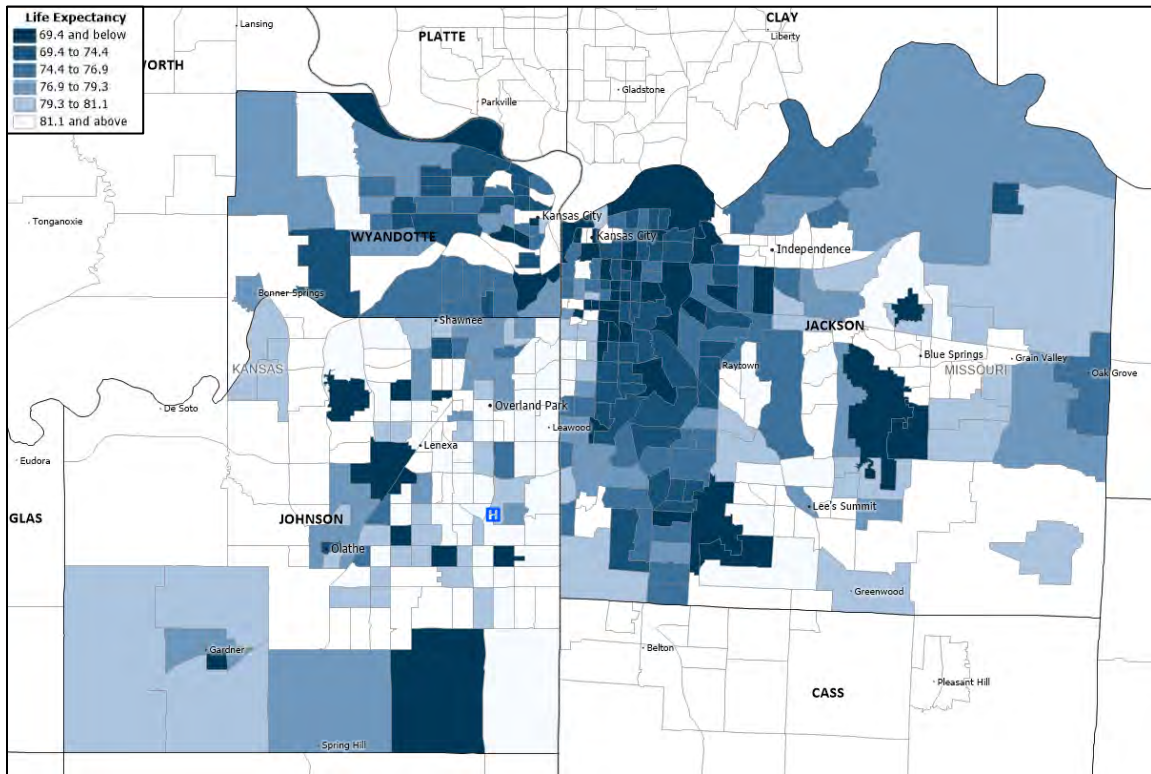
Source: U.S. Census Bureau, Decennial Census, 2020.

**Description:** Exhibit 11 presents the percentage distribution of the population by race for the three counties, Kansas, Missouri, and the U.S.

**Observations**

- In 2020, Johnson County, about 80 percent of the population identified as White.
- Jackson and Wyandotte counties had the highest percentages of the population identified as Black (both approximately 20 percent).
- Wyandotte had the highest percent of population non-White.

**Exhibit 12: Life Expectancy by Census Tract, 2020**



Source: Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics, 2020, and Caliper Maptitude, 2022.  
 Note: Data not available for small census tracts or those with high standard errors.

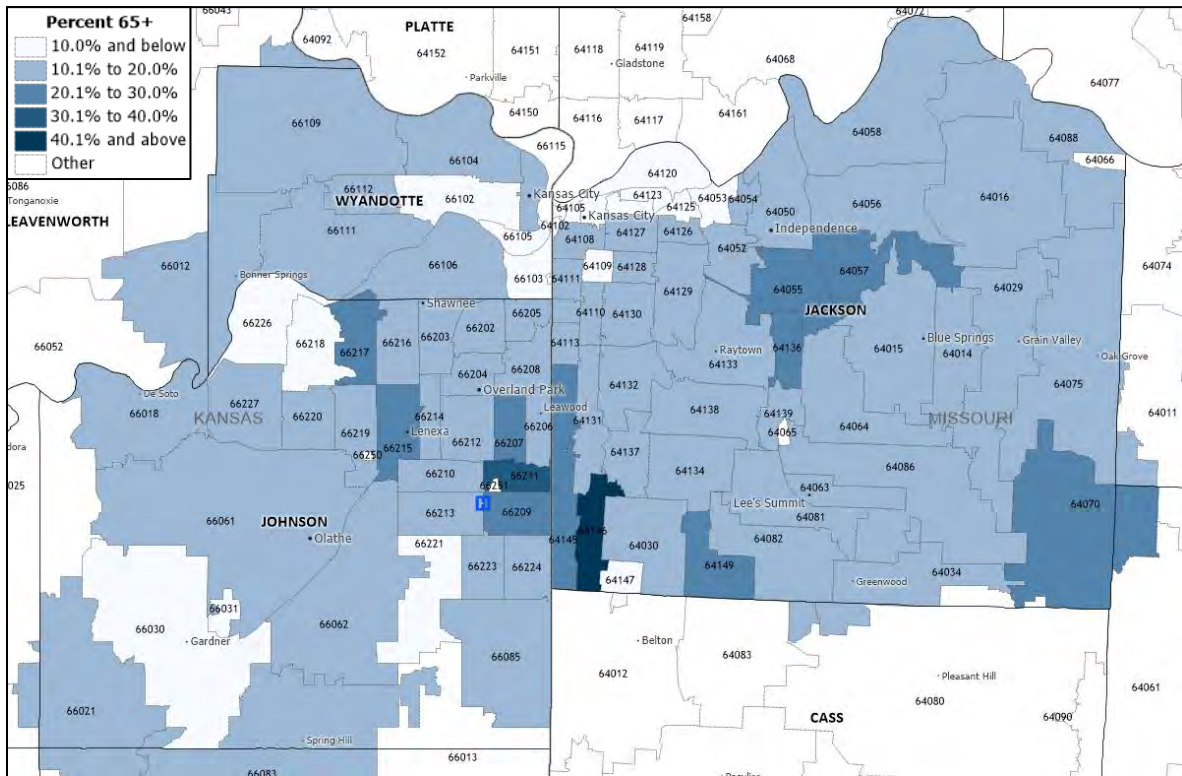
**Description:** Exhibit 12 presents estimated life expectancy by census tract for the SLS community.

**Observations**

- In 2020, there was significant variation in life expectancy across census tracts in Kansas City, MO.
- Census tracts in northern and eastern Wyandotte County and western Jackson County had comparatively low life expectancy comparatively.

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 13: Percent of Population – Aged 65+ by ZIP Code, 2021**



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

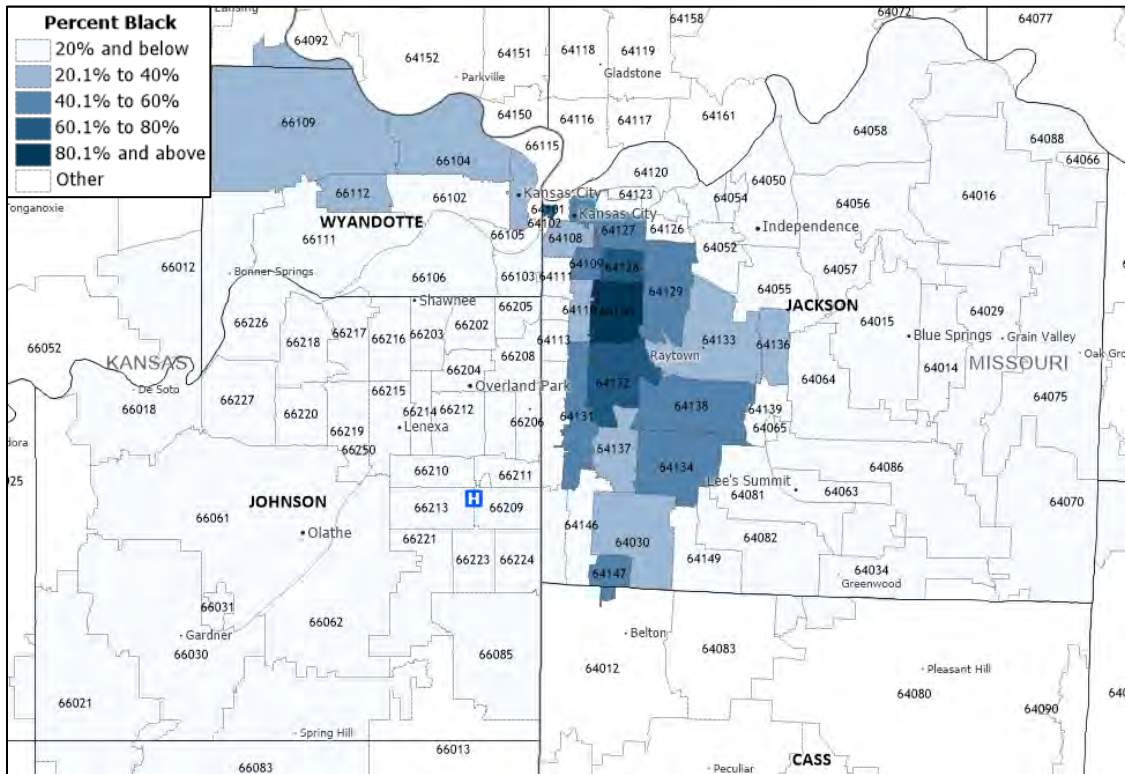
**Description:** Exhibit 13 portrays the percent of the population 65 years of age and older by ZIP Code.

**Observations**

- In 2021, the highest percentages of population 65 years of age and older were in the northeast parts of Johnson County, Independence, and southwest corner of Jackson County.
- Jackson County ZIP Code 64146 had the highest proportion (41.0 percent) of residents 65 years and older.



**Exhibit 14: Percent of Population – Black by ZIP Code, 2021**



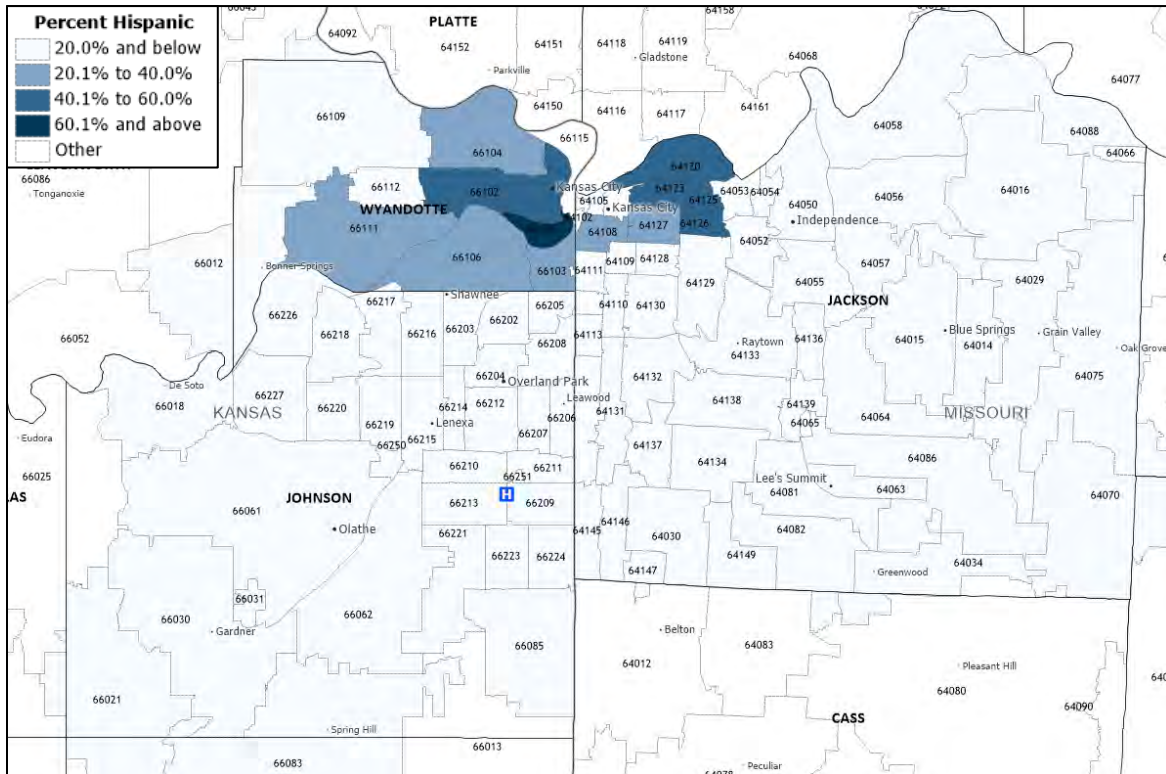
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

**Description:** Exhibit 14 portrays the percentage of the population Black by ZIP Code.

**Observations**

- In 2021, areas in western Jackson County and northern Wyandotte County had the highest proportions of population identified as Black.
- Jackson County ZIP Codes 64130 and 64128 had over 75 percent of the population identified as Black (85.8 percent and 76.3 percent, respectively).
- Wyandotte County ZIP Code 66104 had approximately 40 percent of the population identified as Black.

**Exhibit 15: Percent of Population – Hispanic (or Latino) by ZIP Code, 2021**



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2022.

**Description:** Exhibit 15 portrays the percent of the population Hispanic (or Latino) by ZIP Code.

**Observations**

- In 2021, Wyandotte County and the Kansas City (MO) area had the highest proportions of population identified as Hispanic (or Latino).
- At 69.6 percent, Wyandotte County ZIP Code 66105 had the highest percentage of population identified as Hispanic (or Latino).
- Two ZIP Codes in Jackson County (64126 and 64125) had more than 50 percent of the population identified as Hispanic (or Latino).

**Exhibit 16: Selected Socioeconomic Indicators, 2017-2021**

Area	Without H.S. Diploma	With a Disability	Linguistically Isolated
Johnson (KS)	3.7%	8.5%	4.1%
Jackson (MO)	8.6%	12.8%	3.8%
Wyandotte (KS)	18.8%	13.8%	13.5%
Kansas	8.4%	13.2%	4.5%
Missouri	9.1%	14.4%	2.1%
<b>United States</b>	<b>11.1%</b>	<b>12.6%</b>	<b>8.2%</b>

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

**Description.** Exhibit 16 portrays the percent of the population: without a high school diploma<sup>11</sup>, living with a disability, and linguistically isolated in the counties that comprise the SLS community, Kansas, Missouri, and the United States.

Linguistic isolation is defined as residents who speak a language other than English and who speak English less than “very well.” Dark grey shading indicates rates 50 percent or more above the U.S-wide average. Light grey shading indicates rates 0-50 percent above the U.S. average.

**Observations**

- In 2017-2021, Wyandotte County compared unfavorably for the three socioeconomic indicators. The percent of persons without a high school diploma and linguistically isolated were more than 50 percent above the U.S. average.
- Jackson and Wyandotte counties had above average rates of persons living with a disability.

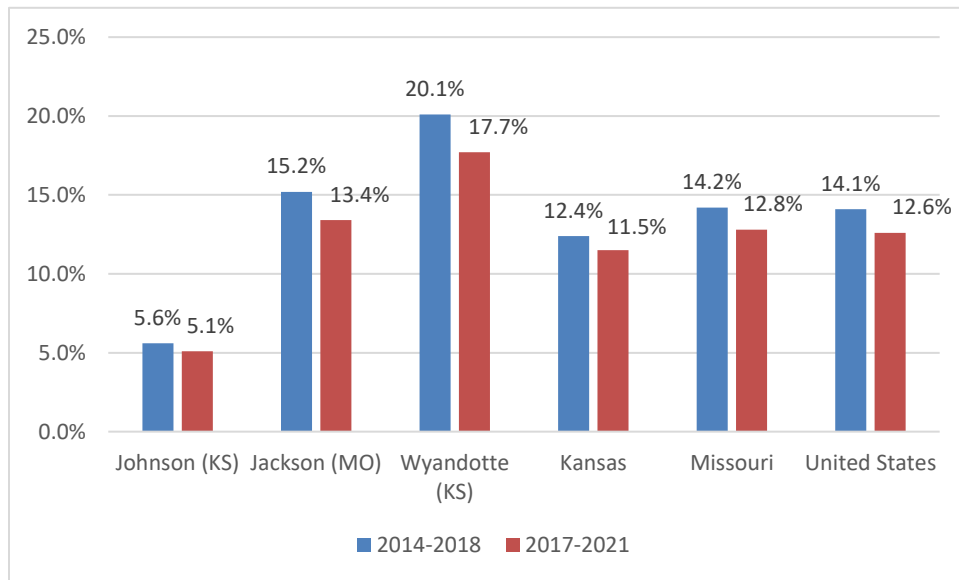
<sup>11</sup> This is based on the people 25 years of age and older.

## Socioeconomic Indicators

This section includes indicators for poverty, unemployment, health insurance status, crime, housing affordability, and “social vulnerability.” All have been associated with health status.

### People in Poverty

**Exhibit 17: Percent of People in Poverty, 2014-2018 and 2017-2021**



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

**Description:** Exhibit 17 portrays poverty rates by county, in Kansas, Missouri, and in the United States for 2014-2018 and 2017-2021.

### Observations

- Poverty rates in Jackson and Wyandotte counties have been above Kansas, Missouri, and United States averages.
- Johnson County has had comparatively lower rates.
- Poverty rates in all areas presented were lower in 2017-2021 compared to 2014-2018.

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 18: Poverty Rates by Race and Ethnicity, 2017-2021**

Area	White	Black	Asian	Hispanic (or Latino)	All Races / Ethnicities
Johnson (KS)	3.8%	13.0%	6.4%	12.0%	5.1%
Jackson (MO)	8.6%	23.0%	18.2%	19.0%	13.4%
Wyandotte (KS)	13.0%	25.6%	24.7%	17.7%	17.7%
<b>Community</b>	<b>6.6%</b>	<b>22.1%</b>	<b>12.1%</b>	<b>16.5%</b>	<b>10.5%</b>
Kansas	9.1%	23.8%	13.6%	18.4%	11.5%
Missouri	10.7%	23.5%	12.3%	18.3%	12.8%
<b>United States</b>	<b>9.2%</b>	<b>21.7%</b>	<b>10.3%</b>	<b>17.7%</b>	<b>12.6%</b>

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

**Description:** Exhibit 18 portrays poverty rates by race and ethnicity. Dark grey shading indicates rates 50 percent or more above the U.S-wide average (12.6 percent for all persons). Light grey shading indicates rates 0-50 percent above the U.S. average.

**Observations**

- In 2017-2021, poverty rates for Black populations in Jackson and Wyandotte counties were more than 50 percent above the U.S. average for all persons.
- The poverty rate for Hispanic (or Latino) populations was also comparatively high in these counties.

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 19: Child Poverty Rates, 2017-2021**

Area	Child Population (aged 0-17)	Percent of Population (aged 0-17)	Percent Children in Poverty
Johnson (KS)	145,014	24.2%	5.7%
Jackson (MO)	165,519	23.6%	19.4%
Wyandotte (KS)	45,990	27.6%	26.2%
<b>Community</b>	<b>440,435</b>	<b>24.2%</b>	<b>13.9%</b>
Kansas	701,202	24.6%	14.1%
Missouri	1,360,693	22.8%	16.9%
<b>United States</b>	<b>72,996,065</b>	<b>22.7%</b>	<b>17.0%</b>

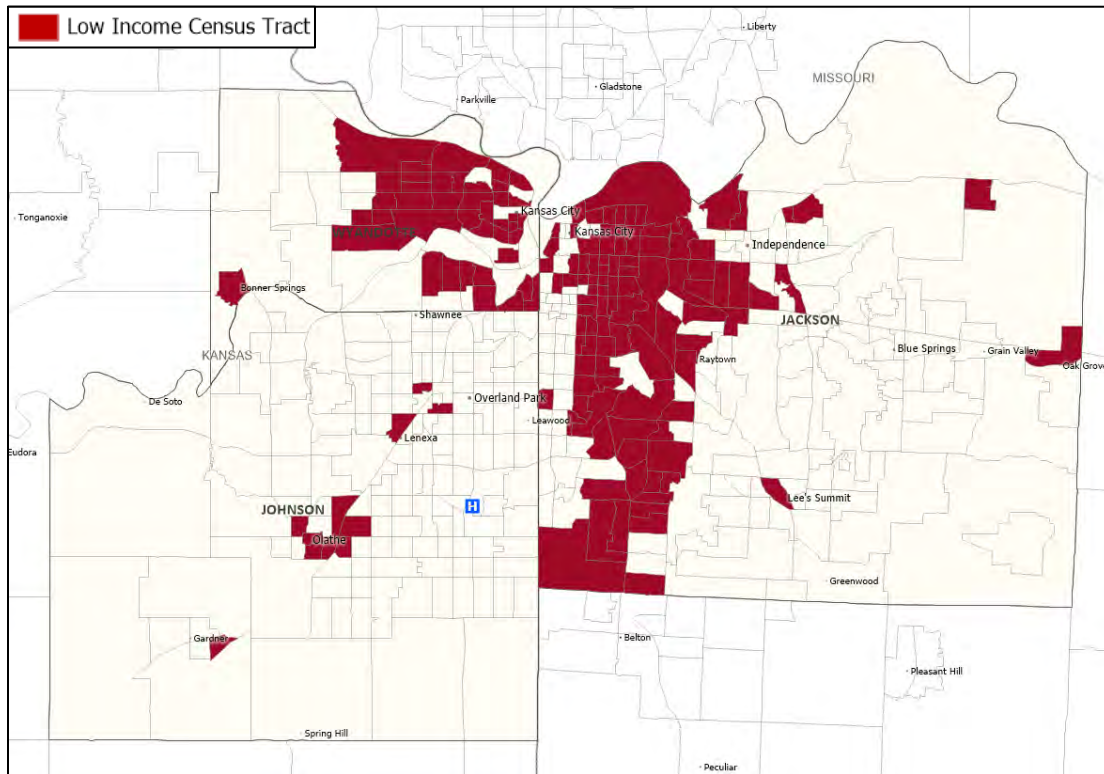
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

**Description:** Exhibit 19 portrays poverty rates for children (aged 0-17). Dark grey shading indicates rates 50 percent or more above the U.S-wide average (17.0 percent for all children). Light grey shading indicates rates 0-50 percent above the U.S. average.

**Observations**

- In 2017-2021, the percentage of children in poverty in Wyandotte County was nearly twice the community-wide average and more than 50 percent above the U.S. average.
- The percentage of children in poverty in Jackson County was also above state and national averages.

**Exhibit 20: Low Income Census Tracts, 2019**



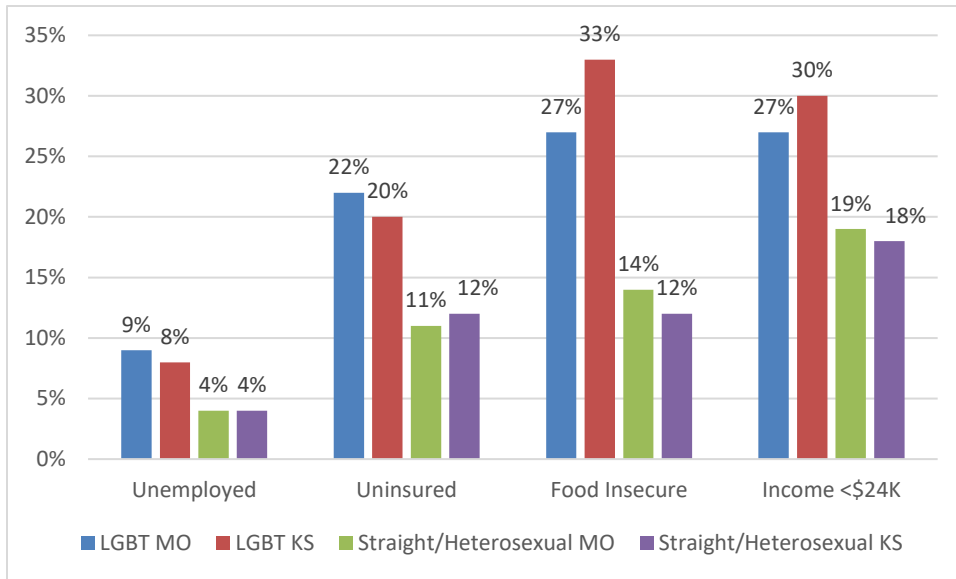
Source: US Department of Agriculture Economic Research Service, ESRI, 2021, and Caliper Maptitude, 2022.

**Description:** Exhibit 20 portrays the location of federally designated low-income census tracts.

**Observations**

- In 2019, low-income census tracts were concentrated in western parts of Jackson County, eastern and central Wyandotte County, and in Olathe in Johnson County.

**Exhibit 21: Select Socioeconomic Characteristics, Kansas, and Missouri, Lesbian, Gay, Bisexual, or Transgender, 2019**



LGBT Demographic Data Interactive, January 2019, Los Angeles, CA: The Williams Institute, UCLA School of Law.

**Description**

**Exhibit 21** portrays socioeconomic indicators for Lesbian, Gay, Bisexual, or Transgender (LGBT) and straight/heterosexual people in Missouri and Kansas.

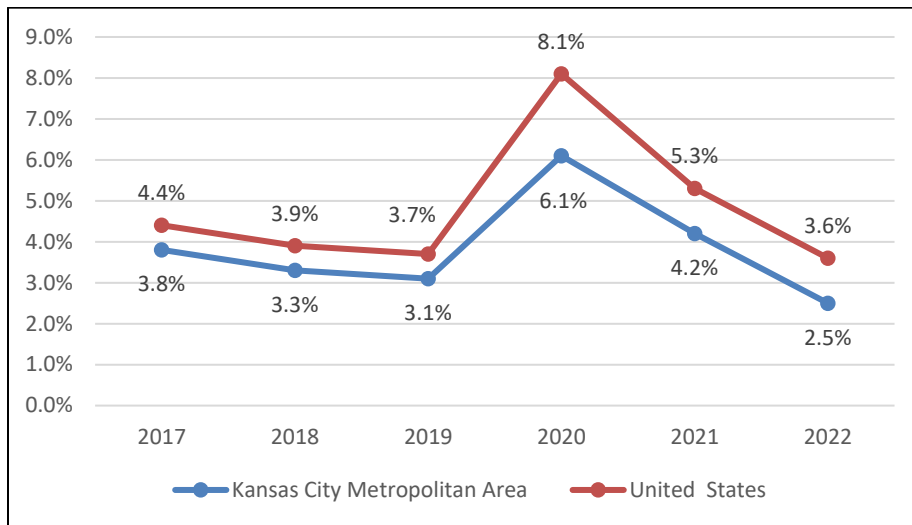
**Observation**

- In 2019 in Kansas and Missouri, individuals who identified as LGBT were more likely to be unemployed, uninsured, food insecure, and have lower incomes than those who identify as straight/heterosexual.



Unemployment

**Exhibit 22: Annual Unemployment Rates, Kansas City Metropolitan Area, 2017 to 2022**



Source: Bureau of Labor Statistics, 2022.

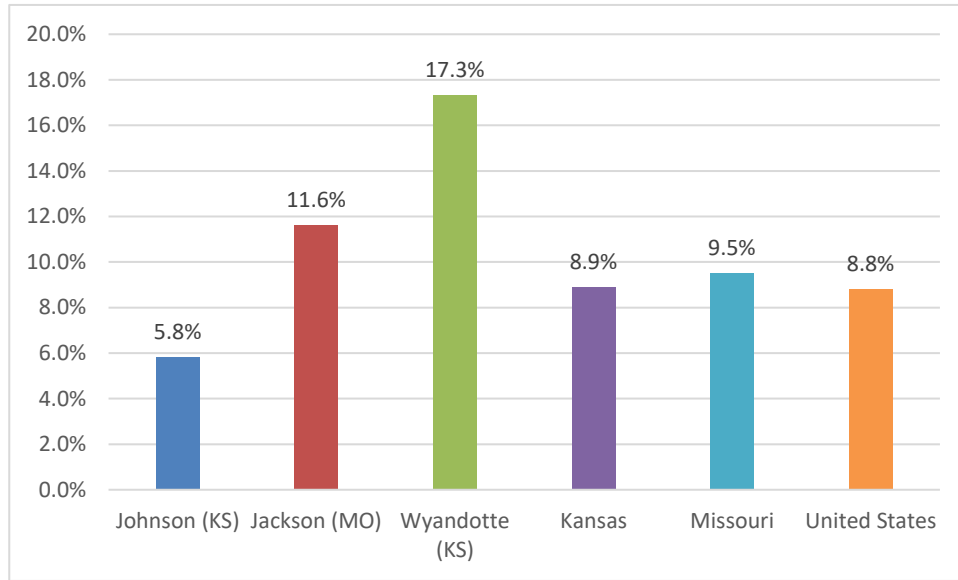
**Description:** Exhibit 22 shows annual unemployment rates in the Kansas City Metropolitan Statistical Area and for the United States for 2017 to 2022.

**Observations**

- Unemployment rates declined from 2017 through 2019 in the Kansas City Metropolitan Area.
- Due to the COVID-19 pandemic, unemployment rates rose sharply in 2020. The rate more than doubled between 2019 and 2020 but was below the U.S. average.
- In 2021-2022, unemployment rates declined and fell below pre-pandemic levels both in Kansas City and in the United States.

Health Insurance Status

**Exhibit 23: Percent of Population without Health Insurance, 2017 to 2021**



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

**Description:** Exhibit 23 presents the estimated percentage of the population without health insurance.

**Observations**

- In 2017-2021, Jackson and Wyandotte counties had a higher percentage of the population without health insurance than Kansas, Missouri, and national averages. The rate in Johnson County was comparatively low.

Medical Debt

**Exhibit 24: Share of People with a Credit Bureau Record with Medical Debt in Collections, 2022**

Area	Medical Debt in Collections	Medical Debt in Collections (People of Color)	Medical Debt in Collections (Majority White)
Johnson (KS)	10.7%	N/A	10.7%
Jackson (MO)	19.3%	28.9%	15.1%
Wyandotte (KS)	24.4%	29.0%	18.9%
Kansas	16.8%	29.0%	14.9%
Missouri	16.4%	31.0%	14.6%
<b>United States</b>	<b>12.6%</b>	<b>14.7%</b>	<b>11.5%</b>

Source: Alexander Carther, Kassandra Martinchek, Breno Braga, Signe-Mary McKernan, and Caleb Quakenbush. 2021. Debt in America 2022. Accessible from <https://datacatalog.urban.org/dataset/debt-america-2022>.

**Description:** Exhibit 24 portrays the estimated share of the people with a credit bureau records who have medical debt in collections in the three counties, Kansas, Missouri, and the United States. Dark grey shading indicates rates 50 percent or more above the U.S-wide average (12.6 percent for all persons). Light grey shading indicates rates 0-50 percent above the U.S. average.

**Observations**

- In 2022 and in Jackson and Wyandotte counties, the share of the population with credit bureau records and with medical debt in collections was more than 50 percent above the U.S. average. Medical debt was comparatively less prevalent in Johnson County.
- Medical debt in collections was higher for communities of color than for majority-White communities.
- The prevalence of medical debt has been higher in Kansas and Missouri than in the nation as a whole.

APPENDIX B – SECONDARY DATA ASSESSMENT

Crime Rates

**Exhibit 25: Crime Rates by Type and Jurisdiction, Per 100,000, 2019-2021**

City	County	Violent Crime	Murder	Rape	Robbery	Aggravated Assault	Property Crime	Burglary	Larceny-Theft	Motor Vehicle Theft
Lenexa	Johnson (KS)	193	0	21	18	154	1,612	154	1,217	240
Olathe	Johnson (KS)	246	1	40	12	192	1,269	102	996	171
Overland Park	Johnson (KS)	236	1	23	22	191	2,171	183	1,709	279
Shawnee	Johnson (KS)	282	0	19	33	229	1,763	339	1,154	270
Blue Springs	Jackson (MO)	198	4	37	14	144	2,184	184	1,703	297
Independence	Jackson (MO)	577	7	110	78	383	3,751	343	2,556	853
Kansas City	Jackson (MO)	1,477	31	83	242	1,121	4,284	564	2,792	928
Lee's Summit	Jackson (MO)	151	2	22	15	112	1,769	160	1,360	250
Bonner Springs	Wyandotte (KS)	223	0	25	25	173	2,478	198	1,895	384
<b>Kansas</b>		411	4	49	44	314	2,315	343	1,722	250
<b>Missouri</b>		495	9	48	81	357	2,639	430	1,865	343
<b>United States</b>		379	5	43	82	250	2,110	341	1,550	220

Source: Federal Bureau of Investigation, 2019-2021.

Note: Data presented for selected cities, as available.

**Description:** Exhibit 25 provides crime statistics available from the Federal Bureau of Investigation. Light grey shading indicates rates above United States averages; dark grey shading indicates rates more than 50 percent above the national average.

**Observations**

- In 2019-2021, crime rates in Kansas City were more than 50 percent above national averages for all crime types.
- Crime rates in Independence also were higher than national averages for all crime types except robbery.

APPENDIX B – SECONDARY DATA ASSESSMENT

Housing Affordability

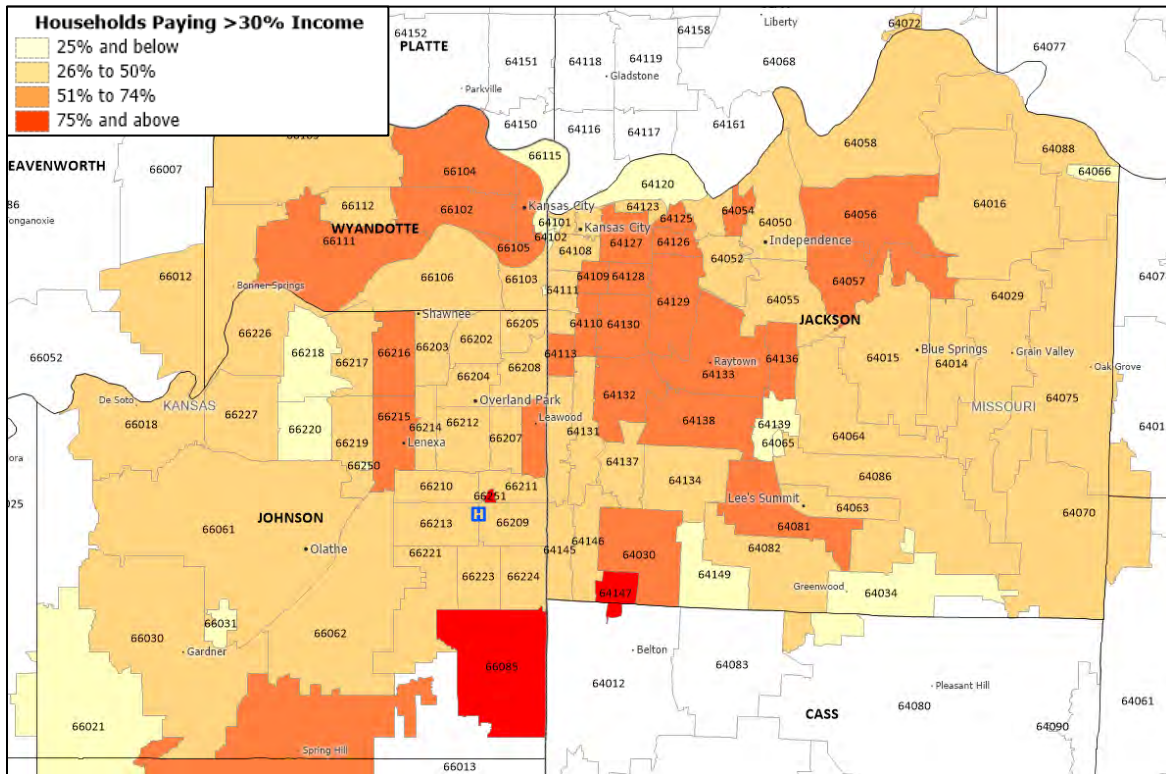
**Exhibit 26: Percent of Rented Households Rent Burdened, 2017-2021**

Area	Households Paying Rent	Households Paying >30% of Income for Rent	Percent of Households Rent Burdened
Johnson (KS)	70,400	28,022	39.8%
Jackson (MO)	114,784	54,786	47.7%
Wyandotte (KS)	22,641	10,973	48.5%
<b>Community Total</b>	<b>207,825</b>	<b>93,781</b>	<b>45.1%</b>
Kansas	354,494	152,282	43.0%
Missouri	726,672	325,273	44.8%
<b>United States</b>	<b>40,811,805</b>	<b>20,169,402</b>	<b>49.4%</b>

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates.

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 27: Map of Percent of Rented Households Rent Burdened, 2017-2021**



**Description:** The U.S. Department of Housing and Urban Development (HUD) has defined “rent burdened” households as those spending more than 30 percent of income on housing.<sup>12</sup> Exhibits 26 and 27 portray the percent of rented households that meet this definition. ZIP Codes highlighted in red are where over 75 percent of households have been rent burdened.

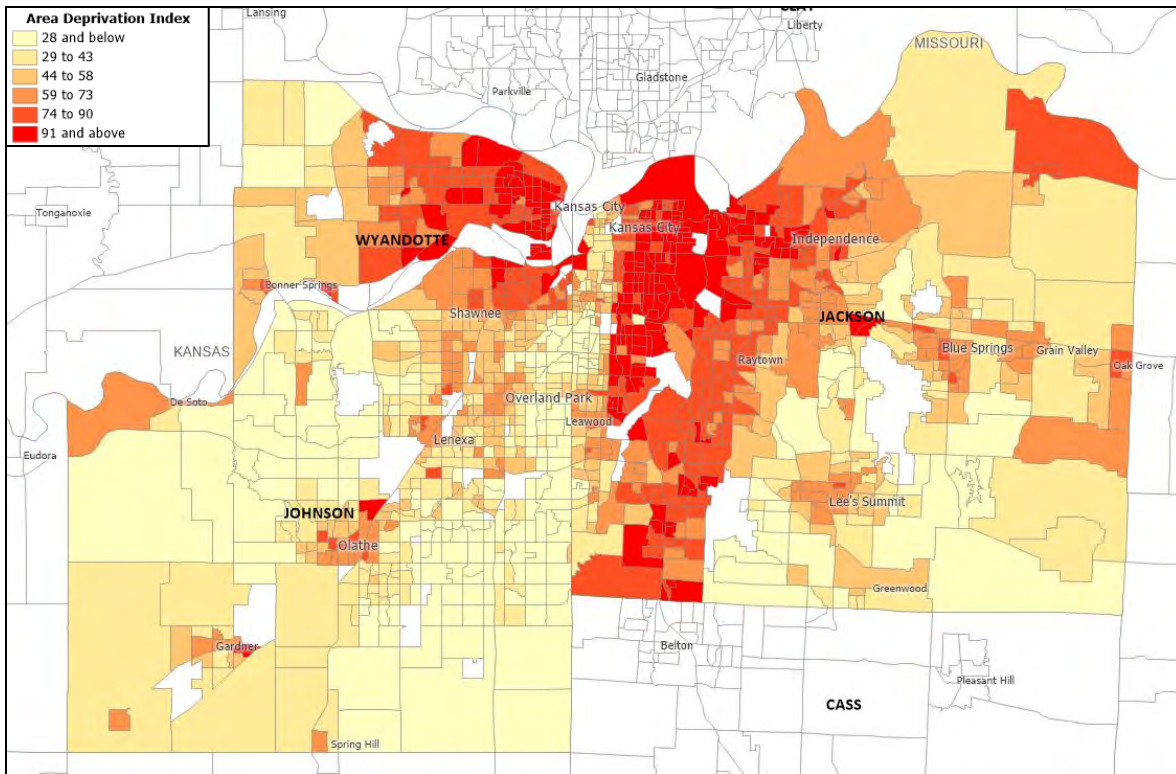
**Observations**

- In 2017-2021, ZIP Codes in southern Johnson County, Independence, Kansas City, and central Wyandotte County had the highest percentage of households designated as rent burdened.
- ZIP Codes 66085 (Johnson County) and 64147 (Jackson County) had the highest percentage of population rent burdened.

<sup>12</sup> <https://www.federalreserve.gov/econres/notes/feds-notes/assessing-the-severity-of-rent-burden-on-low-income-families-20171222.htm>

Area Deprivation Index

**Exhibit 28: Area Deprivation Index by Census Block Group, 2020**



Source: University of Wisconsin School of Medicine and Public Health. Area Deprivation Index, 2020. Downloaded from <https://www.neighborhoodatlas.medicine.wisc.edu/>, March 28, 2023, and Caliper Maptitude, 2022.

**Description:** Exhibit 28 presents the University of Wisconsin, School of Medicine and Public Health, Center for Health Disparities Research’s Area Deprivation Index (ADI) for the SLS community. The ADI ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality.

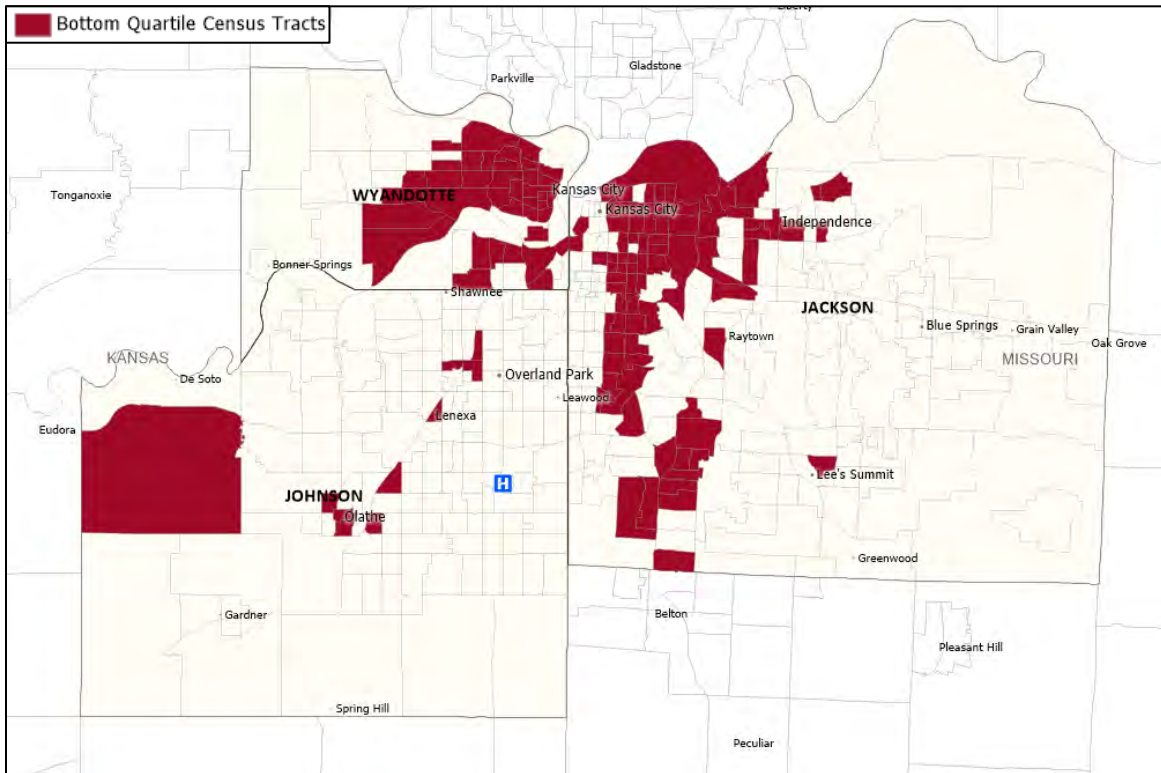
ADIs are calculated for census block groups in national percentile rankings from 1 to 100. A block group ranking of 1 indicates the lowest level of disadvantage within the nation and an ADI ranking of 100 indicates the highest level of disadvantage.

**Observations**

- In 2020, the highest ADIs were present in the Kansas City area, Independence, western Jackson County, eastern Wyandotte County, and Olathe.
- Within the SLS community, Johnson County, had the lowest level of disadvantage.

Centers for Disease Control and Prevention Social Vulnerability Index (SVI)

**Exhibit 29: Socioeconomic Status - Bottom Quartile Census Tracts, 2020**



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

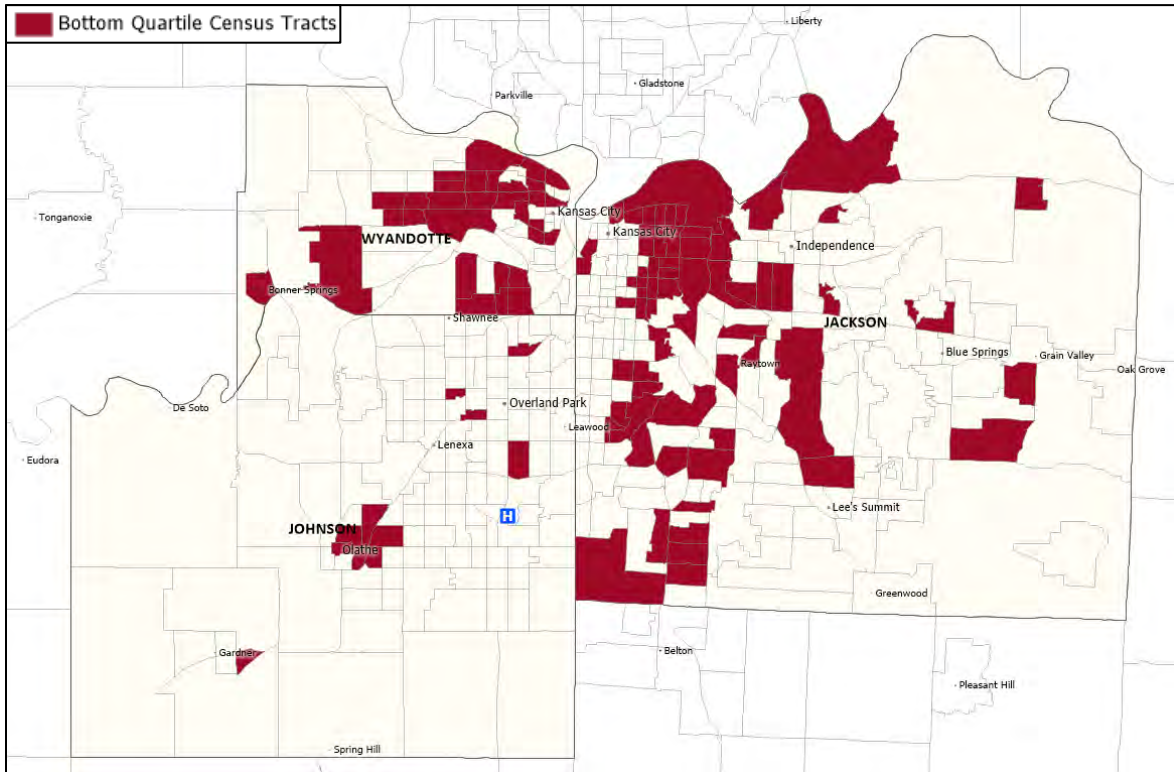
**Description:** Exhibits 29 through 32 are maps that show Centers for Disease Control and Prevention’s Social Vulnerability Index (SVI) scores by census tract. Highlighted census tracts indicate scores that are in the bottom quartile nationally. The SVI is based on 15 variables derived from U.S. census data and grouped into four themes, including Socioeconomic Status; Household Characteristics; Racial & Ethnic Minority Status; and Housing Type & Transportation. **Exhibit 29** identifies census tracts in the bottom quartile for “socioeconomic characteristics” (below 150% poverty, unemployed, housing cost burden, no high school diploma, no health insurance).

**Observations**

- Census tracts with the highest socioeconomic vulnerability were concentrated in eastern Wyandotte County, western Jackson County, Olathe, and western Johnson County.



**Exhibit 30: Household Characteristics – Bottom Quartile Census Tracts, 2020**



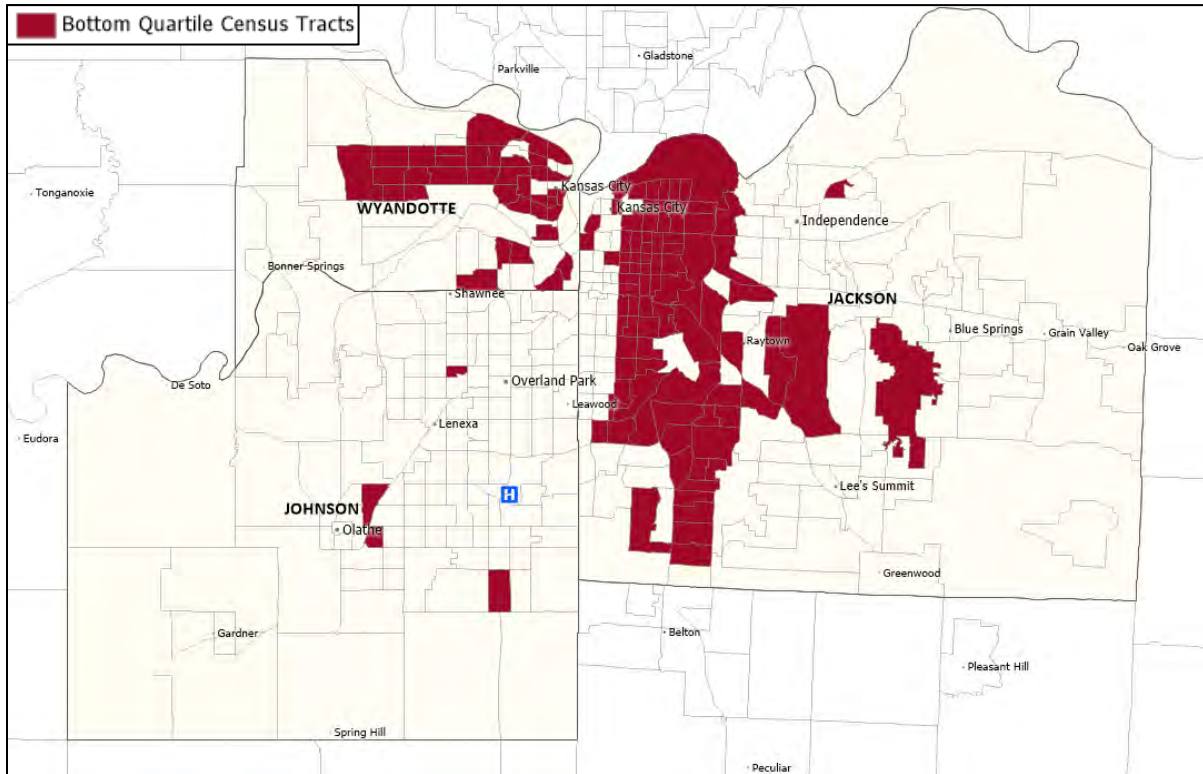
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

**Description:** Exhibit 30 identifies census tracts in the bottom quartile nationally for “household characteristics” (percent of people 65 years of age or older, 17 years of age or younger, civilian with a disability, single-parent households, and with Limited English Proficiency).

**Observations**

- In 2020, census tracts with the highest household characteristics vulnerability were concentrated in central and western Jackson County, central and eastern Wyandotte County, and Olathe.

**Exhibit 31: Racial and Ethnic Minority Status – Bottom Quartile Census Tracts, 2020**



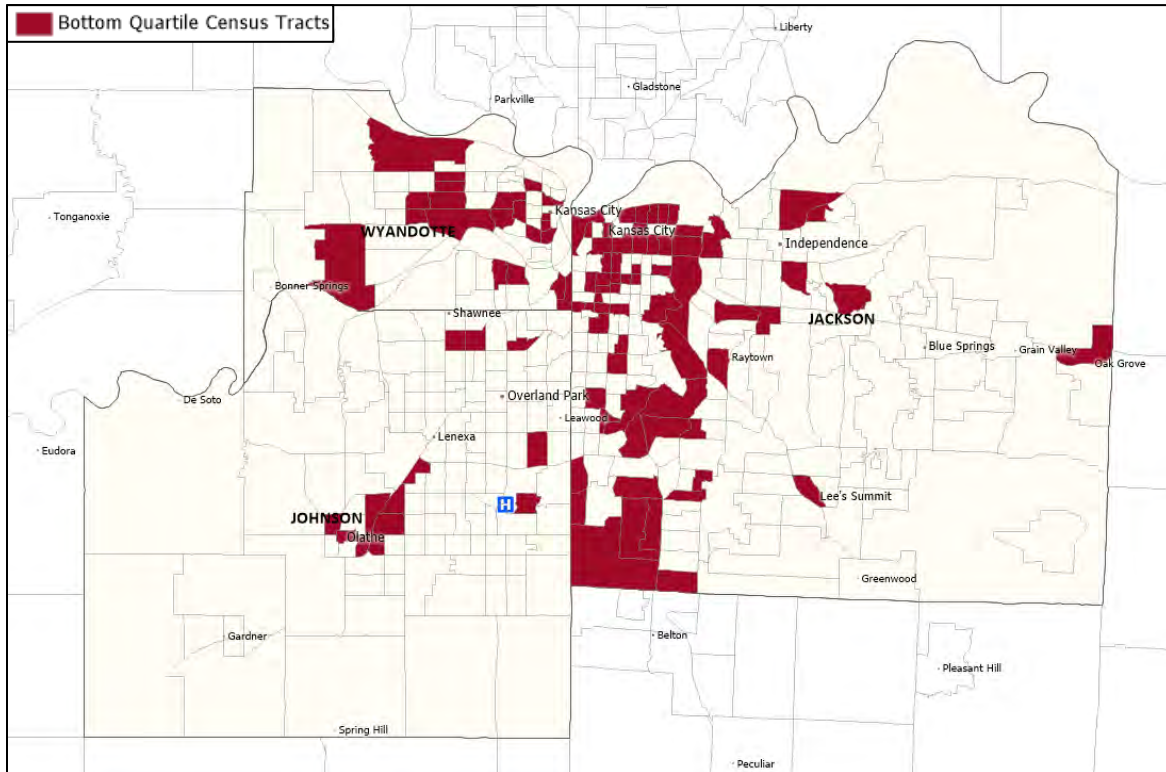
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

**Description:** Exhibit 31 identifies census tracts in the bottom quartile for “racial and ethnic minority status” (percent of people non-White).

**Observations**

- In 2020, racial and ethnic minorities were concentrated in the Kansas City area, central Wyandotte County, and Olathe.

**Exhibit 32: Housing Type and Transportation – Bottom Quartile Census Tracts, 2020**



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

**Description:** Exhibit 32 identifies census tracts in the bottom quartile nationally for “housing type and transportation vulnerability” (people living in multi-unit structures, in mobile homes, in crowded households, in group quarters, and with no vehicle).

**Observations**

- In 2020, census tracts designated as vulnerable for housing type and transportation were located in all three counties. Many were concentrated in Kansas City, Independence, Lee’s Summit, and Olathe.

Other Health Status and Access Indicators

County Health Rankings

Exhibit 33: County Health Rankings, 2023

Measure	Johnson (KS)	Jackson (MO)	Wyandotte (KS)
<b>Health Outcomes</b>	1	79	103
<b>Health Factors</b>	1	54	104
<b>Length of Life</b>	1	66	98
<b>Quality of Life</b>	1	85	104
Poor or fair health	1	40	104
Poor physical health days	1	29	105
Poor mental health days	2	101	103
Low birthweight	41	99	95
<b>Health Behaviors</b>	1	30	104
Adult smoking	1	9	104
Adult obesity	1	18	105
Food environment index	1	39	91
Physical inactivity	1	42	103
Access to exercise opportunities	1	3	3
Excessive drinking	77	106	4
Alcohol-impaired driving deaths	47	97	54
Sexually transmitted infections	55	113	88
Teen births	2	62	84
<b>Clinical Care</b>	1	11	88
Uninsured	1	26	90
Primary care physicians	7	10	56
Dentists	6	2	51
Mental health providers	12	13	24
Preventable hospital stays	38	93	94
Mammography screening	14	16	55
Flu vaccinations	1	14	21
<b>Social &amp; Economic Factors</b>	1	77	104
High school graduation	2	23	97
Some college	1	13	93
Unemployment	63	105	105
Children in poverty	1	34	98
Income inequality	46	85	87

Source: County Health Rankings and Verité Analysis, 2023.  
 Note: There are 105 counties in Kansas and 114 counties in Missouri.

**Exhibit 33: County Health Rankings, 2023 (continued)**

Measure	Johnson (KS)	Jackson (MO)	Wyandotte (KS)
Children in single-parent households	30	109	102
Social associations	99	64	94
Injury deaths	3	83	47
<b>Physical Environment</b>	26	109	92
Air pollution - particulate matter	31	113	105
Severe housing problems	59	97	104
Driving alone to work	33	42	40
Long commute - driving alone	60	57	63

Source: County Health Rankings and Verité Analysis, 2023.

Note: There are 105 counties in Kansas and 114 counties in Missouri.

**Description:** Exhibit 33 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of “health factors” and “health outcomes.” The health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,<sup>13</sup> social and economic factors, and physical environment.<sup>14</sup> *County Health Rankings* is updated annually. *County Health Rankings 2023* relies on data from 2014 to 2021. Most data are from 2017 to 2021.

The exhibit presents 2023 rankings for each available indicator category. Rankings indicate how Jackson County ranked in relation to all 114 counties in Missouri (and the independent City of St. Louis), and how Johnson and Wyandotte counties ranked in relation to 105 counties in Kansas. The lowest numbers indicate the most favorable rankings. Light grey shading indicates rankings in the bottom half of the state’s counties and cities; dark grey shading indicates rankings in bottom quartile.

**Observations**

- All three counties ranked in the bottom half for the following indicators:
  - Sexually transmitted infections
  - Unemployment
  - Social associations
  - Severe housing problems

<sup>13</sup> A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

<sup>14</sup>A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food.

## APPENDIX B – SECONDARY DATA ASSESSMENT

- Wyandotte County ranked in the bottom quartile of Kansas counties for all composite measures: health outcomes, health factors, length of life, quality of life, health behaviors, clinical care, social & economic factors, and physical environment.
- Wyandotte County also ranked at the bottom of Kansas' 105 counties for several health issues including certain social drivers of health:
  - 105/105: Poor physical health days, adult obesity, unemployment, and air pollution (particulate matter)
  - 104/105: Poor or fair health, adult smoking, and severe housing problems
  - 103/105: Poor mental health days and physical inactivity

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 34: County Health Rankings Data Compared to State and U.S. Averages, 2023**

Category	Indicator	Johnson (KS)	Jackson (MO)	Wyandotte (KS)	Kansas	Missouri	United States
<b>Health Outcomes</b>							
Length of Life	Years of potential life lost before age 75 per 100,000 population	4,540.6	9,377.1	10,611.8	7,458.0	8,859.6	<b>7,300</b>
Quality of Life	% adults reporting fair or poor health	8.0%	16.3%	<b>19.7%</b>	12.8%	15.2%	<b>12.0%</b>
	Average number of physically unhealthy days past 30 days	2.0	3.6	3.9	2.8	3.4	<b>3.0</b>
	Average number of mentally unhealthy days past 30 days	4.0	5.3	4.8	4.4	4.9	<b>4.4</b>
	% live births with low birthweight (<2500 grams)	6.5%	9.3%	9.1%	7.2%	8.6%	<b>8.0%</b>
<b>Health Factors</b>							
<b>Health Behaviors</b>							
Adult Smoking	% adults smoking >= 100 cigarettes & currently smoking	11.2%	19.0%	23.2%	17.2%	18.6%	<b>16.0%</b>
Adult Obesity	Percent of adults that report a BMI >= 30	28.6%	36.2%	46.0%	35.8%	34.2%	<b>32.0%</b>
Food Environment	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	9.1	7.5	6.8	7.0	6.8	<b>7.0</b>
Physical Inactivity	% adults aged 20 and over reporting no leisure-time physical activity	14.7%	26.5%	32.2%	21.4%	24.9%	<b>22.0%</b>
Access to Exercise Opportunities	% population with adequate access to locations for physical activity	96.7%	91.1%	92.7%	79.7%	75.8%	<b>84.0%</b>
Excessive Drinking	% adults reporting binge plus heavy drinking	19.8%	20.1%	17.0%	19.7%	20.0%	<b>19.0%</b>
Alcohol-Impaired Driving Deaths	% driving deaths with alcohol involvement	16.9%	35.9%	19.4%	19.4%	27.6%	<b>27.0%</b>
STDs	Chlamydia rate per 100,000 population	351.3	<b>892.6</b>	<b>852.3</b>	501.8	518.4	<b>481.3</b>
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	8.5	<b>28.9</b>	<b>44.4</b>	21.9	22.7	<b>19.0</b>

Source: County Health Rankings, 2023.

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 34: County Health Rankings Data Compared to State and U.S. Averages, 2023 (continued)**

Category	Indicator	Johnson (KS)	Jackson (MO)	Wyandotte (KS)	Kansas	Missouri	United States
<b>Clinical Care</b>							
Uninsured	% population under age 65 without health insurance	6.0%	13.0%	15.7%	10.3%	12.2%	10.0%
Primary Care Physicians	Ratio of population to primary care physicians	809:1	1,175:1	1,944:1	1,260:1	1,409:1	1,310:1
Dentists	Ratio of population to dentists	1,133:1	1,088:1	2,493:1	1,605:1	1,617:1	1,380:1
Mental Health Providers	Ratio of population to mental health providers	368:1	361:1	559:1	446:1	433:1	340:1
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,496	3,677	4,478	2,708	3,052	2,809
Mammography Screening	% female Medicare enrollees, ages 67-69, that receive mammography screening	49.0%	43.0%	38.0%	42.0%	40.0%	37.0%
Flu Vaccinations	% Medicare enrollees that had an annual flu vaccination	65.0%	53.0%	50.0%	51.0%	49.0%	51.0%
<b>Social and Economic Factors</b>							
High School Graduation	% adults ages 25 and over with a high school diploma or equivalent.	96.3%	91.4%	81.2%	91.6%	91.0%	89.0%
Some College	% adults aged 25-44 years with some post-secondary education	85.5%	68.0%	52.9%	70.7%	67.2%	67.0%
Unemployment	% population age 16+ unemployed but seeking work	2.7%	5.5%	4.7%	3.2%	4.4%	5.4%
Children in Poverty	% children under age 18 in poverty	5.3%	17.3%	22.3%	13.5%	16.5%	17.0%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	3.8	4.6	4.4	4.4	4.5	4.9
Children in Single-Parent Households	% children that live in a household headed by single parent	15.2%	32.2%	32.3%	21.0%	24.3%	25.0%

Source: County Health Rankings, 2023.



APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 34: County Health Rankings Data Compared to State and U.S. Averages, 2023 (continued)**

Category	Indicator	Johnson (KS)	Jackson (MO)	Wyandotte (KS)	Kansas	Missouri	United States
Social Associations	Number of associations per 10,000 population	8.3	11.0	9.9	13.2	11.4	<b>9.1</b>
Injury Deaths	Injury mortality per 100,000	51.9	102.0	91.9	78.4	95.8	<b>76.0</b>
<b>Physical Environment</b>							
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	6.2	9.6	9.4	6.7	7.6	<b>7.4</b>
Severe Housing Problems	% households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	10.3%	14.3%	18.0%	12.5%	12.9%	<b>17.0%</b>
Driving Alone to Work	% workforce that drives alone to work	77.3%	79.3%	78.0%	79.3%	79.4%	<b>73.0%</b>
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	23.5%	33.2%	24.3%	21.7%	32.0%	<b>37.0%</b>

Source: County Health Rankings, 2023.

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Description

**Exhibit 34** provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.<sup>15</sup> Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors for a given county are unfavorable when compared to averages for the United States. However, for several indicators, lower values are more problematic, including:

- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

### Observations

- Several indicators are especially problematic in Jackson and Wyandotte counties, including:
  - Percent of adults reporting fair or poor health
  - Chlamydia rate per 100,000
  - Teen birth rate per 1,000 female population, ages 15-19
  - Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
- In Johnson County, excessive drinking, and the ratio of population to mental health providers compared unfavorably.

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<sup>15</sup> County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at [http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures\\_datasources\\_years.pdf](http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf)

APPENDIX B – SECONDARY DATA ASSESSMENT

Community Health Status Indicators

Exhibit 35: Community Health Status Indicators, 2023

Category	Indicator	Johnson (KS)	Peer Counties	Jackson (MO)	Peer Counties	Wyandotte (KS)	Peer Counties
<b>Length of Life</b>	Years of potential life lost rate	4,540.6	5,145.4	9,377.1	6,342.1	10,611.8	8,366.1
<b>Quality of Life</b>	% Fair/Poor health	8.0%	10.8%	16.3%	12.6%	19.7%	15.7%
	Physically unhealthy days	2.0	2.6	3.6	2.9	3.9	3.3
	Mentally unhealthy days	4.0	4.3	5.3	4.6	4.8	4.7
	% Births – low birth weight	6.5	7.2	9.3	8.0	9.1	9.1
<b>Health Behaviors</b>	% Smokers	11.2%	13.2%	19.0%	13.9%	23.2%	17.0%
	% Obese	28.6%	31.5%	36.2%	29.7%	46.0%	36.1%
	Food environment index	9.1	8.8	7.5	8.2	6.8	7.6
	% Physically inactive	14.7%	19.1%	26.5%	20.5%	32.2%	25.5%
	% Population with access to exercise opportunity	96.7%	87.8%	91.1%	95.6%	92.7%	85.7%
	% Excessive drinking	19.8%	18.8%	20.1%	19.4%	17.0%	17.7%
	% Driving deaths with alcohol	16.9%	28.1%	35.9%	26.8%	19.4%	27.7%
	Chlamydia rate per 100,000	351.3	276.0	892.6	542.6	852.3	631.4
Teen birth rate per 1,000, ages 15-19	8.5	9.9	28.9	16.8	44.4	20.8	
<b>Clinical Care</b>	% Uninsured	6.0%	8.4%	13.0%	9.3%	15.7%	10.4%
	Ratio of population to primary care physicians	809:1	1,249:1	1,175:1	1,042:1	1,944:1	1,611:1
	Ratio of population to dentists	1,133:1	1,698:1	1,088:1	1,102:1	2,493:1	1,352:1
	Ratio of population to mental health providers	368:1	603:1	361:1	235:1	559:1	368:1
	Preventable hospitalization rate per 100,000	2,496.0	2,529.5	3,677.0	2,558.8	4,478.0	3,432.3
	% Mammography screening	49.0%	39.7%	43.0%	36.6%	38.0%	36.0%
	% Flu vaccination	65.0%	56.6%	53.0%	52.9%	50.0%	48.9%

Source: County Health Rankings, and Verité Analysis, 2023.

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 35: Community Health Status Indicators, 2023 (continued)**

Category	Indicator	Johnson (KS)	Peer Counties	Jackson (MO)	Peer Counties	Wyandotte (KS)	Peer Counties
<b>Social and Economic Factors</b>	High School graduation rate	96.3%	93.9%	91.4%	90.8%	81.2%	88.4%
	% Some college	85.5%	77.6%	68.0%	75.0%	52.9%	63.7%
	% Unemployed	2.7%	3.7%	5.5%	5.0%	4.7%	5.7%
	% Children in poverty	5.3%	7.0%	17.3%	14.5%	22.3%	19.0%
	Income ratio	3.8	3.7	4.6	4.5	4.4	4.5
	% Children in single-parent households	15.2%	15.6%	32.2%	24.7%	32.3%	30.6%
	Social association rate per 10,000	8.3	7.3	11.0	9.1	9.9	7.9
	Injury mortality per 100,000	51.9	54.5	102.0	69.9	91.9	78.9
<b>Physical Environment</b>	Average daily PM2.5	6.2	8.8	9.6	9.0	9.4	8.7
	% Severe housing problems	10.3%	11.1%	14.3%	17.3%	18.0%	18.0%
	% Drive alone to work	77.3%	75.1%	79.3%	68.3%	78.0%	77.1%
	% Long commute, drives alone	23.5%	46.5%	33.2%	35.4%	24.3%	42.8%

Source: County Health Rankings, and Verité Analysis, 2023.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Description:** County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control’s *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of “peer counties,” so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

CHSI formerly was available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs.

**Exhibit 35** compares each county to its respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties. Underlying statistics are also provided.

See Appendix D for lists of peer counties.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors are worse in the county than in its peer counties. However, for several indicators, lower values are more problematic, including:

- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

### Observations

- Jackson and Wyandotte counties compared unfavorably to peer counties for most of the indicators presented (27/33 and 23/33 respectively).
- Johnson County was in the bottom quartile for chlamydia rate and percent of people driving alone to work.

APPENDIX B – SECONDARY DATA ASSESSMENT

COVID-19 Cases and Deaths

**Exhibit 36: COVID-19 Incidence and Mortality (As of February 14, 2023)**

Area	Cases	Deaths	Incidence Rate per 100,000	Mortality Rate per 100,000
Johnson (KS)	176,817	1,362	29,590.1	227.9
Jackson (MO)	119,925	1,374	17,124.6	196.2
Wyandotte (KS)	54,331	526	32,863.4	318.2
<b>Community</b>	<b>351,073</b>	<b>3,262</b>	<b>23,993.7</b>	<b>929.2</b>
Kansas	930,498	9,995	31,959.4	227.9
Missouri	6,126,452	21,334	26,493.2	348.2
<b>United States</b>	<b>100,577,839</b>	<b>1,092,380</b>	<b>30,827.3</b>	<b>334.8</b>

Source: Johns Hopkins University, Accessed via ESRI, Additional data analysis by CARES. 2022.

**Description:** Exhibit 36 presents data regarding COVID-19 incidence and mortality. Light grey shading indicates rates above the United States averages.

**Observations**

- In Wyandotte County, COVID-19 incidence rates were above the United States average.
- In all other counties, COVID-19 incidence and mortality rates were lower than national averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

Mortality Rates

**Exhibit 37: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2011-2020**

Condition	Johnson (KS)	Jackson (MO)	Wyandotte (KS)	Kansas	Missouri
Major cardiovascular diseases	191.8	230.5	253.8	219.2	248.1
Malignant neoplasms	133.4	171.5	195.6	160.8	170.6
Diseases of heart	117.4	176.2	173.9	159.9	193.2
All other diseases	88.5	110.9	102.3	101.9	90.1
Ischemic heart diseases	62.4	82.0	92.6	91.6	111.4
Other forms of chronic ischemic heart disease	47.6	57.4	68.3	64.7	60.6
Other heart diseases	49.1	74.9	71.2	59.0	69.1
All other forms of chronic ischemic heart disease	42.1	39.3	63.8	54.6	52.5
Chronic lower respiratory diseases	30.8	49.1	53.7	49.4	50.5
Accidents (unintentional injuries)	28.9	49.9	43.5	46.6	55.2
Other chronic lower respiratory diseases	28.3	46.0	48.9	45.9	46.5
Malignant neoplasms of trachea, bronchus, lung	32.0	46.4	55.4	41.8	49.1
Cerebrovascular diseases	31.9	40.1	44.5	37.8	40.6
All other forms of heart disease	27.7	42.2	39.0	34.6	40.6
Nontransport accidents	22.6	36.3	26.6	31.8	39.7
Acute myocardial infarction	14.6	23.8	24.1	25.9	49.7
Heart failure	21.0	32.1	31.3	23.8	27.8
Alzheimer disease	19.3	23.5	22.0	22.9	30.2
Diabetes mellitus	11.1	20.3	30.2	22.4	20.6
All other and unspecified malignant neoplasms	15.8	20.1	22.3	18.5	20.2
Intentional self-harm (suicide)	14.7	18.5	16.5	17.1	17.2
Malignant neoplasms - lymphoid, hematopoietic, related issue	14.1	16.2	17.2	16.8	16.0
Influenza and pneumonia	11.0	14.0	12.3	16.8	16.6
Kidney Disease (nephritis, nephrotic syndrome, and nephrosis)	12.9	22.4	24.1	16.0	19.1
Renal failure	12.7	22.2	24.0	15.8	18.9
Assault (homicide)	2.3	19.9	20.3	5.0	9.6

Source: Centers for Disease Control and Prevention, 2021.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Description:** Exhibit 37 provides age-adjusted mortality rates for selected causes of death. Light grey shading indicates rates above state averages; dark grey shading indicates rates more than 50 percent above state averages.

### Observations

- In 2011-2020 and in Wyandotte County, rates for 20 of the 26 selected causes of mortality were above the Kansas average. Kidney disease and renal failure were more than 50 percent above the state average.
- Jackson County had 10 of the 26 selected causes of death with rates above the Missouri average.
- Rates of assault (homicide) were more than 50 percent above state averages in Jackson and Wyandotte counties.



APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 38: Age-Adjusted Cancer Mortality Rates per 100,000 Population, 2015-2019**

Type of Cancer	Johnson (KS)	Jackson (MO)	Wyandotte (KS)	Kansas	Missouri
All Cancer Sites Combined	129.2	163.9	182.8	158.4	166.3
Lung and Bronchus	30.3	42.7	52.3	39.9	46.4
Female Breast	18.7	20.1	20.8	20.2	20.3
Prostate	17.7	18.5	24.8	18.4	17.8
Colon and Rectum	10.2	14.0	13.4	14.1	14.2
Pancreas	9.4	12.4	12.5	11.2	11.4
Leukemias	6.5	6.3	8.0	6.9	6.5
Ovary	5.8	5.5	5.2	6.7	6.1
Liver and Intrahepatic Bile Duct	4.6	7.6	8.8	5.9	6.5
Non-Hodgkin Lymphoma	4.2	4.7	5.7	5.7	5.3
Brain and Other Nervous System	4.7	4.3	4.0	4.9	4.4
Corpus and Uterus, NOS	3.5	5.2	4.9	4.4	4.9
Esophagus	3.1	4.1	4.2	4.3	4.5
Kidney and Renal Pelvis	3.2	4.1	4.1	4.2	4.2
Urinary Bladder	3.5	4.9	4.5	4.1	4.4
Myeloma	3.2	3.3	3.0	3.4	3.3
Cervix	1.3	2.9	5.1	2.5	2.4
Melanomas of the Skin	2.0	2.1	N/A	2.5	2.5
Oral Cavity and Pharynx	1.7	3.4	3.1	2.5	2.9
Stomach	2.0	2.6	3.9	2.4	2.4
Larynx	N/A	1.7	N/A	0.8	1.1
Mesothelioma	N/A	0.6	N/A	0.6	0.6
Thyroid	N/A	0.7	N/A	0.6	0.5
Hodgkin Lymphoma	N/A	N/A	N/A	0.3	0.3
Testis	N/A	N/A	N/A	0.2	0.3

Source: Centers for Disease Control and Prevention, 2021.

**Description:** Exhibit 38 provides age-adjusted mortality rates for selected forms of cancer in 2015-2019. Light grey shading indicates rates above state averages; dark grey shading indicates rates more than 50 percent above state averages.

**Observations**

- In 2015-2019, Wyandotte County compared unfavorably to the Kansas average for cancer mortality (all sites combined).
- In Wyandotte County, mortality rates for stomach cancer and cancer of the cervix were more than 50 percent above the state average.

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 39: Drug Poisoning Mortality per 100,000 Population, 2017-2020**

Area	2017	2020	Percent Change, 2017-2020
Johnson (KS)	8.9	13.0	46.1%
Jackson (MO)	18.0	25.2	40.0%
Wyandotte (KS)	11.8	26.4	123.7%
Kansas	11.4	16.8	47.4%
Missouri	22.4	30.5	36.2%
<b>United States</b>	<b>21.6</b>	<b>27.7</b>	<b>28.2%</b>

Source: Centers for Disease Control and Prevention, 2019-2023, and Verité Analysis, 2023.

**Description:** Exhibit 39 provides mortality rates for drug poisoning for 2017 and 2020. Light grey shading indicates rates above the United States average; dark grey shading indicates rates more than 50 percent above the United States average.

**Observations**

- Between 2017 and 2020, drug poisoning mortality rates increased at a significantly higher rate than the national average.
- The drug poisoning mortality rate in Wyandotte County more than doubled (from 11.8 to 26.4 deaths per 100,000).

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 40: Missouri Chronic Condition Mortality Rates, by Race and Ethnicity, per 100,000, 2019**

Condition or Cause of Death	White	Black	Hispanic (or Latino)	All Races and Ethnicities
All chronic conditions	518.6	620.7	247.4	<b>526.2</b>
Heart disease	183.1	220.3	74.6	<b>186.2</b>
Cancer	157.9	180.9	72.1	<b>159.3</b>
Chronic Obstructive Pulmonary Disease	47.8	28.1	10.2	<b>45.6</b>
Stroke (cerebrovascular diseases)	35.5	<b>58.6</b>	25.7	<b>37.6</b>
Alzheimer's disease	34.6	31.2	16.4	<b>34.1</b>
Diabetes	19.5	<b>35.5</b>	16.9	<b>20.9</b>
Kidney disease (nephritis, nephrotic)	16.9	<b>33.4</b>	12.8	<b>18.4</b>
Chronic liver disease & cirrhosis	10.2	8.3	13.7	<b>10.0</b>
Other cardiovascular/circulatory	6.7	<b>10.7</b>	0.7	<b>7.1</b>
Essential hypertension	5.4	<b>11.0</b>	4.3	<b>5.8</b>
Asthma	0.7	<b>2.6</b>	N/A	<b>0.9</b>

Source: Missouri Department of Health and Senior Services, 2020.

**Description:** Exhibit 40 presents Missouri-wide mortality rates by race and ethnicity for a variety of chronic conditions. Light grey shading indicates rates above the state averages for all races/ethnicities; dark grey shading indicates rates more than 50 percent above those averages.

**Observations**

- In 2019 and in Missouri, chronic condition mortality rates for Black residents were higher than for White and Hispanic (or Latino) residents for most causes of death.
- Mortality rates for Black residents for stroke, diabetes, kidney disease, cardiovascular/circulatory conditions, and asthma were particularly high in comparison to other race/ethnicity groups.

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 41: Kansas Mortality Rates, by Race and Ethnicity, per 100,000 Population, 2020**

Condition or Cause of Death	White	Black	Hispanic (or Latino)	All Races and Ethnicities
All causes	832.6	1,154.1	771.3	<b>871.0</b>
Heart disease	158.7	233.7	104.1	<b>165.4</b>
Cancer	145.9	166.8	112.4	<b>149.6</b>
Other causes	130.7	163.8	93.4	<b>134.4</b>
COVID-19	81.9	131.0	<b>168.9</b>	<b>88.5</b>
Chronic lower respiratory diseases	42.8	43.7	15.6	<b>43.6</b>
All other accidents and adverse effects	36.2	46.9	32.7	<b>38.8</b>
Cerebrovascular disease (Stroke)	34.2	51.0	36.8	<b>36.1</b>
Diabetes	25.5	<b>61.3</b>	<b>44.2</b>	<b>28.2</b>
Alzheimer's disease	24.8	29.1	18.8	<b>25.0</b>
Other digestive diseases	19.0	21.4	19.6	<b>19.1</b>
Suicide	18.1	10.7	13.1	<b>18.3</b>
Kidney disease (nephritis/nephrotic syndrome/nephrosis)	12.8	<b>29.6</b>	16.1	<b>14.2</b>
Motor vehicle accidents	13.1	15.5	18.0	<b>13.8</b>
Chronic liver disease and cirrhosis	13.7	N/A	11.2	<b>13.7</b>
Pneumonia and influenza	13.2	19.9	12.4	<b>13.6</b>
Other respiratory diseases	11.3	N/A	N/A	<b>11.4</b>
Essential hypertension	8.5	<b>18.8</b>	N/A	<b>9.1</b>
Septicemia	8.3	<b>13.3</b>	N/A	<b>8.6</b>
Other circulatory diseases/disorders	6.8	N/A	N/A	<b>7.2</b>
Homicide	3.9	<b>38.3</b>	9.4	<b>7.1</b>
Pneumonitis due to solids and liquids	5.8	N/A	N/A	<b>5.9</b>
Other infections and parasites	3.9	N/A	N/A	<b>4.2</b>
Birth defects	3.6	N/A	N/A	<b>3.8</b>
Conditions of perinatal period (early infancy)	2.6	<b>7.3</b>	N/A	<b>3.6</b>
Other external causes	3.1	N/A	N/A	<b>3.3</b>
Atherosclerosis	2.0	N/A	N/A	<b>2.0</b>
Peptic ulcer	0.9	N/A	N/A	<b>1.1</b>
Clostridium difficile	0.9	N/A	N/A	<b>0.8</b>

Source: Kansas Department of Health and Environment: Kansas Information for Communities, 2021.

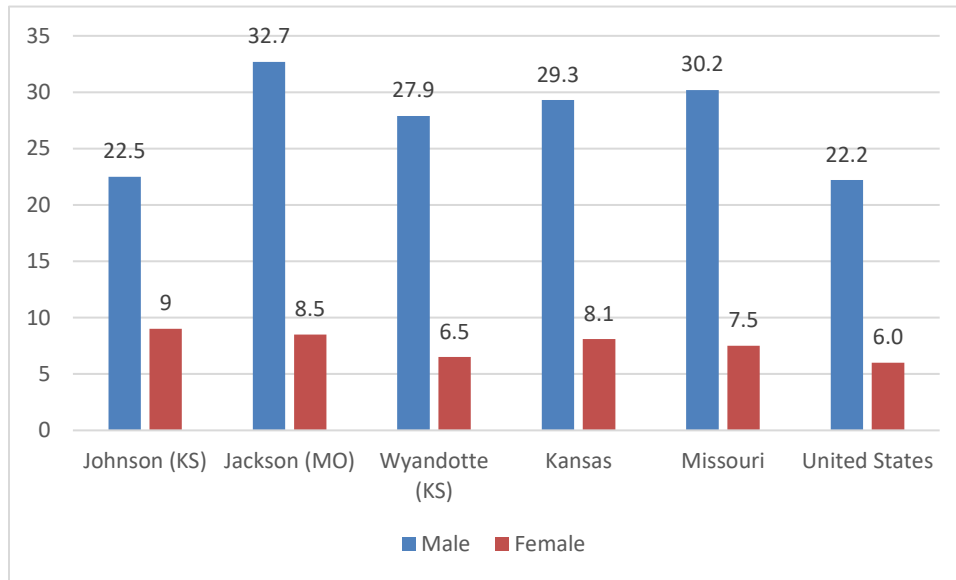
## APPENDIX B – SECONDARY DATA ASSESSMENT

**Description:** Exhibit 41 presents Kansas-wide mortality rates by race and ethnicity for a variety of conditions. Light grey shading indicates rates above the Kansas averages for all races/ethnicities; dark grey shading indicates rates more than 50 percent above the averages.

### Observations

- In 2020, chronic condition mortality rates in Kansas were significantly higher for Black residents overall and for most causes, including heart disease, cancer, and COVID-19.
- Hispanic (or Latino) residents also experienced a higher mortality rate for many causes of death.
- For Black residents, diabetes, kidney disease, hypertension, septicemia, homicide, and conditions of perinatal period (early infancy) mortality rates were more than 50 percent higher than rates for all races/ethnicities combined.
- Mortality rates for Hispanic (or Latino) residents, for COVID-19 and diabetes, also were particularly high.

**Exhibit 42: Age-adjusted Suicide Rate by Gender, per 100,000, 2016-2020**



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.

**Description:** Exhibit 42 presents suicide rates by gender for the three counties, Kansas, Missouri, and the United States.

**Observations**

- In 2016-2020, the suicide rate for males was more than triple the rate for females in all geographies presented.
- Suicide rates for males and females in all three counties, Kansas, and Missouri were higher than U.S. averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 43: Age-adjusted Suicide Rate by Race and Ethnicity, per 100,000, 2016-2020**

County	Non-Hispanic White	Non-Hispanic Black	Hispanic (or Latino)	All Residents
Johnson (KS)	16.6	12.6	N/A	15.5
Jackson (MO)	24.3	12.3	10.8	20.1
Wyandotte (KS)	22.9	14.1	9.7	17.2
Kansas	20.0	13.1	11.0	18.6
Missouri	20.5	9.6	10.0	18.6
United States	17.4	7.1	7.2	13.8

Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.  
 Note: No data available for Hispanic (or Latino) residents for Johnson County.

**Description:** Exhibit 43 presents suicide rates by race and ethnicity for the three counties, Kansas, Missouri, and the United States. Dark grey shading indicates rates 50 percent or more above the U.S-wide average. Light grey shading indicates rates 0-50 percent above the U.S. average for all residents (13.8).

**Observations**

- In 2016-2020, suicide rates for White residents were higher than all other races and ethnicities in all geographies presented.
- Suicide rates for all races and ethnicities in all counties, Kansas, and Missouri also were above U.S. averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

Communicable Diseases

**Exhibit 44: Communicable Disease Incidence Rates per 100,000 Population, 2020**

Indicator	Johnson (KS)	Jackson (MO)	Wyandotte (KS)	Kansas	Missouri	United States
HIV diagnoses	7.7	15.1	12.1	5.7	6.9	<b>10.9</b>
HIV prevalence	148.3	499.9	346.7	138.8	248.7	<b>379.7</b>
Tuberculosis	1.3	1.3	<b>4.1</b>	1.3	1.3	<b>2.2</b>
Chlamydia	351.3	<b>892.6</b>	<b>852.3</b>	501.8	518.4	<b>481.3</b>
Early Non-Primary, Non-Secondary Syphilis	11.5	19.6	<b>29.0</b>	8.0	9.1	<b>13.1</b>
Gonorrhea	92.1	<b>527.6</b>	<b>409.2</b>	193.1	274.6	<b>206.5</b>
Primary and Secondary Syphilis	5.6	<b>30.9</b>	8.5	5.1	13.5	<b>12.7</b>

Source: Centers for Disease Control and Prevention, 2021.

**Description:** Exhibit 44 presents incidence rates for certain communicable diseases. Light grey shading indicates rates above the United States average; dark grey shading indicates rates more than 50 percent above the United States average.

**Observations**

- In 2020, communicable disease incidence rates in Jackson and Wyandotte counties generally were above U.S. averages.
- In Jackson County, chlamydia, gonorrhea, and primary and secondary syphilis rates were more than 50 percent above national averages.
- In Wyandotte County, tuberculosis, chlamydia, early syphilis (non-primary, non-secondary), and gonorrhea rates were more than 50 percent above national averages.



APPENDIX B – SECONDARY DATA ASSESSMENT

Maternal and Child Health

**Exhibit 45: Maternal and Child Health Indicators, 2016-2021**

Measure	Johnson (KS)	Jackson (MO)	Wyandotte (KS)	Kansas	Missouri	United States
Births to Single Mothers	19.5%	49.0%	57.1%	35.9%	39.9%	<b>40.1%</b>
Mothers Using Tobacco During Pregnancy	1.3%	<b>7.2%</b>	5.1%	<b>6.9%</b>	<b>9.9%</b>	<b>4.6%</b>
Low Birthweight Births (<2,500 grams)	6.7%	10.5%	8.6%	7.4%	8.9%	<b>8.5%</b>
Very Low Birthweight Births (<1,500 grams)	1.1%	1.6%	0.9%	1.2%	1.4%	<b>1.4%</b>
Teen Birth Rate (Age 15-19, per 1,000)	1.6%	4.9%	<b>7.3%</b>	4.7%	4.8%	<b>4.0%</b>
Teen Birth Rate (Age 15-17, per 1,000)	0.4%	1.2%	<b>1.7%</b>	1.0%	1.1%	<b>1.0%</b>
Preterm Births < 32 weeks gestation	1.4%	2.1%	2.3%	1.5%	1.8%	<b>1.6%</b>
Preterm Births 32-33 weeks gestation	1.2%	<b>2.1%</b>	1.6%	1.2%	1.5%	<b>1.2%</b>
Preterm Births 34-36 weeks gestation	7.6%	9.8%	10.6%	8.7%	9.2%	<b>7.7%</b>

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics, 2021.

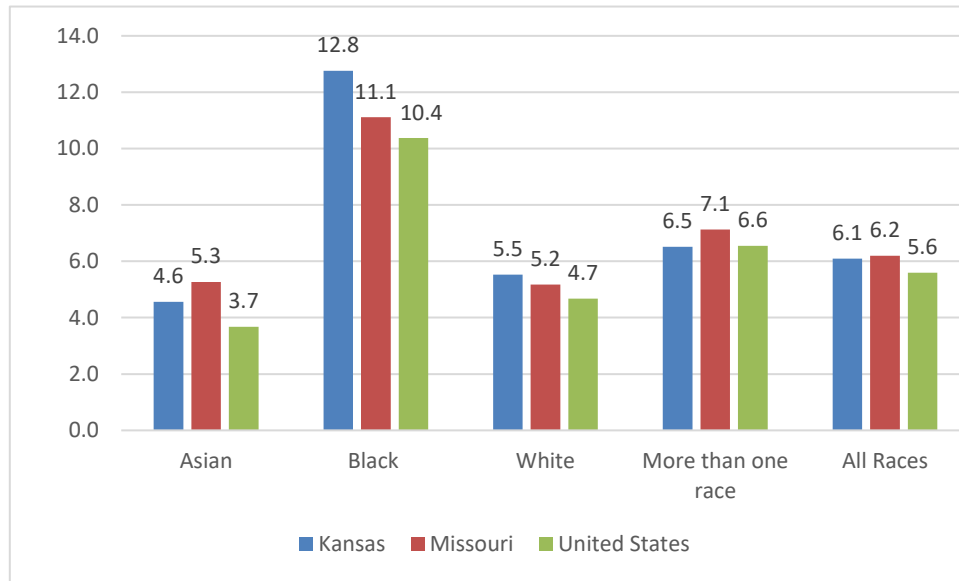
**Description:** Exhibit 45 provides various maternal and child health indicators and benchmarks available from the Centers for Disease Control and Prevention. Light grey shading indicates rates above the United States average; dark grey shading indicates rates more than 50 percent above the United States average.

**Observations**

- In 2016-2021, Jackson and Wyandotte counties compared unfavorably to national averages for most indicators, including the percent of births to single mothers, the percent of mothers using tobacco during pregnancy, low birthweight births, teen birth rates, and preterm births (32 weeks through 36 weeks of gestation).
- In Wyandotte County, the teen birth rate was more than 50 percent above the U.S. average.
- In Jackson County, the percentage of mothers using tobacco during pregnancy and the percent of births preterm (32-33 weeks gestation) were more than 50 percent above national averages.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 46: Infant Mortality Rates, by Race, per 1,000 Live Births, 2017-2020**



Source: Centers for Disease Control and Prevention, 2020.

**Description:** Exhibit 46 provides infant mortality data available from the Centers for Disease Control and Prevention by race for Kansas, Missouri, and the United States.

### Observations

- In 2017-2020, mortality rates for Black infants in Kansas, Missouri, and the United States were significantly above rates for other cohorts.

APPENDIX B – SECONDARY DATA ASSESSMENT

Behavioral Risk Factor Surveillance System

Exhibit 47: Kansas Selected BRFSS Indicators by Race and Ethnicity, 2021

Category	Indicator	White, non-Hispanic	Black, non-Hispanic	Hispanic	Kansas Overall
Alcohol Consumption	At least one drink of alcohol within the past 30 days	55.4%	52.1%	53.4%	54.6%
	Binge drinking	17.1%	19.5%	22.8%	17.7%
	Heavy drinkers	6.4%	N/A	5.2%	6.1%
Cholesterol	Never had cholesterol checked	11.1%	15.2%	15.6%	12.3%
Health Outcomes	Limited in any way in any of your usual activities because of arthritis	11.1%	12.8%	6.4%	10.6%
	Ever reported coronary heart disease or myocardial infarction	6.9%	6.3%	5.9%	6.8%
	Ever told had a heart attack (myocardial infarction)	4.4%	4.7%	4.3%	4.4%
	Ever told have pre-diabetes or borderline diabetes	1.4%	1.7%	1.7%	1.5%
	Ever told have diabetes	11.2%	12.3%	10.7%	11.1%
	Ever told have pregnancy-related diabetes	0.8%	N/A	2.3%	1.0%
	Ever told have kidney disease	2.7%	3.4%	2.7%	2.7%
	Ever told had any other types of cancer	8.1%	3.6%	4.1%	7.2%
E-Cigarette Use	Aged 50-75 have never received recommended CRC tests	21.0%	22.8%	30.6%	21.7%
	Current E-cigarette user	6.6%	4.4%	7.6%	6.6%
Nutrition	Consumed vegetables less than one time per day	18.4%	29.7%	25.1%	19.7%
Health Care Access	Have no health care coverage	6.5%	13.8%	22.3%	8.8%
	Needed to see a doctor in past 12 months but could not because of cost	8.3%	15.4%	17.1%	10.0%
	Do not have personal doctor or health care provider	11.9%	18.3%	26.1%	14.1%
Health Status	Fair or Poor Health	14.0%	23.3%	14.1%	14.7%
	Fair Health	10.5%	18.8%	11.5%	11.3%
Hypertension	Told they have high blood pressure	35.5%	39.9%	26.9%	34.3%
Overweight and Obesity (BMI)	Obese (BMI 30.0 - 99.8)	35.6%	38.6%	41.0%	36.0%
	Overweight (BMI 25.0-29.9)	34.4%	30.2%	38.3%	34.4%
Physical Activity	Did not participate in any physical activities in past month	23.0%	32.2%	24.8%	23.6%
Prostate Cancer*	Men aged 40+ who did not have a PSA test within the past two years	65.0%	73.1%	88.2%	67.5%
Tobacco Use	Current smokers	14.5%	23.6%	16.6%	15.6%

Source: Behavioral Risk Factor Surveillance System, 2021. \*2020 BRFSS Data.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Description:** Exhibit 47 presents Kansas-wide selected BRFSS data by race and ethnicity. Light grey shading indicates rates above the Kansas average (all races and ethnicities); dark grey shading indicates rates more than 50 percent above the Kansas average.

### Observations

- In 2021 and for White Kansas residents, the following BRFSS indicators were comparatively worse:
  - Heavy drinking
  - Arthritis
  - Coronary heart disease or myocardial infarction
  - Diabetes
  - Cancer
  - High blood pressure
- For Black residents, the following BRFSS indicators were comparatively worse:
  - Binge drinking
  - Never had cholesterol screening
  - Arthritis
  - Heart attack
  - Pre-diabetes and diabetes
  - Kidney disease
  - Never had colorectal cancer screening
  - Low vegetable consumption
  - No health care coverage
  - No personal doctor
  - Needed to see a doctor in the past 12 months but could not because of cost
  - Fair or poor health
  - High blood pressure
  - Obesity
  - Inadequate physical activity
  - Men aged 40 plus without a PSA test
  - Tobacco use
- For Hispanic residents, the following BRFSS indicators were comparatively worse:
  - Binge drinking
  - Never had cholesterol screening
  - Pre-diabetes or diabetes
  - Pregnancy related diabetes
  - Never had colorectal cancer screening
  - E-cigarette use
  - Low vegetable consumption
  - No health care coverage
  - Needed to see a doctor in the past 12 months but could not because of cost
  - No personal doctor or health care provider
  - Fair health
  - Obesity and overweight
  - Inadequate physical activity
  - Men aged 40 plus without a PSA test
  - Tobacco use

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 48: Kansas Selected BRFSS Indicators by Annual Income, 2021**

Category	Indicator	Less than \$15,000	\$15,000-\$24,999	\$25,000-\$34,999	\$35,000-\$49,999	\$50,000-\$99,999	\$100,000-\$199,999	Kansas Overall
Health Outcomes	Told they have arthritis	38.3%	36.2%	30.0%	27.2%	26.0%	21.2%	26.7%
	Told currently have asthma	16.5%	14.8%	13.0%	10.6%	8.9%	8.4%	10.6%
	Told they have high blood pressure	43.3%	43.1%	36.4%	36.9%	33.6%	28.8%	34.3%
	Ever told have any type of cancer,	9.9%	8.6%	7.8%	7.7%	6.7%	5.8%	7.2%
	Had cholesterol checked and told it was	41.7%	46.4%	39.8%	39.0%	38.2%	37.3%	38.8%
	Ever told have kidney disease	8.5%	5.4%	3.0%	2.6%	2.2%	1.8%	2.7%
	Ever told have COPD	16.7%	14.9%	9.0%	6.6%	4.5%	2.0%	6.4%
	Ever told have coronary heart disease	9.4%	7.4%	4.9%	5.1%	3.3%	3.2%	4.2%
	Ever told have a form of depression	40.7%	36.2%	25.0%	20.5%	17.8%	13.8%	20.6%
	Ever told have diabetes	21.1%	17.2%	13.9%	11.8%	9.5%	8.0%	11.1%
	Obesity	41.2%	37.5%	40.3%	36.1%	38.6%	34.7%	36.0%
	Aged 65+ who have had all natural	23.5%	22.4%	13.9%	11.2%	N/A	N/A	12.4%
	Ever told had a stroke	8.6%	6.7%	4.2%	2.7%	2.0%	1.2%	3.1%
Prevention	Aged 18-64 with no health care	27.5%	25.9%	24.7%	14.2%	5.1%	1.6%	11.3%
	Last had a routine doctor visit 5+ years	7.7%	6.3%	7.3%	7.1%	5.2%	3.8%	5.7%
	No dental visit in the past year	58.8%	52.6%	42.6%	36.8%	N/A	N/A	32.7%
	Never had cholesterol checked	16.4%	17.3%	16.0%	15.5%	10.8%	5.5%	12.3%
	Women aged 50-74 with no mammogram in past two years	45.9%	38.5%	32.3%	25.4%	N/A	N/A	26.6%
	Women aged 21-65 with no Pap test in	32.2%	38.7%	29.0%	19.8%	N/A	N/A	22.5%
	Adults aged 50-75 with no colorectal	8.5%	11.4%	6.2%	11.7%	N/A	N/A	8.6%
Health Risk Behaviors	Binge drinking	14.0%	15.9%	17.2%	17.7%	18.9%	23.2%	17.7%
	Current smoking	34.0%	28.7%	22.2%	18.4%	12.8%	8.4%	15.6%
	No leisure-time physical activity	42.3%	35.9%	31.2%	25.6%	20.0%	11.5%	23.6%
Health Status	Fair or Poor Health	41.5%	30.0%	21.8%	16.2%	9.8%	5.2%	14.7%
	Poor Health	14.9%	9.9%	5.0%	2.7%	1.6%	0.7%	3.4%
	Fair Health	26.6%	20.1%	16.8%	13.5%	8.2%	4.4%	11.3%

Source: Behavioral Risk Factor Surveillance System, 2021.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Description:** Exhibit 48 presents Kansas-wide selected BRFSS data by income level. Light grey shading indicates rates above the Kansas average (all incomes); dark grey shading indicates rates more than 50 percent above the Kansas average.

### Observations

- In 2021, residents with annual incomes below \$35,000 compared unfavorably for nearly all indicators compared to those who earned \$50,000 or more. Indicators were particularly problematic for residents in the two lowest income brackets (under \$15,000 and \$15,000 to \$24,000).
- Residents with annual income \$50,000 and above had higher rates of binge drinking than residents in lower income brackets compared to Kansas overall averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 49: Missouri Selected BRFSS Indicators by Race and Ethnicity, 2021**

Category	Indicator	White, non-Hispanic	Black, non-Hispanic	Hispanic	Missouri Overall
<b>Alcohol Consumption</b>	At least one drink of alcohol within the past 30 days	51.7%	51.0%	58.0%	<b>51.8%</b>
	Binge drinking	17.1%	13.6%	19.3%	<b>16.6%</b>
	Heavy drinkers	7.1%	4.7%	N/A	<b>6.6%</b>
<b>Cholesterol</b>	Never had cholesterol checked	10.2%	11.1%	<b>16.1%</b>	<b>10.6%</b>
<b>Health Outcomes</b>	Limited in any way in any of your usual activities because of arthritis	13.4%	11.1%	9.0%	<b>12.8%</b>
	Ever reported coronary heart disease or myocardial infarction	7.4%	7.4%	5.4%	<b>7.3%</b>
	Ever told had a heart attack (myocardial infarction)	5.0%	5.3%	N/A	<b>5.0%</b>
	Ever told have pre-diabetes or borderline diabetes	2.4%	2.6%	N/A	<b>2.4%</b>
	Ever told have diabetes	11.0%	15.3%	8.0%	<b>11.3%</b>
	Ever told have pregnancy-related diabetes	0.9%	N/A	N/A	<b>1.0%</b>
	Ever told have kidney disease	2.9%	3.3%	N/A	<b>2.9%</b>
	Ever told had any other types of cancer	8.4%	6.4%	N/A	<b>7.9%</b>
Aged 50-75 have never received recommended colorectal screening tests	21.2%	16.6%	N/A	<b>20.9%</b>	
<b>E-Cigarette Use</b>	Current E-cigarette user	7.3%	5.7%	<b>13.7%</b>	<b>7.4%</b>
<b>Nutrition</b>	Consumed vegetables less than one time per day	18.6%	27.1%	23.2%	<b>19.5%</b>
<b>Health Care Access</b>	Have no health care coverage	8.3%	13.7%	<b>19.4%</b>	<b>9.5%</b>
	Needed to see a doctor in past 12 months but could not because of cost	9.6%	16.4%	<b>20.1%</b>	<b>11.0%</b>
	Do not have personal doctor or health care provider	14.9%	17.6%	<b>29.9%</b>	<b>15.9%</b>
<b>Health Status</b>	Fair or Poor Health	16.6%	21.4%	24.2%	<b>17.4%</b>
	Fair Health	12.2%	15.9%	18.4%	<b>12.9%</b>
<b>Hypertension</b>	Told they have high blood pressure	34.9%	41.7%	30.9%	<b>35.1%</b>
<b>Overweight and Obesity (BMI)</b>	Obese (BMI 30.0 - 99.8)	36.6%	43.9%	43.2%	<b>37.2%</b>
	Overweight (BMI 25.0-29.9)	32.3%	32.6%	26.5%	<b>32.0%</b>
<b>Physical Activity</b>	Did not participate in any physical activities in past month	24.9%	30.3%	26.6%	<b>25.3%</b>
<b>Prostate Cancer*</b>	Men aged 40+ who did not have a PSA test within the past two years	65.4%	71.0%	N/A	<b>67.1%</b>
<b>Tobacco Use</b>	Current smokers	16.8%	19.2%	22.7%	<b>17.3%</b>

Source: Behavioral Risk Factor Surveillance System, 2021. \*2020 BRFSS Data.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Description:** Exhibit 49 presents Missouri-wide selected BRFSS data by race and ethnicity. Light grey shading indicates rates above the Missouri average; dark grey shading indicates rates more than 50 percent above the Missouri average.

### Observations

- In 2021 and for White residents, the following BRFSS indicators were comparatively worse:
  - Binge and heavy drinking
  - Limited in usual activities because of arthritis
  - Coronary heart disease or myocardial infarction
  - Cancer
  - Never colorectal cancer screening
  - Overweight
- For Black residents, the following BRFSS indicators were comparatively worse:
  - Never had cholesterol screening
  - Heart attack or myocardial infarction
  - Prediabetes and diabetes
  - Kidney Disease
  - Low vegetable consumption
  - No health care coverage
  - No personal doctor or healthcare provider
  - Needed to see a doctor in the past 12 months but could not because of cost
  - Fair and poor health
  - High blood pressure
  - Obesity and overweight
  - Inadequate physical inactivity
  - Men aged 40 plus without a PSA test
  - Tobacco use
- For Hispanic residents, the following BRFSS indicators were comparatively worse:
  - At least one drink of alcohol in the past 30 days
  - Binge drinking
  - Never had cholesterol screening
  - Current E-cigarette user
  - Low vegetable consumption
  - No health care coverage
  - No personal doctor or healthcare provider
  - Needed to see a doctor in the past 12 months but could not because of cost
  - Fair or poor health
  - Obesity
  - Inadequate physical activity
  - Tobacco use



APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 50: Missouri Selected BRFSS Indicators by Annual Income, 2021**

Category	Indicator	Less than \$15,000	\$15,000-\$24,999	\$25,000-\$34,999	\$35,000-\$49,999	\$50,000-\$99,999	\$100,000-\$199,999	Missouri Overall
Health Outcomes	Told they have arthritis	37.1%	38.0%	34.4%	33.4%	29.0%	20.6%	<b>29.1%</b>
	Told currently have asthma	<b>19.9%</b>	12.9%	10.4%	9.9%	8.2%	5.9%	<b>9.4%</b>
	Told they have high blood pressure	44.0%	42.3%	38.8%	40.0%	32.8%	29.6%	<b>35.1%</b>
	Ever told have any type of cancer,	10.5%	9.1%	7.9%	9.8%	<b>8.7%</b>	4.8%	<b>7.9%</b>
	Had cholesterol checked and told it was	44.1%	37.1%	36.8%	40.3%	35.6%	34.0%	<b>36.2%</b>
	Ever told have kidney disease	<b>6.2%</b>	<b>5.2%</b>	4.1%	2.9%	2.1%	N/A	<b>2.9%</b>
	Ever told have COPD	<b>20.9%</b>	<b>17.0%</b>	10.2%	10.1%	6.0%	3.2%	<b>8.5%</b>
	Ever told have coronary heart disease	<b>7.0%</b>	5.2%	4.7%	6.0%	3.8%	2.2%	<b>4.2%</b>
	Ever told have a form of depression	<b>39.2%</b>	31.3%	31.0%	24.0%	19.0%	16.8%	<b>22.8%</b>
	Ever told have diabetes	<b>18.4%</b>	15.9%	16.8%	15.1%	9.6%	6.3%	<b>11.3%</b>
	Obesity	43.1%	39.1%	40.4%	34.5%	N/A	N/A	<b>34.0%</b>
	Aged 65+ who have had all natural	<b>35.7%</b>	<b>29.0%</b>	19.2%	12.7%	N/A	N/A	<b>17.7%</b>
	Ever told had a stroke	<b>8.0%</b>	<b>6.2%</b>	3.6%	3.4%	2.6%	1.0%	<b>3.5%</b>
Prevention	Aged 18-64 with no health care	<b>26.6%</b>	<b>24.9%</b>	<b>20.2%</b>	16.5%	8.2%	2.1%	<b>12.3%</b>
	Last had a routine doctor visit 5+ years	6.2%	8.6%	8.4%	7.0%	<b>6.8%</b>	4.6%	<b>6.5%</b>
	No dental visit in the past year	<b>56.4%</b>	<b>56.2%</b>	47.0%	41.3%	N/A	N/A	<b>37.0%</b>
	Never had cholesterol checked	12.8%	12.3%	12.6%	8.8%	9.8%	6.4%	<b>10.6%</b>
	Women aged 50-74 with no	30.5%	30.3%	<b>35.3%</b>	30.3%	N/A	N/A	<b>23.3%</b>
	Women aged 21-65 with no Pap test in	26.8%	29.3%	<b>34.8%</b>	22.9%	N/A	N/A	<b>21.8%</b>
	Adults aged 50-75 with no colorectal	10.2%	6.1%	<b>12.7%</b>	6.6%	N/A	N/A	<b>6.9%</b>
Health Risk Behaviors	Binge drinking	11.7%	11.1%	15.8%	14.9%	21.1%	22.9%	<b>16.6%</b>
	Current smoking	<b>34.9%</b>	<b>28.9%</b>	<b>26.5%</b>	21.0%	12.9%	10.1%	<b>17.3%</b>
	No leisure-time physical activity	<b>38.4%</b>	<b>43.4%</b>	33.1%	25.4%	21.3%	14.1%	<b>25.3%</b>
Health Status	Fair or Poor Health	<b>35.7%</b>	<b>32.6%</b>	23.7%	19.7%	12.4%	6.1%	<b>17.4%</b>
	Poor Health	<b>12.3%</b>	<b>10.0%</b>	6.2%	3.4%	2.1%	N/A	<b>4.5%</b>
	Fair Health	<b>23.4%</b>	<b>22.6%</b>	17.6%	16.3%	10.3%	5.2%	<b>12.9%</b>

Source: Behavioral Risk Factor Surveillance System, 2021.

## APPENDIX B – SECONDARY DATA ASSESSMENT

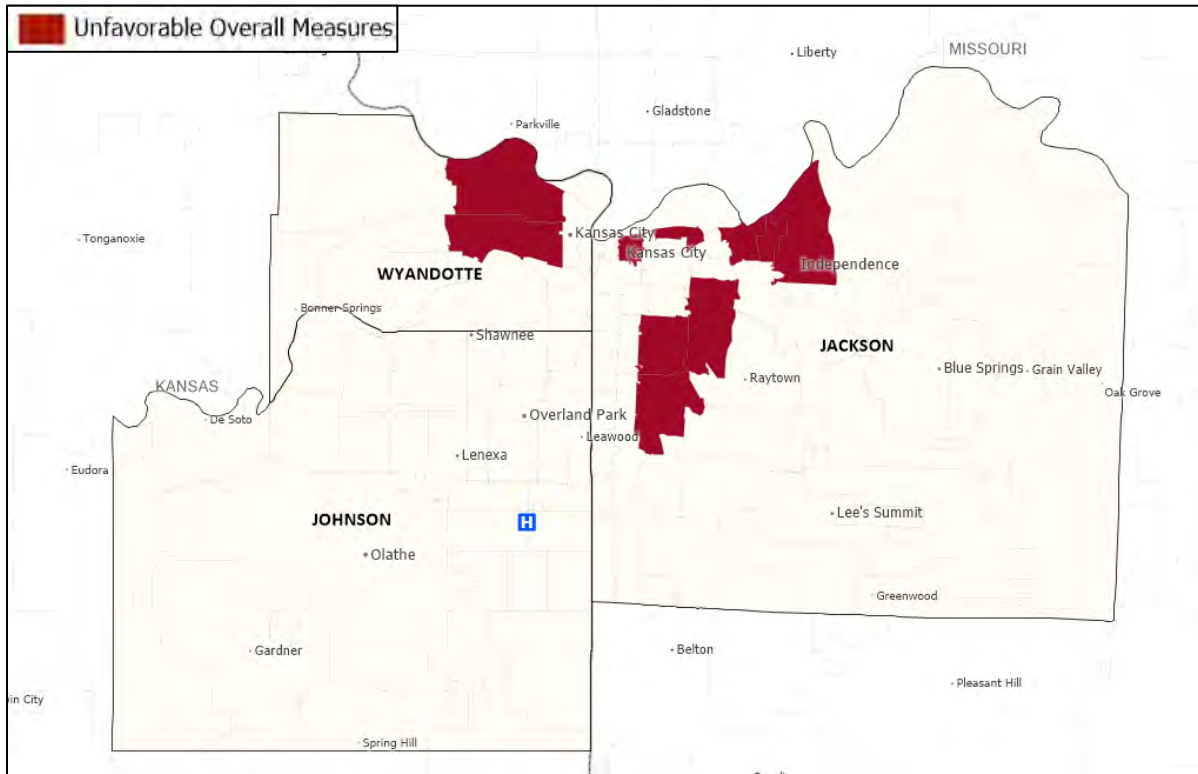
**Description:** Exhibit 50 presents Missouri-wide selected BRFSS data by income level. Light grey shading indicates rates above the Missouri average (all incomes); dark grey shading indicates rates more than 50 percent above the Missouri average.

### Observations

- In 2021, residents with annual incomes below \$35,000 compared unfavorably for nearly all indicators compared to those who earned \$50,000 or more. Indicators were particularly problematic for residents in the two lowest income brackets (under \$15,000 and \$15,000 to \$24,000).
- Residents with annual income \$50,000 and above had higher rates of binge drinking than residents in lower income brackets compared to Missouri overall averages.

CDC PLACES

**Exhibit 51: Locations of Unfavorable Overall Measures, 2020**



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

**Description:** Exhibits 51 through 55 present Centers for Disease Control and Prevention PLACES data. PLACES data are derived from BRFSS and are available for every U.S. ZIP Code, census tract, county, and state. Thirty measures are grouped into four categories: Health Outcomes (13 measures), Prevention (10 measures); Health Risk Behaviors (4 measures); and Health Status (3 measures).

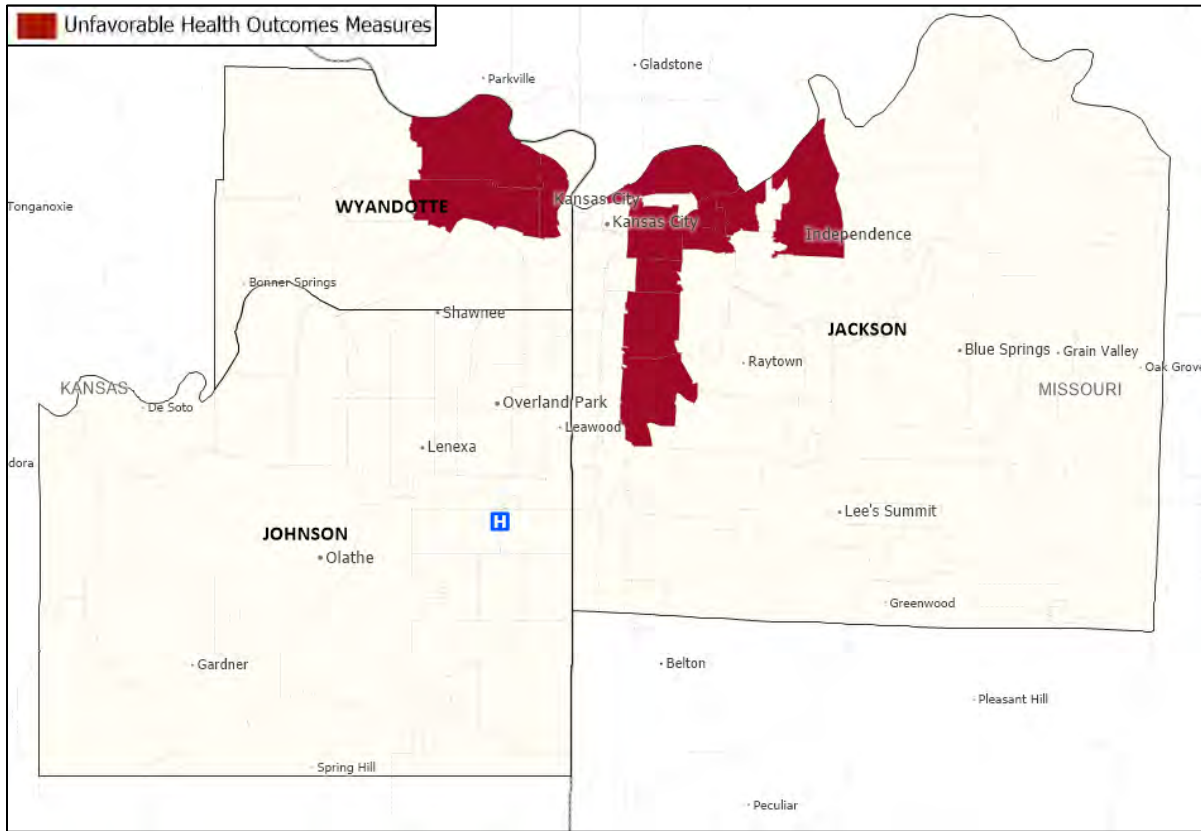
**Exhibit 51** identifies ZIP Codes where more than half of the 30 measures were in the bottom quartile nationally.<sup>16</sup>

**Observations**

- In 2020, more than 50 percent of the 30 PLACES indicators were in the bottom quartile in certain Kansas City, Independence, and eastern Wyandotte County ZIP Codes.

<sup>16</sup> <https://www.cdc.gov/places/methodology/index.html>

**Exhibit 52: Locations of Unfavorable Health Outcomes Measures, 2020**



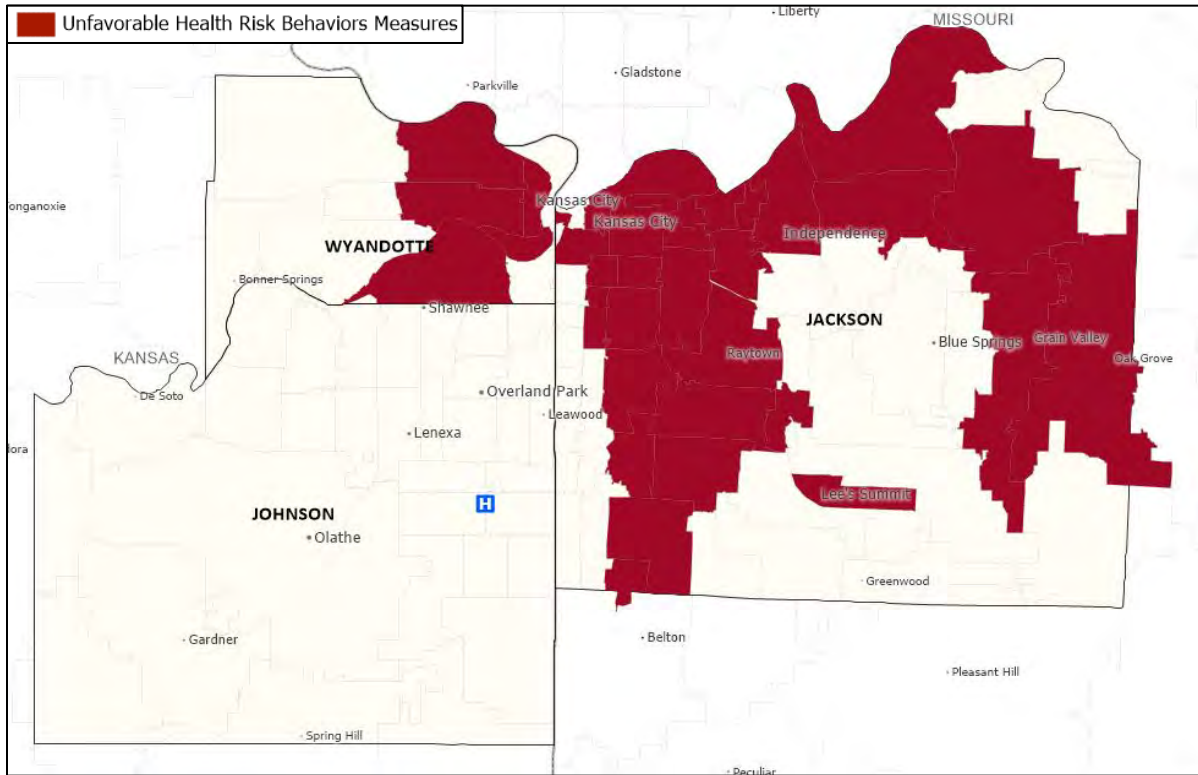
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

**Description:** Exhibit 52 identifies ZIP Codes where more than half of the 13 Health Outcomes measures in PLACES were in the bottom quartile nationally. This category includes indicators regarding the prevalence of certain chronic diseases, depression, obesity, and adult asthma.

**Observations**

- In 2020, unfavorable Health Outcomes measures were concentrated in certain Kansas City, Independence, and eastern Wyandotte County ZIP Codes.

**Exhibit 53: Locations of Unfavorable Health Risk Behaviors Measures, 2020**



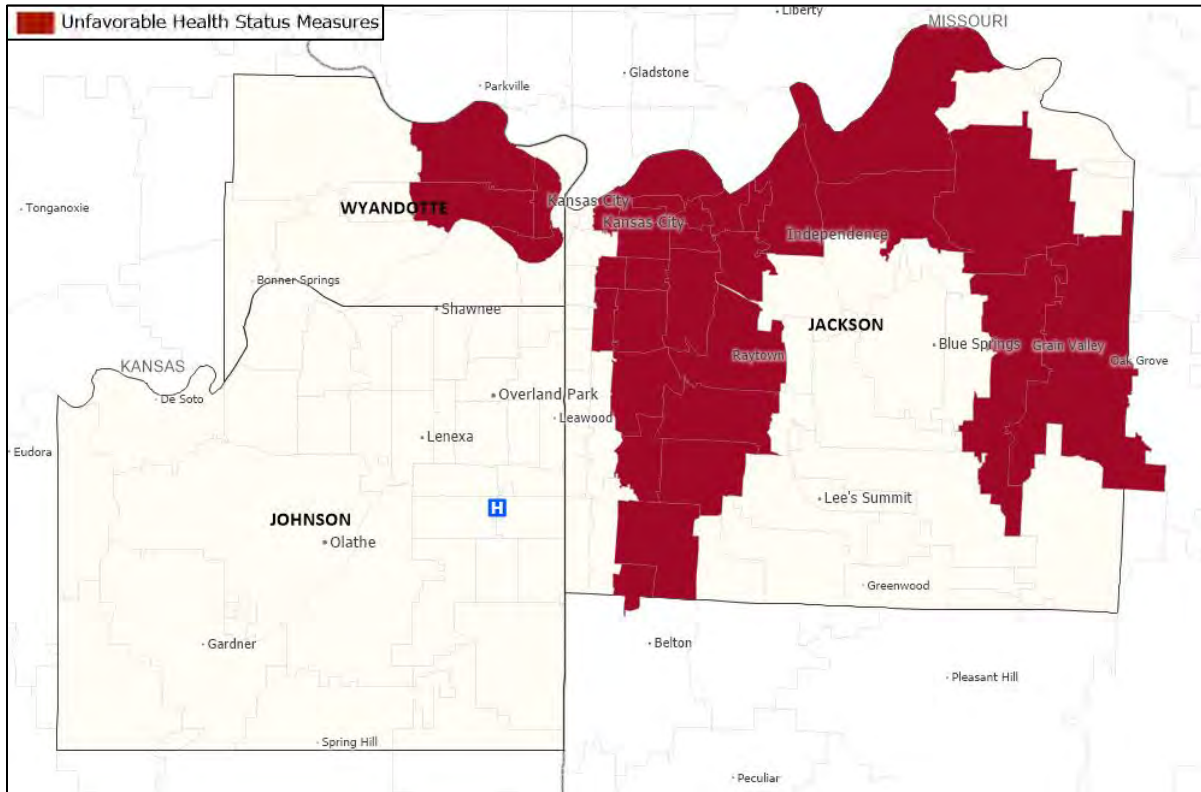
Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

**Description:** Exhibit 53 identifies ZIP Codes where more than half of the four Health Risk Behaviors measures were in the bottom quartile nationally. This category includes indicators for binge drinking, smoking, sleep behaviors, and physical inactivity in the adult population.

**Observations**

- In 2020, unfavorable Health Risk Behaviors measures were concentrated in Kansas City, Independence, Blue Springs, Lee’s Summit, and eastern Wyandotte County.

**Exhibit 54: Locations of Unfavorable Health Status Measures, 2020**



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

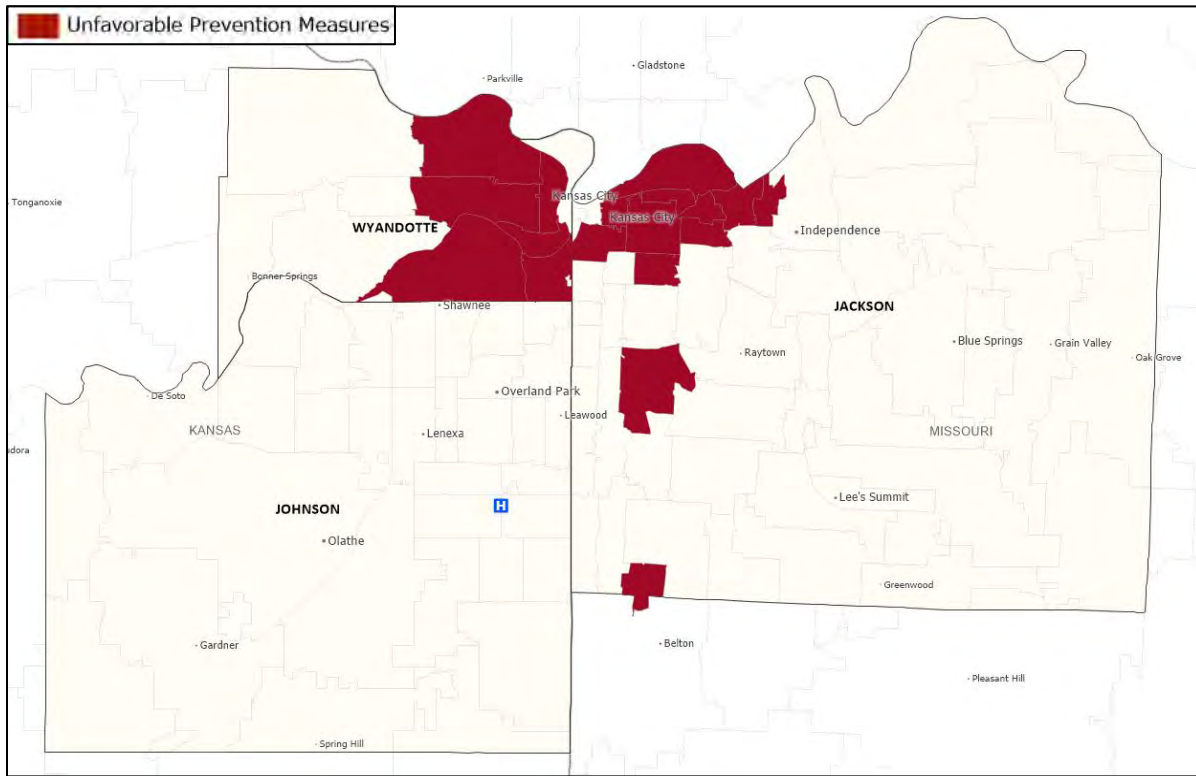
**Description:** Exhibit 54 identifies ZIP Codes where unfavorable Health Status indicators are present. This category includes indicators for self-reported poor mental and physical health.

**Observations**

- In 2020, unfavorable Health Status measures were concentrated in Kansas City, Independence, Blue Springs, and northeastern Wyandotte County.

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Exhibit 55: Locations of Unfavorable Prevention Measures, 2020



**Description:** Exhibit 55 identifies ZIP Codes where more than half of the Prevention measures were in the bottom quartile nationally. This category includes indicators regarding lack of health insurance, lack of routine healthcare access, lack of health screenings and dental visits, and not being up to date on core clinical preventive services among adults.

#### Observations

- In 2020, unfavorable Prevention measures were concentrated in Kansas City, and central and eastern Wyandotte County.

APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 56: PLACES Indicators, ZIP Codes in Bottom Quartile by County, 2020**

BRFSS Measure	ZIP Codes in Bottom Quartile			
	Johnson (KS)	Jackson (MO)	Wyandotte (KS)	Total
	N=32	N=53	N=10	N=95
Binge Drinking	11	31	3	45
Annual Checkup	7	25	8	40
Cholesterol Screening	3	25	7	35
Taking BP Medication	20	8	5	33
Sleep <7 hours	0	34	6	40
Health Insurance	0	23	8	31
Mental Health	0	28	3	31
Cervical Cancer Screening	0	18	4	22
Obesity	0	16	10	26
All Teeth Lost	0	19	5	24
Physical Inactivity	0	20	5	25
Current Smoking	0	17	6	23
General Health	0	18	4	22
Depression	0	16	0	16
Dental Visit	0	14	5	19
Physical Health	0	15	4	19
Colorectal Cancer Screening	1	11	6	18
Diabetes	0	12	5	17
Stroke	0	13	3	16
Current Asthma	0	12	4	16
Core preventive services for older women	0	11	4	15
Arthritis	0	12	0	12
Chronic Kidney Disease	0	8	4	12
COPD	0	11	1	12
Core preventive services for older men	0	7	4	11
Cancer (except skin)	4	5	0	9
High Cholesterol	4	4	0	8
High Blood Pressure	0	5	2	7
Coronary Heart Disease	0	6	0	6
Mammography	0	1	3	4

Source: Centers for Disease Control and Prevention, 2020.

**Description:** Exhibits 56 presents the number of ZIP Codes in the bottom quartile nationally for each PLACES measure and for each county. Jackson County, for example, has 53 ZIP Codes. The rate of binge drinking is in the bottom quartile nationally in 31 of those 53 ZIP Codes. Similarly, in 20 out of 32 Johnson County ZIP Codes, comparatively few residents are taking blood pressure (BP) medications as prescribed.

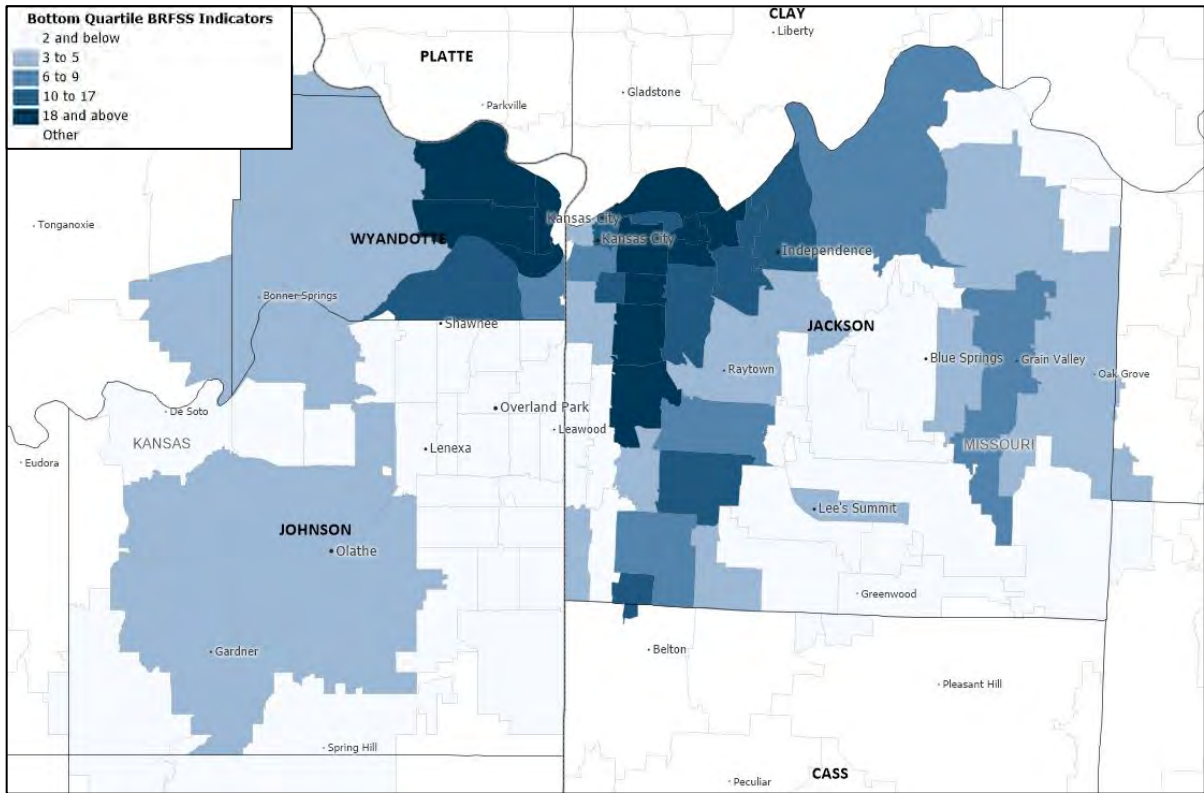


## APPENDIX B – SECONDARY DATA ASSESSMENT

### Observations

- In 2020, binge drinking rates were problematic in 45 out of the 95 ZIP Codes located in the three-county area assessed by SLS.
- The top seven community health problems based solely on PLACES data are: binge drinking, people not receiving an annual checkup, cholesterol screening rates, blood pressure medication compliance, lack of sleep, and comparatively low rates of health insurance coverage.
- All ten Wyandotte County ZIP Codes ranked in the bottom quartile nationally for adult obesity rates.

**Exhibit 57: Map of PLACES Indicators, ZIP Codes in Bottom Quartile by County, 2020**



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude, 2022.

**Description:** Exhibit 57 shows the number of PLACES indicators in each ZIP Code in the bottom quartile nationally.

**Observations**

- In 2020, ZIP Codes in eastern Wyandotte County and western Jackson County were where 18 or more of the 30 PLACES indicators ranked in the bottom quartile nationally.

APPENDIX B – SECONDARY DATA ASSESSMENT

Ambulatory Care Sensitive Conditions

Exhibit 58: Saint Luke’s Health System ACSC (PQI) Discharges by County, 2022

Condition	Johnson (KS)	Jackson (MO)	Wyandotte (KS)	Five County Region
Diabetes Short-Term Complications	27	144	10	252
Diabetes Long-Term Complications	40	215	22	364
Chronic Obstructive Pulmonary Disease (COPD)	60	282	12	442
Hypertension	31	169	10	253
Lower-Extremity Amputation among Patients with Diabetes	7	36	11	72
Heart Failure	299	1,199	64	1,832
Bacterial Pneumonia	99	252	14	465
Urinary Tract Infection	108	292	15	483
Uncontrolled Diabetes	14	87	3	120
Asthma in Younger Adults	2	21	3	29
<b>Total ACSC Discharges</b>	<b>687</b>	<b>2,697</b>	<b>164</b>	<b>4,312</b>
Total Adult Discharges	5,650	19,109	1,052	32,351
<b>Percent</b>	<b>12.2%</b>	<b>14.1%</b>	<b>15.6%</b>	<b>13.3%</b>

Source: Analysis of Saint Luke’s Health System Discharges, 2023.

Exhibit 59: Saint Luke’s Health System ACSC (PQI) Discharges by Hospital, 2022

Condition	SLH	SLE	SLN	SLS	Total
Heart Failure	888	855	321	365	2,429
Urinary Tract Infection	118	234	82	162	596
Bacterial Pneumonia	130	200	101	153	584
Chronic Obstructive Pulmonary Disease (COPD)	142	232	87	88	549
Diabetes Long-Term Complications	187	145	117	55	504
Diabetes Short-Term Complications	96	94	86	53	329
Hypertension	120	107	50	29	306
Uncontrolled Diabetes	47	57	22	21	147
Lower-Extremity Amputation with Diabetes	37	24	28	12	101
Asthma in Younger Adults	16	8	2	6	32
<b>Total ACSC Discharges</b>	<b>1,781</b>	<b>1,956</b>	<b>896</b>	<b>944</b>	<b>5,577</b>
Total Adult Discharges	17,891	12,382	6,789	6,337	43,399
<b>Percent</b>	<b>10.0%</b>	<b>15.8%</b>	<b>13.2%</b>	<b>14.9%</b>	<b>12.9%</b>

Source: Analysis of Saint Luke’s Health System Discharges, 2023.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Discussion: Exhibits 58 and 59** provide information based on an analysis of discharges from Saint Luke’s Health System hospitals. The analysis identifies discharges for Ambulatory Care Sensitive Conditions (ACSCs).

ACSCs are health “conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”<sup>17</sup> As such, rates of hospitalization for these conditions can “provide insight into the quality of the health care system outside of the hospital,” including the accessibility and utilization of primary care, preventive care, and health education.

These conditions include angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the healthcare system and ways to improve outcomes.

### **Observations**

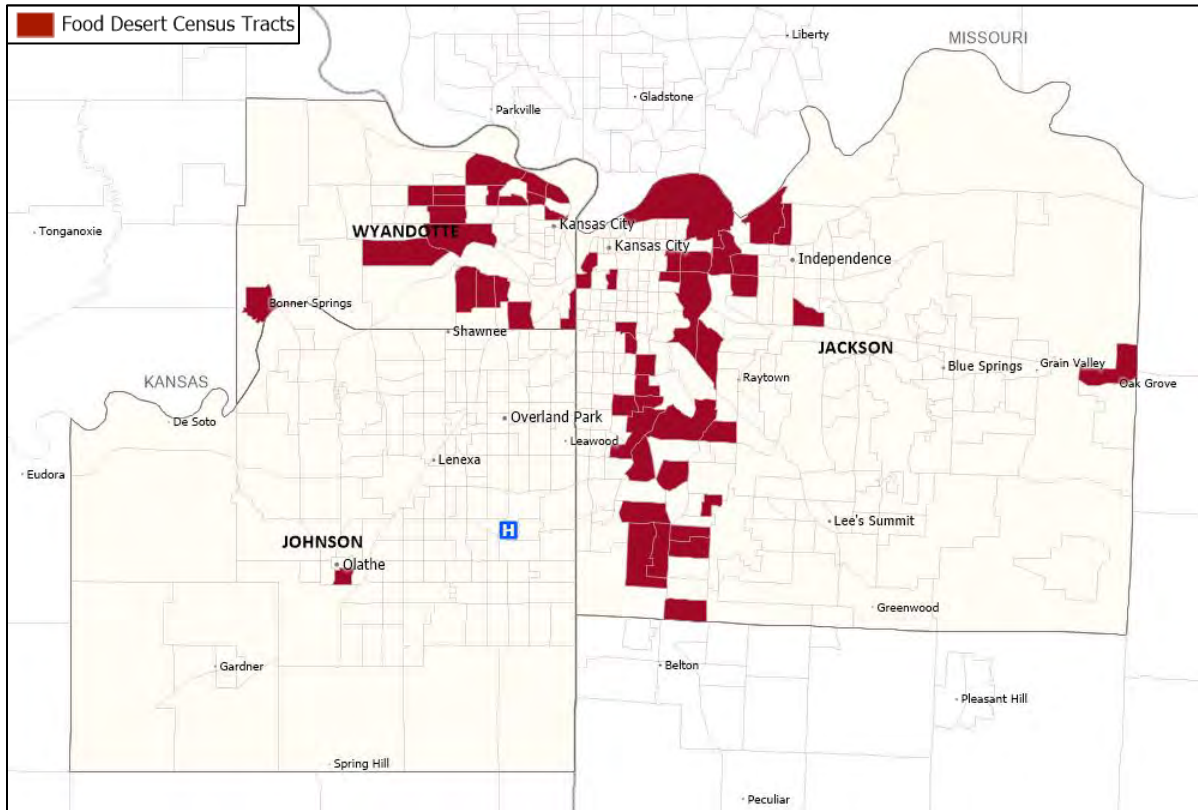
- Jackson and Wyandotte County residents were discharged more frequently for Ambulatory Care Sensitive Conditions than residents of the other counties.
- Saint Luke’s East and Saint Luke’s South hospitals had the highest rates of ASCS discharges.

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<sup>17</sup>Agency for Health care Research and Quality (AHRQ) Prevention Quality Indicators.

Food Deserts

**Exhibit 60: Locations of Food Deserts, 2019**



Source: U.S. Department of Agriculture, 2021, and Caliper Maptitude, 2022.

**Description:** Exhibit 60 identifies where food deserts are present in the community. The U.S. Department of Agriculture’s Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store, and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

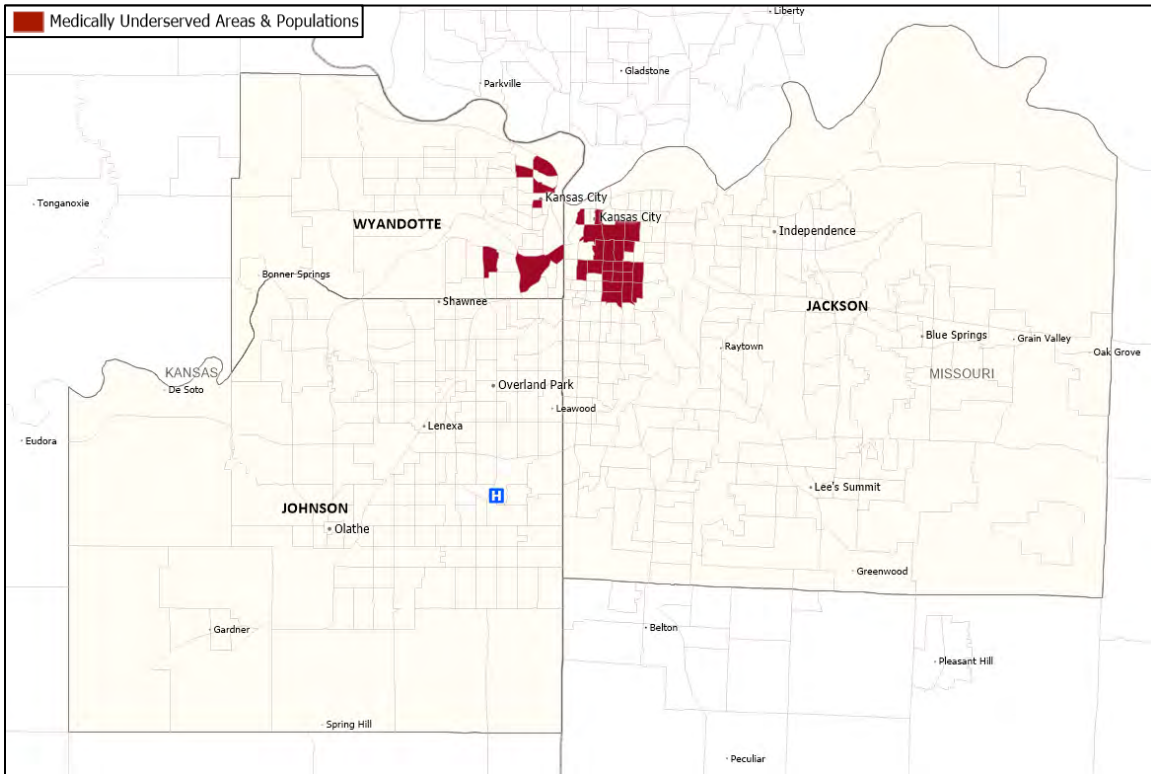
**Observations**

- In 2019, census tracts designated as food deserts were concentrated in western Jackson County, central and eastern Wyandotte County, Bonner Springs, and Olathe.

APPENDIX B – SECONDARY DATA ASSESSMENT

Medically Underserved Areas and Populations

Exhibit 61: Locations of Medically Underserved Areas and Populations, 2023



Source: Health Resources and Services Administration, 2023, and Caliper Maptitude, 2022.

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**Description:** Exhibit 61 identifies Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs), based on HRSA’s “Index of Medical Underservice”<sup>18</sup> MUP designation includes groups with economic, cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state.”<sup>19</sup>

### Observations

- Medically Underserved Areas and Populations are concentrated in Kansas City and eastern Wyandotte County.

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<sup>18</sup> Health Resources and Services Administration. The index is based on the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. See <http://www.hrsa.gov/shortage/mua/index.html>.

<sup>19</sup>*Ibid.*

APPENDIX B – SECONDARY DATA ASSESSMENT

Health Professional Shortage Areas

**Exhibit 62: Population and Facility HPSA Designations, 2023**

HPSA Name	County (State)	HPSA Type Description	Primary Care	Mental Health	Dental Health
Health Partnership Clinic, Inc.	Johnson (KS)	Federally Qualified Health Center	•	•	•
Hope Family Care Center	Jackson (MO)	Federally Qualified Health Center Look-a-Like	•	•	•
Kansas City Care Clinic	Jackson (MO)	Federally Qualified Health Center	•	•	•
Low-Income Central Kansas City	Jackson (MO)	HPSA Population	•		•
Low-Income Grandview	Jackson (MO)	HPSA Population	•		
Low-Income Independence	Jackson (MO)	HPSA Population	•		
Low-Income Jackson County	Jackson (MO)	HPSA Population		•	
Low-Income North Kansas City	Jackson (MO)	HPSA Population	•		•
Samuel U. Rodgers Health Center, Inc.	Jackson (MO)	Federally Qualified Health Center	•	•	•
Swope Health Services	Jackson (MO)	Federally Qualified Health Center	•	•	•
Low-Income Wyandotte County	Wyandotte (KS)	HPSA Population	•		•
Sharon Lee Family Health Care, Inc.	Wyandotte (KS)	Federally Qualified Health Center Look-a-Like	•	•	•
Turner House Clinic, Inc.	Wyandotte (KS)	Federally Qualified Health Center	•	•	•

Source: Health Resources and Services Administration, 2023.

**Description:** Exhibit 62 provides a list of federally designated population and facility Health Professional Shortage Areas (HPSAs) in the community.

**Observations**

- The low-income population of Jackson County has been designated as a mental health HPSA.
- The low-income populations in Central Kansas City, Grandview, Independence, and North Kansas City have been designated as primary care HPSAs.
- The low-income populations of Central Kansas City, North Kansas City, and all of Wyandotte County have been designated as dental health HPSAs.



## Findings of Other Assessments

### Jackson County Opioid-Related Deaths

The Jackson County Health Department released data on opioid use in Jackson County, MO. Significant findings from the report are as follows:

1. In Missouri, the number of non-heroin opioid deaths almost tripled between 2016 and 2021.
2. In Jackson County, one-in-five drug overdose-related deaths were from children under the age of 15.
3. Drug overdose is the leading cause of death among young adults in Missouri. Approximately 70 percent of those deaths involved opioids. Opioid use is of significant concern for young adults and children under the age of 18.
4. In Eastern Jackson County, there were 2,245 total ER visits from 2013-2020 for opioid misuse. Emergency room visits due to opioid use include visits reported for any opioid-related diagnosis code, not only overdoses.

### Suburban Poverty in Eastern Jackson County (EJC) – Jackson County Health Department

In December 2020, the Jackson County Health Department Division of Health Promotion provided a report outlining shifts in economic poverty in suburban divisions of Kansas City, MO. The report outlines initial economic effects of the Covid-19 pandemic, in addition to an already changing suburban economic landscape. The report highlighted the following findings.

1. **The poverty rate for the Kansas City portion of Jackson County is almost double that of Eastern Jackson County.** The poverty rate in the Kansas City portion of Jackson County is 22 percent, while the overall percentage of residents in Eastern Jackson County living in poverty in 2017 was 10.9 percent.<sup>3</sup>
2. **Trends indicate that poverty is growing in the suburbs.** Suburban neighborhoods, particularly those near the region which borders Kansas City, appear to have higher poverty rates.
3. **Poverty is increasing in Eastern Jackson County across racial and ethnic groups, including Black, Hispanic, and non-white populations.** There is a significantly higher proportion of racial and ethnic minority groups living in poverty in census tracts with greater than 20 percent poverty.
4. **The number of high poverty census tracts in Eastern Jackson County has increased since 2010.** In 2020, Eastern Jackson County has eight high poverty census tracts as compared to thirteen in 2017. The report states that one reason for this shift could be changing economic conditions in Kansas City, such as a decline in the number of high-paying manufacturing jobs.

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Kansas City Health Improvement Plan (2022-2027)

In 2021, a collaboration of the Kansas City Health Commission, Kansas City Health Department, and community partners established the Kansas City Community Health Improvement Plan (CHIP) for 2022 through 2027. The CHIP used a lens of health being an overall state of wellbeing influenced by many societal factors, not just the absence of disease. The CHIP states: “While CHIPs have traditionally focused on downstream, siloed issues, like chronic disease, this CHIP seeks to advance health by identifying and addressing root causes of poor health, with a focus on racism.” Using this lens, the following priority areas and goals were developed:

- **Priority Area 1: Robust Public Health and Prevention Infrastructure**
  - Goal 1: Increase public health capacity of residents of KCMO.
  - Goal 2: Increase local funding for public health with a priority focus on BIPOC communities.
  - Goal 3: Increase federal funding for public health in KCMO.
  
- **Priority Area 2: Safe and Affordable Housing**
  - Goal 4: Adopt, at the Municipal Level, a Health in All Policies (HiAP) Framework.
  - Goal 5: Invest in truly safe, affordable rental housing in low life expectancy zip codes.
  - Goal 6: Increase investment in zoning policies to create more diverse, mixed-income communities in high priority zip codes.
  - Goal 7: Monitor, in real-time, affordable housing stock.
  
- **Priority Area 3: Trauma-Informed and Funded Education**
  - Goal 8: Prioritize funding for schools in disinvested areas with lower property values.
  - Goal 9: Increase trauma-informed and anti-racist education and practices in the Kansas City education systems.
  - Goal 10: Improve Kansas City, MO student graduation rates for BIPOC students.
  
- **Priority Area 4: Implementation of Medicaid Expansion**
  - Goal 11: Remove barriers to equitable enrollment for newly expanded Medicaid population.
  - Goal 12: Support expanded capacity for service providers to provide equitable access to care for expanded Medicaid population.
  
- **Priority Area 5: Violence Prevention**
  - Goal 13: Ensure that experiences between citizens and police are just and rehabilitative, residents and their families must be able to trust that their humanity is fully recognized, and that the justice system will work equitably for all residents.
  - Goal 14: Expand community-based restorative and transformative justice programs within education, community, and law enforcement.

## APPENDIX B – SECONDARY DATA ASSESSMENT

- Goal 15: Change the way overall self-directed, interpersonal, and collective violence data are collected to overturn inequities.
- Goal 16: Decrease community violence through application of Crime Prevention throughout Environmental Design (CPTED) strategies.
- **Priority Area VI: COVID-19**
  - Goal 17: Ensure equity in testing, vaccine distribution, and resources.
  - Goal 18: Provide culturally responsive and language appropriate resources for all Kansas City residents on COVID-19 resources and the long-term impacts of COVID.

### Johnson County Community Health Assessment Dashboard

The Johnson County Department of Health and Environment (JCDHE) maintains a Community Health Assessment (CHA) dashboard. JCDHE, partners and community volunteers also surveyed over 180 households in 30 neighborhoods throughout Johnson County about issues that affect health. An additional 600 residents completed an online survey to report community concerns. The data and information in the CHA dashboard are updated periodically and are intended to help health department staff, government officials, and the community understand local health status and needs. The data also guide action plans to improve health. A summary of information in the CHA dashboard is below.

- Community members of Johnson County outlined community health concerns of high importance and low satisfaction, listed below:
  - Health insurance is available to all;
  - Mental health illnesses are treated in our community;
  - Affordable housing is available;
  - 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; and
  - Transportation is available to people of all ages and abilities.
- Two neighborhoods, both in Johnson County and only five miles apart, have a twelve-year difference in life expectancy. Nearly one-in-seven residents in Johnson County is living in poverty.
- Rising housing prices are a significant financial burden to residents of Johnson County. 38 percent of renters in Johnson County are considered a cost-burdened rental or spend more than 30 percent of their income on housing costs.
- Financial stress plays a major role in physical and emotional symptoms. Of those surveyed, 33 percent of residents report experiencing emotional symptoms and 18 percent report experiencing physical symptoms due to financial stress.
- Infant mortality differs significantly between racial and ethnic groups. Morbidity rates for Hispanic babies are approximately double the rate of White babies. In Johnson County, 89.6 percent of women identifying as White received prenatal care in the first trimester, as compared to 74.7 percent of Black women and 76.4 percent Hispanic women.
- In Johnson County, 7.2 percent of the county population experiences food insecurity. 35.6 percent of adults do not eat vegetables at least one time per day.

## APPENDIX B – SECONDARY DATA ASSESSMENT

- About one-third of residents, or 32.9 percent, meet the weekly physical activity recommendations.
- In the CHA survey conducted in 2018, 25 percent of adults in Johnson County reported being stressed or worried about paying medical bills. According to data collected in 2017, 16.9 percent of non-white adults could not afford to see a doctor in the past year.
- When rates of hospital admissions are compared between racial and ethnic groups, approximately double the percentage of Black/African Americans are admitted for having a stroke (21.6 percent) as compared to White residents (10.8 percent). More than double the percentage of Black/African Americans (59.1 percent) are admitted for congestive heart failure when compared to White residents (22.6 percent).
- Nearly one-fourth, or 23 percent of adults in Johnson County, report being always or usually stressed about finances in the past year. One-third of adults (33 percent) experienced emotional symptoms due to finances, while 18 percent of adults experienced physical symptoms.
- Johnson County has a lower drug overdose rate than other parts of Kansas or the United States.

### Wyandotte County Community Health Improvement Plan (2018 – 2023)

The Wyandotte Community Health Improvement Plan (CHIP) is a long-term effort to address public health concerns based on Community Health Assessment results. Local stakeholders and four lead agencies partnered with the Unified Government Health Department to implement action plans based on priority health needs. The lenses through which priorities from the CHIP are considered and implemented are poverty, racism, and Adverse Childhood Experiences (ACEs). The following goals and strategies are outlined in the CHIP:

- **Jobs and Education - Reduce Barriers to entering the workforce and increase access to living wage jobs and educational opportunities.**
  - Childcare – Increase access to quality and affordable childcare.
  - Language – Increase proficiency in English tailored to industry-specific communications.
  - Criminal History - Increase the hiring of justice-involved individuals.
  - Post-Secondary - Increase attainment of postsecondary education and training.
  - Workforce Transportation - Improve access to public and alternative transportation options for Wyandotte County workforce.
- **Health Care Access – Improve capacity of the healthcare system and assure access to healthcare for all.**
  - Education to employment pipeline - Create a multicultural and multilingual education-to-employment pipeline for Wyandotte County students in the healthcare professions, connected to Wyandotte County employers.
  - Healthcare capacity - Increase care coordination between primary, behavioral health, and other providers in Wyandotte County; Improve knowledge and availability of non-emergency medical transportation to healthcare providers in the community.

## APPENDIX B – SECONDARY DATA ASSESSMENT

- Healthcare funding - Coordinate and improve efforts to increase community member enrollment in Medicaid & Marketplace health insurance plans; Expand KanCare (Medicaid).
- Health literacy - Improve local health literacy through the development and implementation of media campaigns on the availability of health services and other local health access issues.
- School Health – Increase available health services for youth, specifically in school settings.
- **Safe and Affordable Housing – Increase the quantity of affordable housing for low- and moderate-income people.**
  - Unhoused Populations - Engage community partners and other metro agencies in the development of a Wyandotte County Homelessness Response Plan to support a coordinated community response to homelessness and housing for at-risk populations.
  - Community Land Trusts - Support the development of shared equity housing models, specifically cooperative housing, and community land trusts (CLT), including continued community education and outreach to support CLT development.
- **Violence Prevention – Foster safer neighborhoods, free from violence; Promote community connectedness, residents support and address cultural norms that tolerate violence.**
  - Crime Prevention Through Environmental Design (CPTED) - Coordinate efforts among residents, community organizations, and Unified Government (UG) agencies to implement Crime Prevention Through Environmental Design (CPTED) strategies, through trauma-informed and equity-based approaches; Implement environmental-based violence prevention strategies in neighborhoods through existing community programs.
  - Individual Level - In collaboration with the UG Public Health Department, institute a Youth Fatality Review Board as a community violence prevention strategy; Implement individual-level response and interventions for survivors of interpersonal violence and those at risk of perpetration of violence through REVIVE, a hospital-based violence intervention program.
  - Youth Engagement - Support youth-led community advisory boards to engage youth in community development and prevention strategies.
  - Community & Justice System Relations - Evaluate and improve communication and relations between community and the justice system.
  - Norms Change - Collaborate with Unified Government (UG) and other workplaces to develop and implement workplace programs, policies, and practices to prevent violence for employees and residents both at work and in their communities; Develop positive norms change campaign designed to reduce community violence.

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The State of Missouri receives funding from the MCH Bureau of the U.S. Health Resources and Services Administration for improving the health of women, mothers, and children. This funding is known as the Title V Maternal and Child Health (MCH) Block Grant. The Missouri Department of Health and Senior Services, Division of Community and Public Health, is responsible for administering the MCH Block Grant.

Through this process, the department also conducts statewide needs assessment to identify state maternal and child health priority needs and direct Title V resources to meet these needs through state and local partnerships and collaboration. The strategic map from 2020 to 2023 identified the following as priority areas, priority needs, and objectives.

- **Women/ Maternal Health**
  - Priority Need: Improve preconception, prenatal and postpartum health care services for women of childbearing age.
    - Develop/promote strategies to increase the percent of women who had an annual preventive medical visit from 72.9 percent (BRFSS 2018) by 2025.
    - Promote strategies to reduce the incidence rate of severe maternal morbidity from 74.0 per 10,000 delivery hospitalizations (SMM rate based on without blood transfusion, PAS 2018) by 2025.
- **Perinatal/Infant Health**
  - Priority Need: Promote safe sleep practices among newborns to reduce sleep-related infant deaths.
    - Increase the percentage of infants placed to sleep on their backs from 84.0 percent (2018 PRAMS) by 2025.
    - Increase the percentage of infants placed to sleep on a separate approved sleep surface from 39.9 percent (2018 PRAMS) by 2025.
    - Increase the percentage of infants placed to sleep without soft objects or loose bedding from 48.7 percent (2018 PRAMS) by 2025.
- **Child Health**
  - Priority Need: Reduce obesity among children and adolescents.
    - Increase the percentage of children, ages 6 through 11, who are physically active at least 60 minutes per day in the past week from 37.4 percent (NSCH 2017-2018) by 2025.
  - Priority Need: Enhance access to oral health care services for children.
    - Increase the percent of children, ages 1 through 17, who had a preventive dental visit in the past year from 70.9 percent (NSCH 2017-2018) by 2025.
- **Adolescent Health**
  - Priority Need: Reduce intentional and unintentional injuries among children and adolescents.
    - Decrease the rate of hospital admissions for non-fatal injury among adolescents, ages 10 through 19 from 250.2 per 100,000 (PAS 2018) by 2025.
  - Priority Need: Promote Protective Factors for Youth and Families
    - Reduce the suicide death rate among youth 10-19 years from 7.8 percent per 100,000 (CY 2019 Vital Statistics) by 2025.

## APPENDIX B – SECONDARY DATA ASSESSMENT

- **Children with Special Health Care Needs**
  - Priority Need: Ensure coordinated, comprehensive, and ongoing health care services for children with and without special health care needs.
    - Increase the percent of children with and without special health care needs, ages 0 through 17, who have a medical home from 50.0 percent (NSCH 2017-2018) by 2025.
- **Cross-Cutting/ Systems Building**
  - Priority Need: Address social determinants of health inequities.
    - Increase the number of DCPH staff and contracted partners working with maternal and child populations who complete core MCH, Health Equity, and Racial Justice training.

### **MCH (2025): Kansas Maternal and Child Health Needs Assessment, Priorities, and Action Plan – 2021 - 2025**

The 2021-2025 Kansas Title V Needs Assessment was conducted by the Bureau of Family Health to understand needs and determine priorities for work at the state and local levels to support the health and well-being of women, infants, children, children with special health care needs, adolescents, and individuals over the life course.

The state priorities are as follows:

- **Priority 1: Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.**
  - Increase the proportion of women program participants receiving a high-quality, comprehensive preventive medical visit by 5 percent by 2025.
  - Increase the proportion of women receiving education or screening about perinatal mood and anxiety disorders (PMADs) during pregnancy and the postpartum period by 5 percent annually through 2025.
  - Increase the proportion of high-risk pregnant and postpartum women receiving prenatal education and support services through perinatal community collaboratives by 10 percent annually by 2025.
  - Increase the proportion of women receiving pregnancy intention screening as part of preconception and inter-conception services by 10 percent by 2025.
- **Priority 2: All infants and families have support from strong community systems to optimize infant health and wellbeing.**
  - Promote and support cross-sector breastfeeding policies, practices, and environments to increase exclusive breastfeeding rates at 6 months by 2.5 percent annually through 2025.
  - Promote and support safe sleep practices and cross-sector initiatives to reduce the SUID rate by 10 percent by 2025.
  - Implement at least two quality cross-sector initiatives focused on improving maternal, perinatal, and infant health in partnership with the Kansas Perinatal Quality Collaborative (KPQC) by 2025.

## APPENDIX B – SECONDARY DATA ASSESSMENT

- Increase the proportion of pregnant and postpartum women receiving MCH Universal Home Visiting services by 15 percent by 2025.
- **Priority 3: Children and families have access to and utilize developmentally appropriate services and support through collaborative and integrated communities.**
  - Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent-completed developmental screening by 5 percent annually through 2025.
  - Increase the proportion of children, 6 through 11 years, with access to activities and programs that support their interests, healthy development, and learning by 10 percent by 2025.
  - Increase the proportion of MCH program participants, 1 through 11 years, receiving quality, comprehensive annual preventive services by 10 percent annually through 2025.
- **Priority 4: Adolescents and young adults have access to and utilize integrated, holistic, patient centered care to support physical, social, and emotional health.**
  - Increase the proportion MCH program participants, 12 through 17 years, receiving quality, comprehensive annual preventive services by 5 percent annually through 2025.
  - Increase the proportion of adolescents and young adults that have knowledge of and access to quality health and positive lifestyle information, prevention resources, intervention services, and support from peers and caring adults by 10 percent by 2025.
  - Increase the number of local health agencies and providers serving adolescents and young adults that screen, provide brief intervention and refer to treatment for those at risk for behavioral health conditions by 5 percent by 2025.
- **Priority 5: Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.**
  - Increase the proportion of adolescents and young adults who actively participate with their medical home provider to assess needs and develop a plan to transition into the adult health care system by 5 percent by 2025.
  - Increase the proportion of families of children with special health care needs who report their child received care in a well-functioning system by 5 percent by 2025.
  - Increase the proportion of families who receive care coordination support through cross-system collaboration by 25 percent by 2025.
- **Priority 6: Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.**
  - Increase the proportion of providers with increased comfort to address the behavioral health needs of MCH populations by 5 percent by 2025.
  - Increase the proportion of MCH local agencies implementing trauma-informed approaches that support increased staff satisfaction and healthier work environments by 5 percent annually through 2025.



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- Increase the proportion of MCH-led activities that address social determinants of health (SDOH) to reduce disparities and improve health outcomes for MCH populations by 15 percent annually through 2025.
- **Priority 7: Strengths-based supports and services are available to promote healthy families and relationships.**
  - Increase the proportion of MCH-led activities with a defined program plan for family and consumer partnership (FCP) to 75 percent by 2025.
  - Increase the number of individuals receiving peer support through Title V-sponsored programs by 5 percent annually through 2025.
  - Increase the number of families and consumers engaging as leadership partners with the MCH workforce through the FCP Program by 5 percent annually through 2025.
  - Increase the number of MCH-affiliated programs providing holistic care coordination through cross-system collaboration by three through 2025.

**APPENDIX C – COMMUNITY INPUT PARTICIPANTS**

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**Exhibit 63: Interviewee Organizational Affiliations**

Organization
Boys & Girls Club of Greater Kansas City
Crittenton Children's Center
Jackson County Health Department
Johnson County Department of Health and Environment
KC CARE Health Center
Saint Luke's East Hospital
Saint Luke's Physician Group
Saint Luke's South Hospital
Samuel U. Rodgers Health Center
Tri-County Mental Health Services
United Community Services of Johnson County

**Exhibit 64: Community Meeting Participants**

Organization
City of Lee's Summit
Clements Chiropractic
El Centro, Inc.
Hawthorn Bank
Health Partnership Clinic
Hope House
Jackson County Missouri
Jackson County, MO Representative, 6th District
Johnson County Department of Health & Environment
Johnson County Housing Services
Kansas Legislature
Lakeview Village
Lee's Summit R7
REACH Healthcare Foundation
Saint Luke's East Hospital
Saint Luke's South Hospital
Saint Luke's Health System
Unified Government of Wyandotte County and Kansas City, Kansas
United Community Services of Johnson County
University of Missouri Extension
Vibrant Health
Wyandotte County Health Department

## APPENDIX D – CHSI PEER COUNTIES

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County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control’s *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of “peer counties,” so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates. **Exhibit 65** lists peer counties for Johnson County, KS; Jackson County, MO; and Wyandotte County, KS.

### Exhibit 65: CHSI Peer Counties

Johnson (KS)	Jackson (MO)	Wyandotte (KS)
Broomfield County, Colorado	Maricopa County, Arizona	San Benito County, California
Douglas County, Colorado	Alameda County, California	San Bernardino County, California
Cherokee County, Georgia	Orange County, California	Yolo County, California
Forsyth County, Georgia	San Diego County, California	Adams County, Colorado
Kendall County, Illinois	San Francisco County, California	Osceola County, Florida
Boone County, Indiana	Santa Clara County, California	Clayton County, Georgia
Hamilton County, Indiana	Denver County, Colorado	DeKalb County, Georgia
Johnson County, Kansas	Hartford County, Connecticut	Douglas County, Georgia
Boone County, Kentucky	Pinellas County, Florida	Gwinnett County, Georgia
Oldham County, Kentucky	Jefferson County, Kentucky	Henry County, Georgia
Charles County, Maryland	Kent County, Michigan	Newton County, Georgia
Frederick County, Maryland	Hennepin County, Minnesota	Rockdale County, Georgia
Howard County, Maryland	Ramsey County, Minnesota	DeKalb County, Illinois
Carver County, Minnesota	Jackson County, Missouri	St. Clair County, Illinois
Scott County, Minnesota	Clark County, Nevada	Lake County, Indiana
Washington County, Minnesota	Erie County, New York	Wyandotte County, Kansas
Union County, North Carolina	Monroe County, New York	Jefferson Parish, Louisiana
Delaware County, Ohio	Richmond County, New York	St. Bernard Parish, Louisiana
Warren County, Ohio	Mecklenburg County, North Carolina	Bristol County, Massachusetts
Canadian County, Oklahoma	Wake County, North Carolina	Macomb County, Michigan
Williamson County, Tennessee	Franklin County, Ohio	Camden County, New Jersey
Comal County, Texas	Oklahoma County, Oklahoma	Passaic County, New Jersey
Denton County, Texas	Multnomah County, Oregon	Orange County, New York
Fort Bend County, Texas	Allegheny County, Pennsylvania	Gaston County, North Carolina
Kendall County, Texas	Davidson County, Tennessee	Yamhill County, Oregon
Montgomery County, Texas	Bexar County, Texas	Colonial Heights city, Virginia
Rockwall County, Texas	Collin County, Texas	Fredericksburg city, Virginia
Williamson County, Texas	Tarrant County, Texas	Hampton city, Virginia
Tooele County, Utah	Travis County, Texas	Hopewell city, Virginia
Loudoun County, Virginia	Salt Lake County, Utah	Newport News city, Virginia
Prince William County, Virginia	Arlington County, Virginia	Portsmouth city, Virginia
Spotsylvania County, Virginia	Alexandria city, Virginia	Suffolk city, Virginia
Stafford County, Virginia	Virginia Beach city, Virginia	Pierce County, Washington
York County, Virginia	King County, Washington	Kenosha County, Wisconsin

## APPENDIX E – IMPACT EVALUATION

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This appendix highlights Saint Luke’s South Hospital initiatives and related impacts in addressing significant community health needs since the facility’s previous Community Health Needs Assessment (CHNA), published in 2020. This is not an inclusive list of all initiatives aligned with the 2020 CHNA. Given that the process for evaluating the impact of various services and programs on health outcomes is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. Each Saint Luke’s facility continues to evaluate the cumulative impact.

The 2020 Saint Luke’s South Hospital CHNA identified the following as significant needs and priority areas for the 2021-2023 Implementation Strategy:

1. Access to Care
2. Poverty and Social Determinants of Health
3. Needs of Growing Senior Population
4. Unhealthy Behaviors

### **Saint Luke’s South Hospital**

#### **Priority 1: Access to Care**

*Goal: Increase the number of community members who receive comprehensive, high-quality health care services.*

**Initiative:** With twelve locations across the KC region, Saint Luke’s offers access to an advanced practice provider weekdays, evenings, and weekends. Patients do not have to already be affiliated with a Saint Luke’s physician to be seen. To increase access to care, patients can be seen at one of the physical convenient care locations or virtually via the patient portal for those with internet access.

**Highlighted Impact:** Through Saint Luke’s Convenient Care Clinics, access to medical care was expanded for over 5,500 Medicaid recipients during 2021-2022.

**Initiative:** Support initiatives to provide access to the SLHS Financial Assistance Policy at Convenient Care Clinics.

**Highlighted Impact:** Since 2021, all Saint Luke’s Health System Convenient Care Clinic Financial Assistance Policy align with the same policies and procedures as all Saint Luke’s Physician Group (SLPG) clinics.

**Initiative:** Improve access to primary care physicians, specialists, and qualified mental health professionals via telehealth services.

**Highlighted Impact:** Telehealth services, that originated at SLS, allowed 105 residents of Jackson (MO), Wyandotte (KS), and Johnson (KS) counties to attend medical appointments through virtual visits, increasing access to care by mitigating common barriers to accessing health care identified in this report (i.e., transportation, time commitment).

**Initiative:** Decrease barriers to accessing health care services by providing transportation to patients in need.

**Highlighted Impact:** During 2021-2022, SLS provided nearly 150 Uber or Lyft rides for low-income patients who needed transportation post-discharge.

**Initiative:** Support Saint Luke's Health System advocacy efforts to expand Medicaid in Kansas.

**Highlighted Impact:** Saint Luke's Health System continued to advocate, working alongside allied organizations statewide for the purpose of generating support for expanding Medicaid in Kansas.

**Initiative:** Improve health insurance coverage for populations with low-income by advocating for and supporting Medicaid expansion.

**Highlighted Impact:** In 2021-2022, there were 570 approvals for Medicaid at Saint Luke's South Hospital and 975 approvals at Saint Luke's Community Hospitals during that same timeframe utilizing Centauri.

**Initiative:** Improve access to medications for uninsured and underinsured patients via the Medication Assistance Program.

**Highlighted Impact:** Through the SLS Medication Assistance Program, SLS can provide life-sustaining medication to patients who otherwise would not be able to afford the medications. This program assisted 112 patients with 540 prescriptions provided and connected them to follow-up medication services through the safety-net clinics and prescription assistance programs. (2021-2022).

**Initiative:** Continue providing Allied Health Professions training programs which contribute to the supply of health professionals across the region.

**Highlighted Impact:** Saint Luke's South continues to provide training opportunities for students in occupational therapy, physical therapy (acute and outpatient), and speech language pathology thus contributing to the supply of allied health professionals across the Kansas City region.

**Initiative:** Provide financial support to Johnson County Community Health Partnership, an FQHC, which serves as a medical home offering medical, dental, and behavioral health services to people who are insured, underinsured, or without insurance.

**Highlighted Impact:** Saint Luke's South Hospital provided financial support to the organization for this work to continue in the community. The Health Partnership Clinic provides nearly 37,000 patient visits annually and serves as a lifeline for more than 15,000 adults and children. Fifty-eight percent of the clinic's patients are uninsured, and 30 percent (mostly children) are on Medicaid/KanCare.

Source: [Home - Health Partnership Clinic \(hpcks.org\)](http://hpcks.org)

**Initiative:** Enhance appropriate disposal of unused prescriptions via a MedSafe Box.

**Highlighted Impact:** Approximately 47 pounds of unused medications are collected each month. SLS covers the cost (~\$2,900/year) of hosting the box in the Emergency Department.

## **Priority 2: Social Determinants of Health**

*Goal: Improve residents' ability to earn steady incomes that allow them to meet their health needs.*

**Initiative:** As an anchor institution in the Kansas City region, Saint Luke's Health System understands the value of expanding partnerships with community organizations and working together to promote programs around workforce development. SLHS is committed to expanding its hiring programs that build pipelines for people of color and local hiring and workforce development programs.

**Highlighted Impact:** In 2021, Saint Luke's Health System joined the Hispanic Chamber of Commerce of KC, National Association of Asian American Professionals and became partners with the Heartland Black Chamber and Mid-America Gay & Lesbian Chamber. In addition, SLHS serves on the Diversity & Inclusion Committee for the Kansas City Chamber, Leawood (KS) Chamber. SLHS expanded its work with the historically black colleges and universities in the region – Lincoln University, Langston University, UAPD, and Harris-Stowe State University regarding healthcare careers. Throughout 2021 and 2022, SLHS partnered with many community organizations on valuable programs that promote employment, hiring, writing resumes, mock interviews, careers at all levels of health care, providing guest speakers on health care, and participating in job fairs throughout the region.

**Initiative:** Saint Luke's Health System physicians and staff visit K-12 schools in districts throughout the Kansas City region to discuss the wide array of careers and positions available throughout a medical facility or on the corporate or leadership side of health care.

**Highlighted Impact:** Since 2021, Saint Luke's physicians and staff have gone to speak to students about the range of careers available, as well as opportunities for shadowing, at school districts throughout the region including Kansas City Missouri Schools, Kansas City Kansas Schools, North Kansas City Schools, Parkhill School District, University Academy, Cristo Rey, and KC Prep. In addition, Big Brothers Big Sisters and the Boys and Girls Club of Greater Kansas City are also partners that have received programming from SLHS physicians and staff.

*Goal: Connect patients and community members with appropriate resources.*

**Initiative:** Utilize Saint Luke's Community Resource Hub to connect patients with appropriate resources through a closed-loop referral system.

**Highlighted Impact:** Saint Luke's North Hospital patients are screened for food insecurity, transportation, physical activity, housing, and social isolation upon admittance to the hospital and then connected to valuable community resources to address needs. Powered by *findhelp*, the Saint Luke's Community Resource Hub is an online platform listing reduced-cost and free resources in the community.

**Initiative:** Increase the hourly minimum wage for Saint Luke's Health System employees, to keep up with a competitive labor market, as well as to support its existing staff.

**Highlighted Impact:** In November 2021, Saint Luke's Health System established a new minimum base wage of \$17.50 for all workers. This was the second hourly minimum wage increase in two years by the health system. The previous year, 2020, SLHS raised the hourly

minimum wage to \$15.00. SLHS was the first area healthcare provider to raise its hourly minimum wage, with other hospital networks quickly following suit.

### **Priority 3: Needs of Growing Senior Population**

*Goal: Reduce health problems and improve quality of life for older adults.*

**Initiative:** Provide free community health education programs/seminars.

**Highlighted Impact:** SLS provided 24 diabetes courses along with 25 behavioral health courses virtually to over 8,800 registrants. The behavioral health class topics ranged from mindfulness to suicide prevention to childhood ADHD. The diabetes courses included topics such as meal planning diabetes basics, plant-based meal planning, and type 1 diabetes management.

**Initiative:** Assist older adult patients with determining eligibility and enrollment in Medicare and Medicaid.

**Highlighted Impact:** In 2021-2022, for the 65+ patient population, there were 45 total approvals for Medicaid at Saint Luke's South Hospital and 16 approvals at Saint Luke's Community Hospitals during that same timeframe utilizing Centauri.

**Initiative:** Provide psychosocial evaluations and screenings to older adult patients who present with certain risk factors for mental health issues.

**Highlighted Impact:** For the 65+ patient population at Saint Luke's South medical facilities, 18 mental health assessments were completed in 2021, with 34 in 2022. Patients received outpatient community resource referrals.

**Initiative:** Increase access to post-discharge medications for older adults via the Meds-to-Beds program.

**Highlighted Impact:** By expanding the Saint Luke's South Meds-to-Beds program, over 2,100 prescriptions were provided to patients 65+ in 2021, and nearly 2,900 in 2022. This program aims to address financial insecurity by providing the first prescription, as well as temporarily addressing a social determinant, transportation, which can also make access to prescriptions difficult.

### **Priority 4: Unhealthy Behaviors**

*Goal: Improve health by promoting healthy behaviors and lifestyles.*

**Initiative:** Provide education and support for stroke survivors, families, and others affected by stroke.

**Highlighted Impact:** Throughout 2021-2022, SLHS held virtual stroke support groups for survivors, families, and others affected by stroke. In addition, SLHS Stroke/STEMI Coordinators at the metro hospitals participated in education events such as the Annual Stroke Symposium and the Annual Stroke Walk & Roll event to increase their knowledge of how to work with brain injury and stroke patients.

**Initiative:** Continue to expand and explore partnerships such as local and statewide advocacy coalitions and initiatives that promote healthy eating and food security.



**Highlighted Impact:** REACHN (Resilience, Education, Activity, Community, Health, Nutrition) is a free healthy living program for the community. Through our partnership with the Boys and Girls Club of Greater Kansas City, we began reaching families, youth, teens, and community members in April of 2021. Since its inception, REACHN has provided education on disease prevention, nutrition, physical activity, grocery shopping, and cooking demonstrations. In addition, SLHS has installed a hydroponic garden tower at the Boys & Girls Club – Briedenthal (Wyandotte County KS) and is working with Kansas City Kansas Public Libraries to expand programming.

◆ **Contact us**

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