



2019

Kansas City Orthopaedic Institute Community Health Needs Assessment

 Saint Luke's™

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Section I: Executive Summary

A. Introduction

About Kansas City Orthopaedic Institute

Kansas City Orthopaedic Institute (KCOI) was created through a strategic alliance between leading orthopaedic surgeons in Kansas City and Saint Luke's Hospital of Kansas City (SLH). The hospital specializes in providing comprehensive inpatient and outpatient treatment of orthopaedic disorders. KCOI services include:

- Inpatient and outpatient surgery for all orthopaedic subspecialties
- Rehabilitation, including physical therapy and occupational therapy
- Magnetic resonance imaging (MRI)
- Interventional pain treatment provided by board-certified physiatrists

KCOI consistently achieves exceptional quality and patient satisfaction scores. The hospital is equipped with seventeen staffed beds, eight operating rooms, a magnetic resonance imaging department, and a rehabilitation department providing physical and occupational therapy.

Kansas City Orthopaedic Institute is a joint-venture of Saint Luke's Hospital of Kansas City. Saint Luke's Hospital of Kansas City is a hospital within the Saint Luke's Health System. The health system includes 18 hospitals and campus locations, and more than 130 primary care and specialty practice offices, treating patients in 65 specialty services. Our reach has expanded to serve residents in 67 counties in Missouri and Kansas.

Saint Luke's Health System Mission

Saint Luke's Health System is a faith-based, not-for-profit community hospital committed to the highest levels of excellence in providing health care and health related services in a caring environment. As a member of Saint Luke's Health System, we are committed to enhancing the physical, mental, and spiritual health of the communities we serve.

Saint Luke's Health System Vision

The best place to get care. The best place to give care.

Community Health Needs Assessment Objectives

KCOI conducted its third Community Health Needs Assessment (CHNA) in order to better understand and serve the needs of the community. As part of the 2010 Affordable Care Act, all tax-exempt hospitals must complete a CHNA every three years. The CHNA addresses the health needs in the community and prioritizes the identified

needs. The hospital is then responsible for completing an implementation strategy for the community health needs identified.

Community Health Needs Assessment Summary

An effort to understand and create a healthier community requires collaboration and input from many community stakeholders. Through data research and key conversations in the Johnson County community, this CHNA pulls together community findings and addresses top health priorities to help improve community health over the next three years.

B. Community Health Needs

A wide range of primary and secondary data was used to identify the top three health priorities in KCOI's community. Priorities were identified based on recurrent themes from interviews conducted with key contributors, alignment with national and local priorities and the ability of KCOI to address the health need.

- Priority One: Behavioral Health Care
- Priority Two: Improve Access to Care
- Priority Three: Increase Access to Physical Activity and Nutrition

Section II: Methodology

Assessment Methodology

Kansas City Orthopaedic Institute's (KCOI) approach in conducting the 2019 CHNA included utilizing several primary and secondary data sources, as well as the 2016 CHNA, as a foundation. Hospital leaders and community stakeholders were engaged to better understand the needs of the community. Secondary quantitative data was analyzed from multiple community and hospital sources to better understand the impact of each of the identified needs.

Primary Data

Primary data was collected by connecting with community stakeholders to discuss the needs of the Johnson County population. Stakeholders were chosen to represent broad interests of the community including underserved populations. Stakeholders provided information, which was used to help identify and prioritize community needs.

Secondary Data

Secondary data was collected through multiple community resources. The most current data available was compiled and analyzed for key population health indicators.

Secondary Data Sources

- Centers for Disease Control and Prevention
- City Data
- County Health Rankings
- Healthy Kansans 2020
- Healthy People 2020
- Johnson County Government Data
- Kansas Department of Health and Environment
- Kansas Health Matters
- Medicare's Hospital Compare
- National Institute of Mental Health
- Truven Health Analytics
- U.S. Census Bureau

Section III: Community Analysis

A. Defining the Community

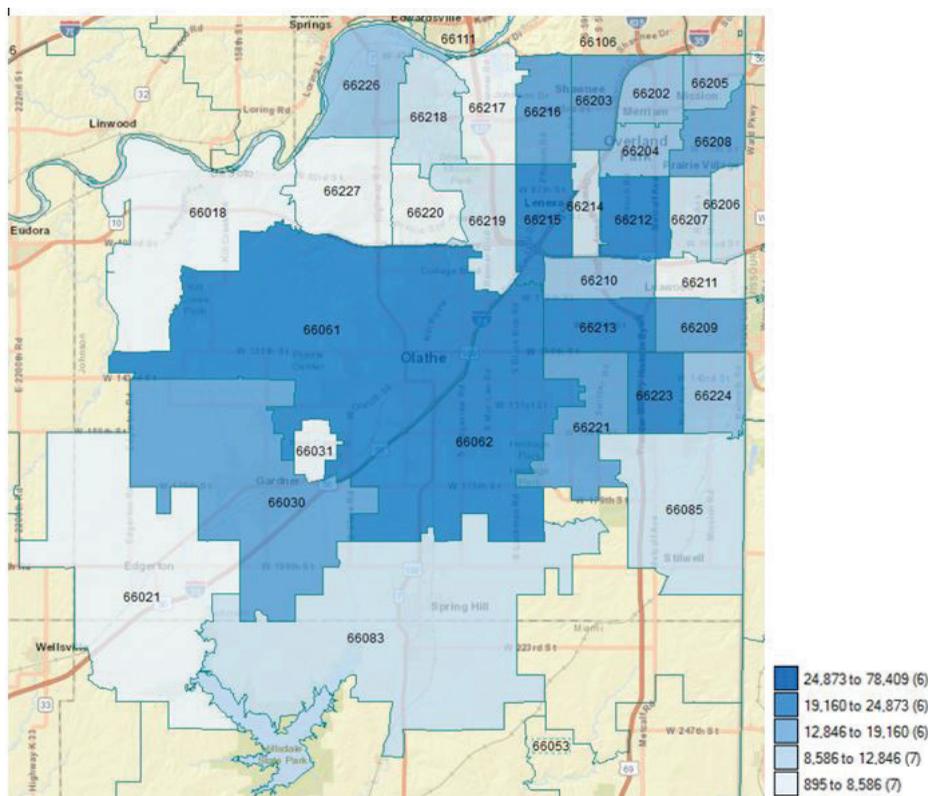
Demographic Profile

This section outlines the demographic profile for Kansas City Orthopaedic Institute's (KCOI) defined community.

Geography – Johnson County, Kansas

Due to a high percentage of patients originating from a limited amount of zip codes, KCOI's community is defined as Johnson County, Kansas (see Figure 11). Johnson County includes 32 zip codes.

Figure 1: KCOI's Defined Community, Johnson County, Kansas



Source: Truven Health Analytics 2017 Dataset

B. Community Demographics

Johnson County is located on the eastern state line of Kansas in the southwest quadrant of the Kansas City metro area. It is 474 square miles, made up of 20 municipalities, an unincorporated area and a population of over 600,000 residents. Johnson County is the most populous county in Kansas with 1,150 persons living per square mile in 2017. Approximately 96 percent of the population lives in an urban area and four percent live in a rural area. Johnson County has four of the 10 largest cities in Kansas, with six public school

systems, 365 parks, 10 museums and 455 miles of hiking, jogging and bike trails.

Population Characteristics

In 2019, the population is 600,628. The age group 18-44 makes up the largest portion of the population at 35.3 percent or 211,777 people, followed by the age group 45-64 at 25.9 percent or 155,427 people. The smallest age group is 65 and up at 14.7 percent of the population or 88,201 people.

Source: Truven Health Analytics.

Figure 2: Johnson County Population Distribution, 2019

Age Group	Population	Percent of Total
0-17	145,223	24.2%
18-44	211,777	35.3%
45-64	155,427	24.9%
65+	88,201	14.6%*
Total	600,628	100%

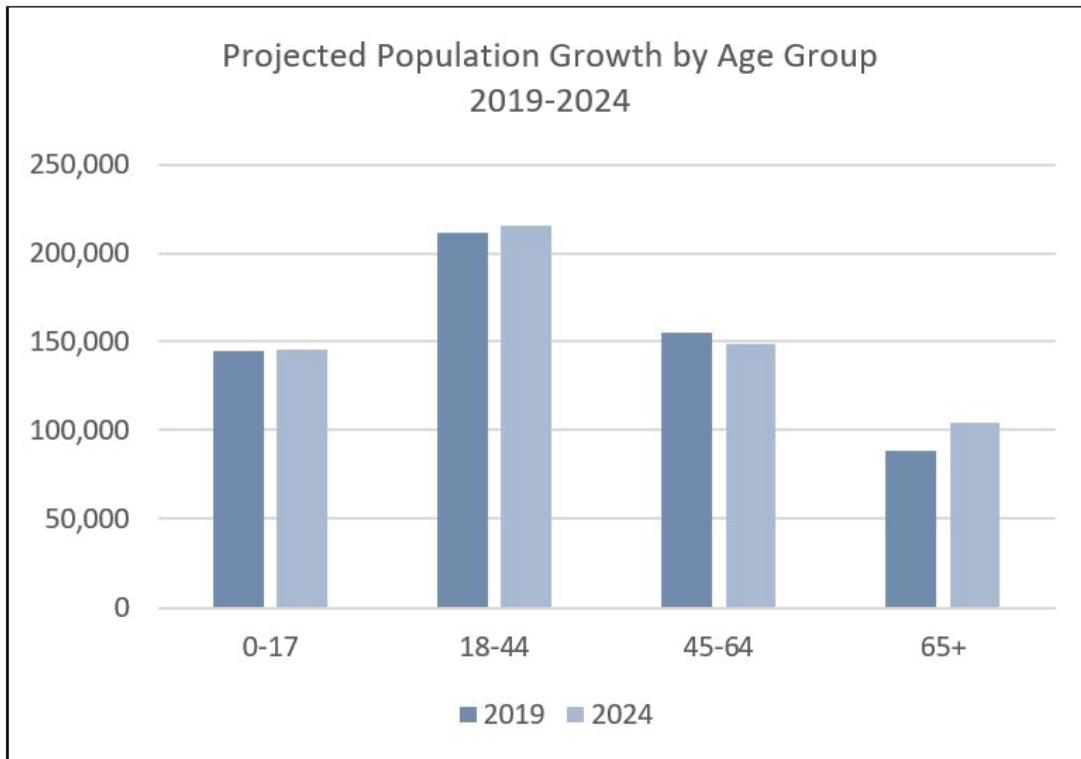
Source: Truven Health Analytics 2019

Population Growth

The Johnson County population is expected to grow by 4.2 percent, or 25,166 people, by 2024. In 2024, the 65+ age group is expected to have the highest growth with an increase of 19.8 percent, or 17,502 people, and will account for 17 percent

of the population. The age group 18-44 is expected to grow 1.7 percent. The age group 44-64 is expected to grow 2.4 percent. The age group 0 – 17 is expected to grow 0.2 percent.

Figure 3: Projected Population Growth by Age Group 2019-2024



Source: Truven Health Analytics 2019

Gender Characteristics

Johnson County has a slightly higher percentage of females to males at 51.0 percent to 49.0 percent. According to 2016 information published by City Data, the median age for females was 38.7 years and for males was 36.4 years. Based on population estimates, both genders are expected to see population growth of about 4.2 percent through 2024.

Ethnicity

The majority of the population in Johnson County is white (84 percent in 2019). The Hispanic population is the next largest at 4.3 percent in 2019. Since 2010, the number of non-White residents and Hispanic or Latino residents of any race has increased more than 11 percent. Over that same time period, the number of non-Hispanic White residents has increased less than 3 percent. Data indicates that there is more diversity in the younger age groups than in the older age groups, which suggests that Johnson County’s population will become more racially and ethnically diverse as the current population ages (UCS, 2017).

Education

In Johnson County, 95.7 percent of the population over 25 years of age has a high school diploma or higher. Of that group, an additional 28.7 percent have some college education and 54.68 percent have a bachelor’s degree or higher according to the U.S. Census. Only about 4.3 percent of the population has not attained a high school diploma. Nationally, 86.5 percent of the population over 25 years is at least a high school graduate (Truven Health Analytics).

Housing

There is a strong relationship between one’s housing and health. Housing stability, quality, safety and affordability all affect health outcomes, as do the physical and social aspects of a community. Throughout Johnson County, there are over 250,000 housing units. Johnson County has a homeownership rate of 69 percent. The average household is 2.56 persons.

Figure 4: Johnson County Housing Profile

Housing Units (2019)*	250,526	20%
Owner Occupied Housing Units	167,911	67%
Renter Occupied Housing Units	68,545	27%
Vacant Housing Units	24,070	6%
Single-Parent Households**		21%
Persons Per Household***	2.56	

Sources: Truven Health Analytics 2019, **County Health Rankings 2019, *** U.S. Census 2018

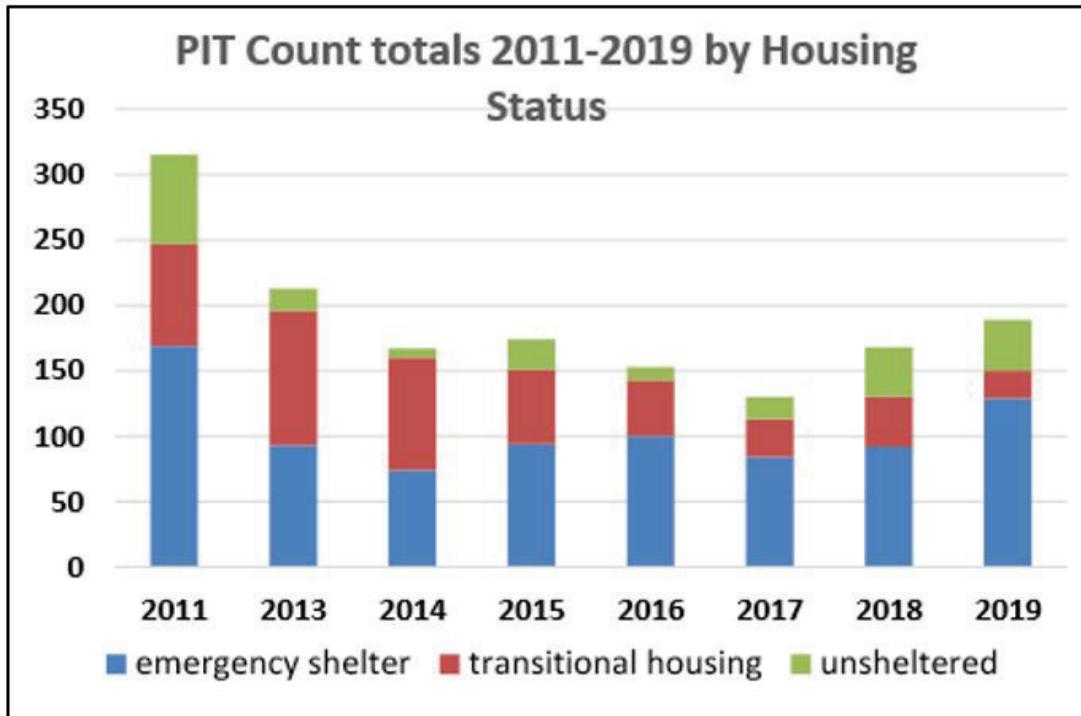
Employment

According to the U.S. Census, 71.3 percent of the population above 16 years of age is employed in Johnson County. About 2.3 percent of the population is unemployed.

Homelessness

Based on a Point in Time measure of homelessness conducted in 2019, by United Community Services, there were 189 persons without a home in Johnson County. Of those individuals, 27 percent were under the age of 18 years.

Figure 5: Point in Time Housing Status



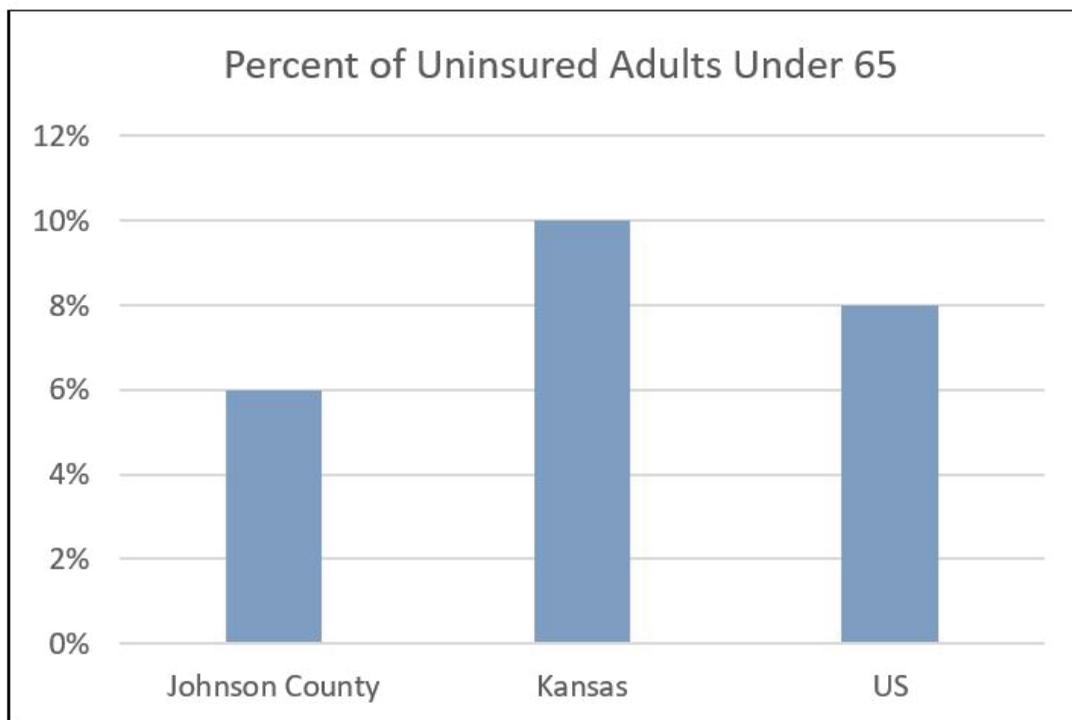
Source: United Community Services

Uninsured Population

In Johnson County, 94 percent of residents have health insurance. Truven Health Analytics estimated that in 2019, 33,890 individuals in Johnson County did not have health insurance. The largest number of uninsured was in

the 35-44 age range followed by youth under the age of 18. Women account for only 46 percent of the uninsured in Johnson County. For women, the 18-34 age group presents the largest number of uninsured at 5,904. The same age group is the largest for males with 7,235 people uninsured.

Figure 6: Percent of Uninsured Adults Under 65



Source: County Health Rankings 2019

C. Health Status of the Community

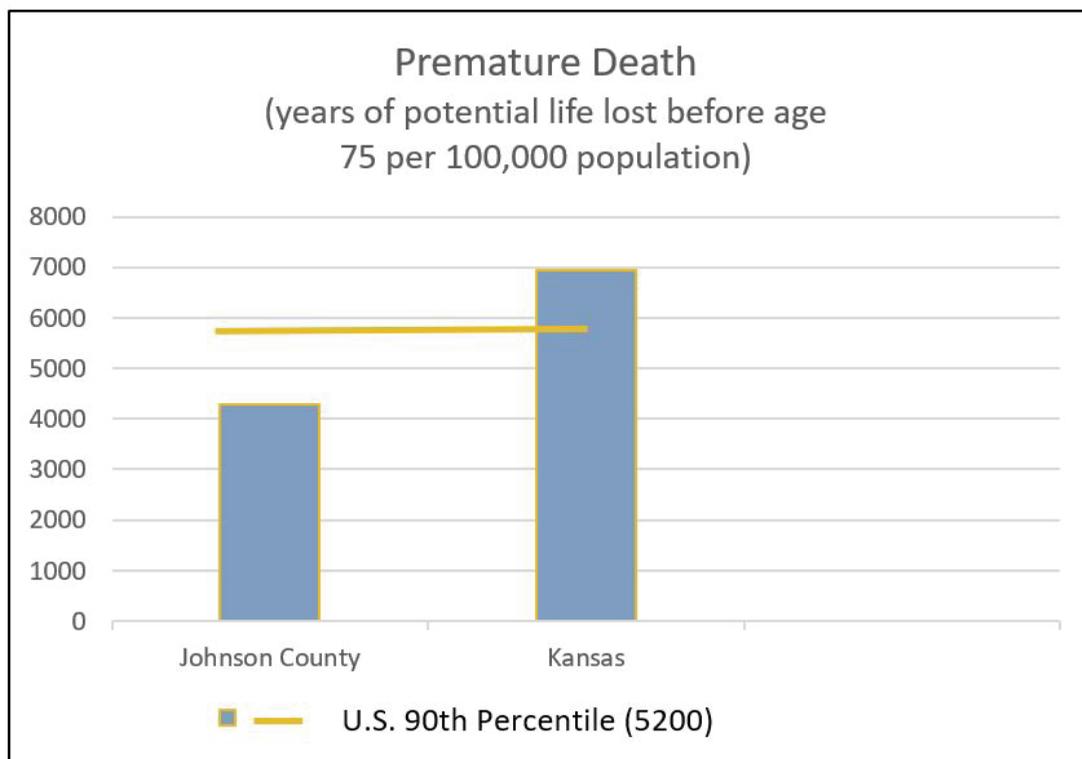
The following section focuses on measures related to the health status of the community that is served by Kansas City Orthopaedic Institute. The measures are specific to Johnson County, Kansas. The measures are compared against national and state averages or Healthy People 2020 goals in order to assess the specific health needs of the population of Johnson County.

Mortality

Mortality is a measure used to assess the overall health status of the population. Typically, the mortality rate is

age-adjusted, which adequately describes the death rate in a population, but it fails to take into account the population health implications of premature deaths. Figure 7 below shows the premature death rate or years of potential life lost (YPLL) before age 75 per 100,000 population. The premature death measure avoids focusing on causes of death related to age. In 2019, Johnson County had a premature death rate well below the U.S. 90th percentile of 5,200, while also doing better than the state with a YPLL 2,657 lower than Kansas. This measure indicates that the health status of the population in Johnson County is relatively good when compared to the state of Kansas and the United States.

Figure 7: Premature death rate



Source: County Health Rankings 2019

Leading Causes of Death

It is important to identify the leading causes of death in a population in order to assess the health outcomes in the specific population. Identifying the leading causes of death also allows a community to develop programs or treatment options that address the needs of the population. Figure 8

shows the top ten leading causes of death in Johnson County for 2015 – 2017. The rankings have remained relatively stable over the three-year period with cancer and heart disease being the top two leading causes of death in Johnson County.

Figure 8: Leading Causes of Death

Cause of death per 100,000 population	Johnson County	Kansas	Healthy People 2020
Cancer	127.5	158.8	161.4
Heart Disease	115.6	157.2	103.4
Stroke	33.0	37.9	34.8
Chronic Lower Respiratory Disease	30.3	49.7	N/A
Unintentional Injury	29.2	46.8	36.4
Alzheimer’s Disease	17.5	23.5	N/A
Suicide	15.2	23.5	N/A
Kidney Disease	12.1	15.5	N/A
Traffic Injury	3.1	14.2	12.4
Homicide	2.2	5.4	5.5

Source: Kansas Health Matters 2015-2017

Morbidity

Morbidity measures are purported to measure the quality of life of individuals within a population. The goal of the measures is to focus on the impact that health status has on quality of life. The poor or fair health indicator is a self-reported measure of an individual’s perception of their overall health. The poor physical and mental health days indicators are self-reported measures of days of work lost for health-related reasons and are shown as an average number

of days lost per month in the table below. The last indicator is low birth weight. According to County Health Rankings, low birth weight is an important morbidity measure because it is indicative of maternal exposure to health risks, the current and future morbidity of the infant, and risk of premature mortality. While Johnson County’s morbidity measures look good compared to the state of Kansas and the United States 90th percentile, Johnson County ranks 16th out of the 98 counties assessed in Kansas.

Figure 9: Morbidity Measures

	Johnson County	Kansas	US
Poor or Fair Health	9%	15%	10%
Poor Physical Health Per 30 Days	2.3	3.1	2.5
Poor Mental Health Per 30 Days	2.7	3.3	2.3
Low Birth Weight	6.5%	7.1%	5.9%

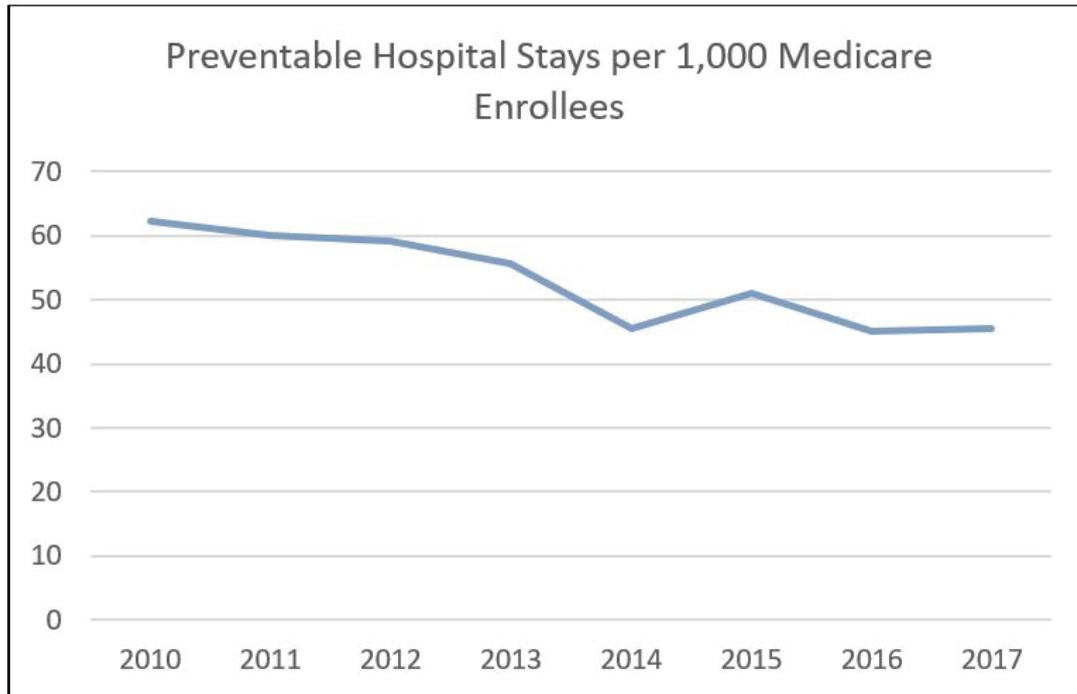
Source: County Health Rankings 2019

Preventable Hospital Stays

Preventable hospital stays measures a community's level of access to services. This includes access to primary care providers and the quality of the level of care being provided to

a particular community. This measure not only indicates how well the care is being provided, but also assesses the potential overuse of a hospital as a primary source of care.

Figure 10: Preventable Hospital Stays



Source: County Health Rankings, Mid-America Regional Council

D. National Priorities

Healthy People 2020

The Healthy People 2020 initiative identifies 10-year national objectives to improve the health of the United States population. According to the United States Department of Health and Human Services, the mission of Healthy People 2020 is to strive to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

This mission is achieved through the development of Leading Health Indicators (LHIs). The United States Department of Health and Human Services developed an LHI framework that analyzes both determinants of health and health disparities and health across the life stages. The Healthy People 2020 LHIs include the following:

- Access to health services
- Clinical preventive services
- Environmental quality
- Injury and violence
- Maternal, infant, and child health
- Mental health
- Nutrition, physical activity, and obesity
- Oral health
- Reproductive and sexual health
- Social determinants
- Substance abuse
- Tobacco

Section IV: Summary of Findings

A. Local Priorities

Community Health Needs

Kansas City Orthopaedic Institute (KCOI) and Saint Luke's Health System (SLHS) leadership reviewed the significant needs identified via interviews, input received from community representatives and local and national data and considered how KCOI can address each. In addition, KCOI and SLHS leadership determined which of the top priority health issues to pursue in a more strategic and targeted approach over the next three years. The following represent the three resulting prioritized needs.

Priority 1: Behavioral Health Care

Behavioral health care is a term, which refers to a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive behavior disorders. These disorders are health conditions characterized by alterations in thinking, mood or behaviors (or some combination thereof), and associated with distress and/or impaired functioning. These disorders cause a host of problems that may include personal distress, impaired functioning and disability, pain or death. Indicators show that individuals in Johnson County are experiencing an increased number of poor mental health days compared to 2012. Additionally, the suicide rate has decreased within the county since 2012, but at a rate of 13.2, the county rate is higher than the national rate of 13.0 (2018).

Prevalence

The burden of mental illness is among the highest of all diseases, with roughly one in five adults, nationally. Young adults, age 18 -25, have the highest prevalence of any mental illness at 25.8 percent (National Institute of Mental Health, 2017).

Access to behavioral health and substance abuse treatment services remain an area of concern for Johnson County. Individuals in this community have demonstrated higher than average risk in these areas.

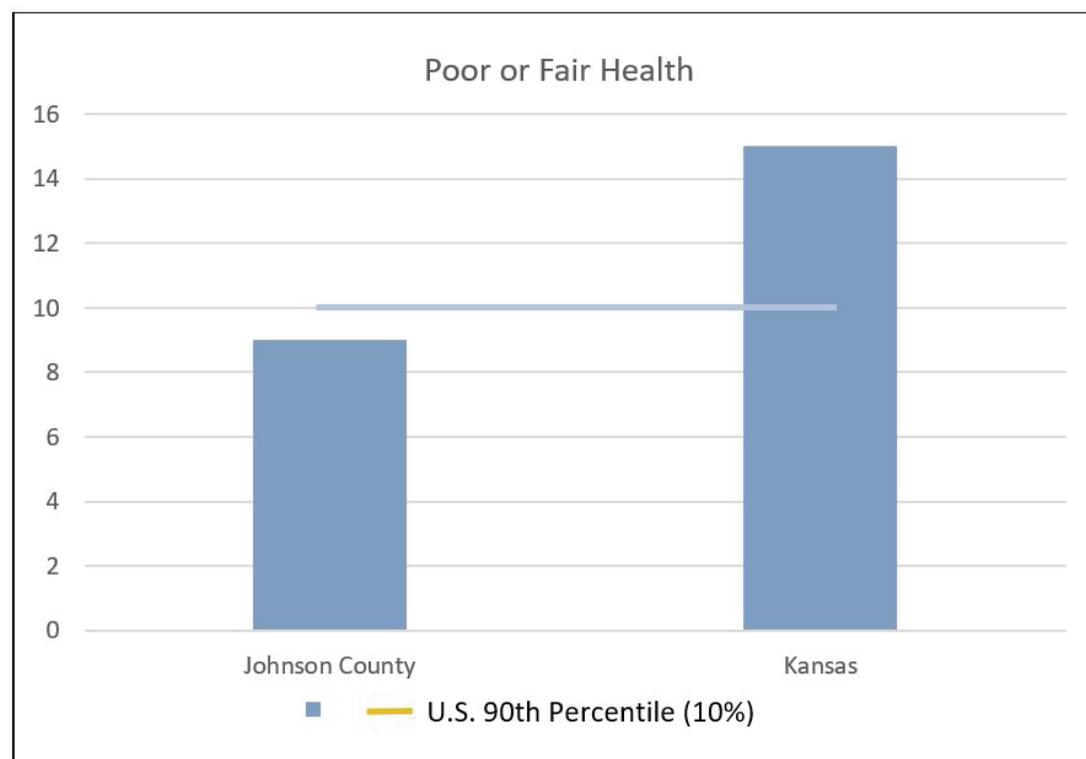
Impact

Unfortunately, comorbidity between mental and medical conditions is the rule rather than the exception. One nationally representative epidemiological survey shows 68 percent of people with a diagnosed mental disorder report having at least one general medical disorder and 29 percent of people with a medical disorder had a comorbid mental health.

Available Resources:

- Centers for Disease Control and Prevention
- Johnson County Mental Health Services
- Kansas Department of Health and Environment

Figure 11: Poor or Fair Health



Source: County Health Rankings 2019

Priority 2: Improve Access to Care

Access to care is a national and local priority through the Healthy People 2020 and the Healthy Kansans 2020 initiatives. Insufficient access to health services can be caused by many different issues including: primary care availability, provider quality, costs of care, underinsurance, and lack of insurance (Kansas Health Assessment, 2014 Nov). Access to primary care providers and/or a health center has a major impact on individual health. Adequate access to both primary and specialty care is of even more importance to individuals with chronic conditions such as cancer, heart disease and diabetes. Individuals with access to care are more likely to receive preventive care that improves quality of life and helps detect and manage chronic conditions.

Prevalence

In 2019, 94.4 percent of Johnson County adults have health insurance. Ninety-three percent of adults had health insurance, in 2017, according to Truven Health Analytics.

Access to Primary Care Physicians

Having access to a primary care physician is key to maintaining one’s overall physical and mental health. Primary care physicians include MD’s and DO’s under the age of 75. Primary care specialties include general practice medicine, family medicine, internal medicine, and pediatrics. This measure indicates not only financial access but also physical access to providers. The goal of increased access to primary care physicians is to reduce utilization of unnecessary services.

There has been clear evidence of unnecessary utilization associated with specialist visits. An appropriate availability of primary care physicians is essential in order to provide referrals to appropriate levels of care for patients. Appropriate access to primary care can help reduce the hospital readmission rates as well because patients receive the right care at the right time.

Figure 12: Access to Care

	Johnson County	Kansas
Primary Care Physician Ratio	830:1*	1320:1*
Adults with Health Insurance	94.4%**	89.9%***
Children with Health Insurance	97%****	91%*****
Uninsured Adults (Adults under 65 without health insurance)	5.6%**	11.1%**

Source: *County Health Rankings 2019, **Truven Health Analytics 2019, ***Kansas Health Rankings 2017, ****Kansas Health Institute 2018, *****Kaiser Family Foundation 2016

The prevalence of poverty is an important metric to utilize in evaluating access to care in any community. Poverty research has long recognized poor health to be associated with low income. Indeed, poor health may be a consequence of poverty, a cause of poverty, or both. According to the U.S. Census, in 2018, 5.3 percent of Johnson County residents lived at, or below, the Federal Poverty Level (FPL).

Impact

Access to care has a major impact on individual health. Individuals without access to health insurance are less likely to receive routine checkups and preventative health care, exacerbating chronic or untreated illness and increasing the overall costs to the healthcare system. Regular and reliable access to care can prevent disease, detect illness, and increase quality of life and life expectancy.

Available Resources:

- American Cancer Society
- American Heart Association
- American Lung Association
- Avenues to Recovery
- Cancer Action KC
- Clinical Associates P.A. – Overland Park
- Johnson County Department of Health and Environment
- Johnson County Mental Health
- Health Partnership Clinic (Safety Net)
- R.A. Bloch Cancer Foundation

- Overland Park Valley Hope
- Marillac
- Mercy and Truth Clinic (Safety Net)
- Mirror, Inc.
- The Family Conservancy
- Wy/Jo Care (Safety Net)

Priority Three: Increase Access to Physical Activity and Nutrition

Access to physical activity opportunities and healthful foods play a vital role in the overall health of a community, individual health outcomes and general healthcare costs. Johnson County demonstrated a need for increased physical activity and nutrition for the members of the community. The county has shown a need to progress on a few areas in order to improve the health of the population in the future. As a whole it has failed to improve on measures such as obesity, physical activity and diabetes.

Prevalence

Physical Activity

The chart below demonstrates the physical activity and nutrition related factors for Johnson County in comparison to the state median value. These values show some needs for Johnson County, such as physical inactivity. This value has been increasing every year despite ranking higher than the state median value.

Figure 13: Physical Activity and Nutrition Factors

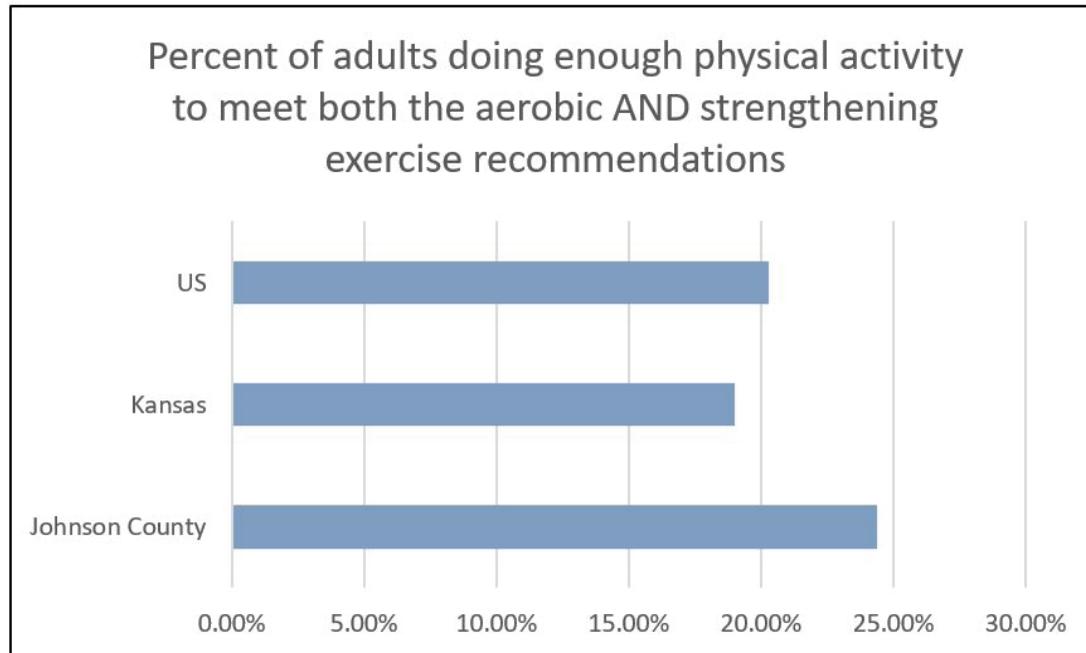
Indicator	Johnson County	State Median
Physical Inactivity (percent of population)	16%	24%
Access to Exercise Opportunities (population who live close to park/rec facility)	95%	80.4%
Food Insecurity (percent of population)	11%	13%
Limited Access to Healthful Foods (percent of population)	2%	8%
Food Environment Index (out of 10)	8.6	6.9
Fast Food Restaurant Density (restaurant/1,000 population)	0.72	0.56
Grocery Store Density (store/1,000 population)	0.13	0.2
Farmers' Market Density (market/1,000 population)	0.01	0.03

Source: Kansas Health Matters 2015-2017, County Health Rankings 2019

Regular physical activity has a wide array of health benefits including weight control, muscle and bone strengthening, improved mental health and mood, and improved life expectancy. Furthermore, exercise reduces the risk of cardiovascular disease, Type 2 diabetes and metabolic syndrome, and some cancers. Nearly 95 percent of the county

population has access to various exercise opportunities. This indicator measures the percentage of individuals who live reasonably close to a park or recreational facility. Proximity to exercise opportunities, such as parks and recreation facilities, has been linked to an increase in physical activity among residents.

Figure 14: Physical Activity



Source: Kansas Health Matters 2017

Nutrition/Access to Healthy Foods

Hunger is a health issue. Food insecurity is defined as the state of being without reliable access to a sufficient quantity of affordable, nutritious food. Research shows that food insecurity increases the risk of chronic disease, lengthens hospital stays, raises the likelihood of readmission and inflates healthcare costs. Having access to healthful foods,

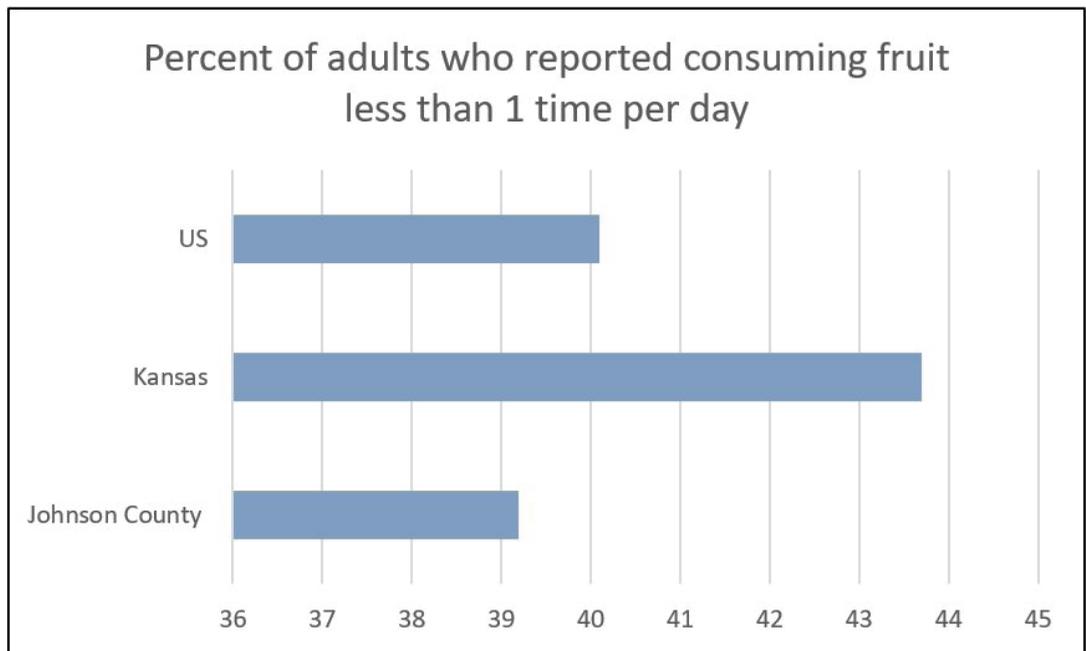
whether through transportation, affordability, or availability plays a role in individual health outcomes. One can maintain a healthy lifestyle, manage their chronic disease, or deal with other social determinants impacting their lives when they are not hungry. In the KCOI geography of Johnson County, ten percent, or just over 60,000 people are food insecure (County Health Rankings, 2019).

Figure 15: Healthy Food Access

	Johnson County	Kansas
Number of Residents with Limited Access to Healthy Foods	13,179	236,076
Percent Food Insecure	11%	13%
Food Environment Score (out of 10)	8.6	6.9

Source: County Health Rankings 2019

Figure 16: Fruit Consumption



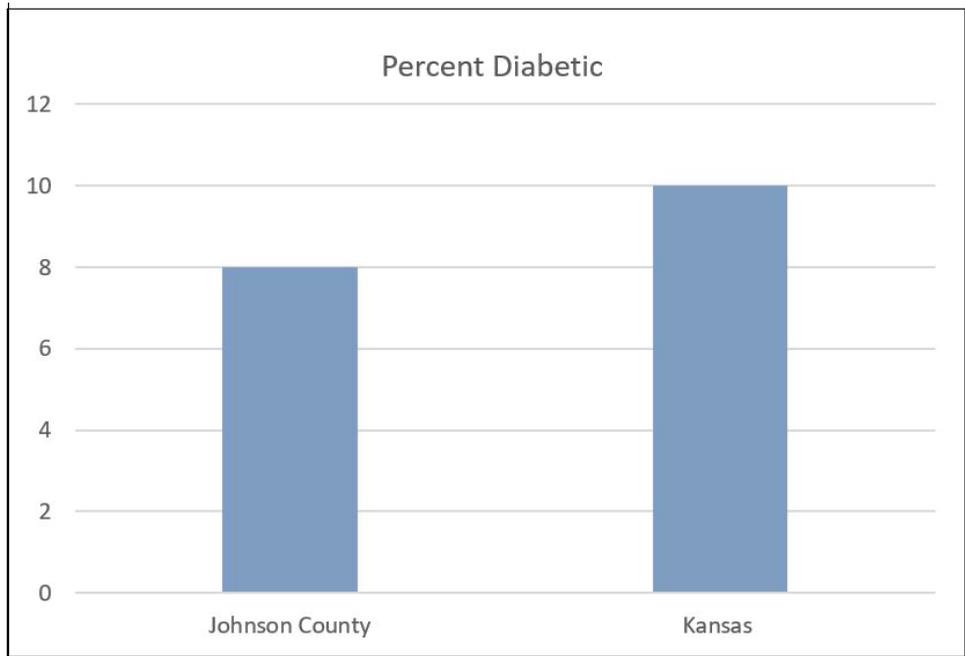
Source: Kansas Health Matters 2017

Diabetes

Diabetes impacts many Americans and is a primary health concern in the United States, impacting approximately 29.1 million people. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by 2 to 4 times, and is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness. Measuring the prevalence of

diabetes in a population is important in assessing the overall health of the population. There has been a slight increase in diabetes in Johnson County of adults over the age of 18 of one percent. The 2019 County Health Rankings reported the rate of diabetes for adults in Johnson County at 8 percent and the state of Kansas at 10 percent of the population.

Figure 17: Percent of Adults Diabetic



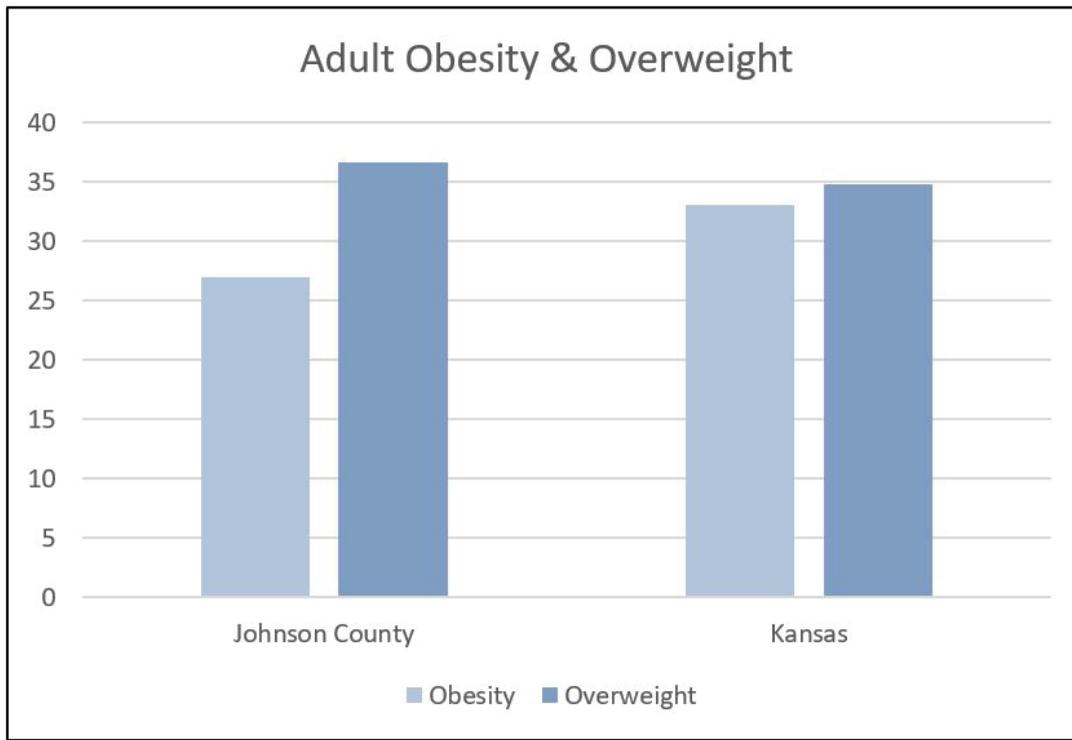
Source: County Health Rankings 2019

Obesity/Overweight

In Johnson County, the percent of adults who are obese (BMI > 30) and adults who are overweight have been increasing

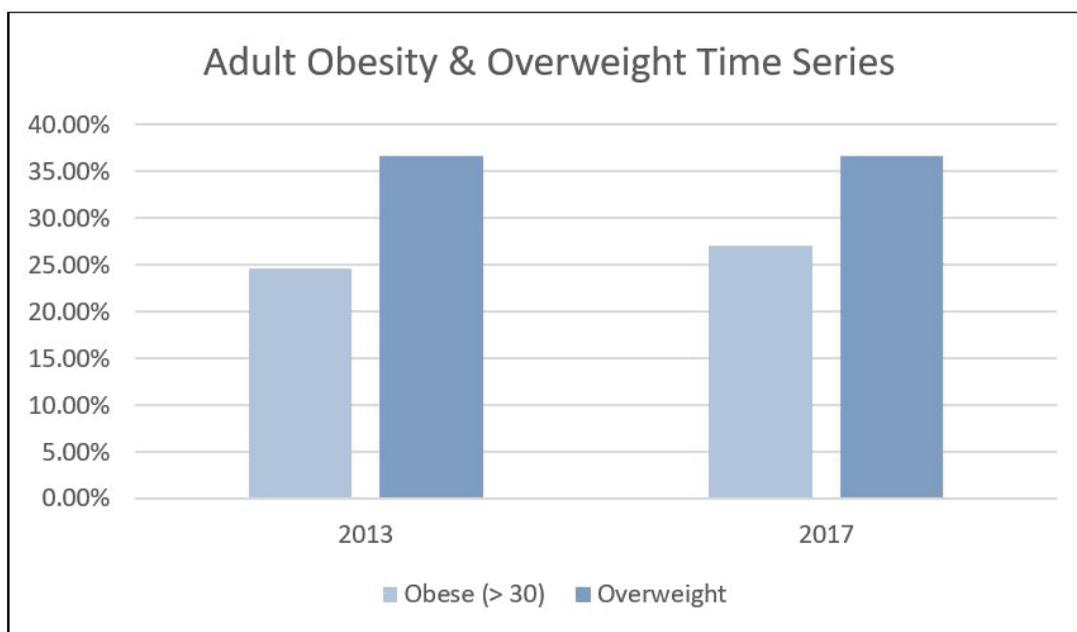
over time. The obesity percentage is below the state average, but the percentage of overweight adults is above that of the state average.

Figure 18: Adult Obese (BMI > 30) and Overweight



Source: Kansas Health Matters 2017

Figure 19: Adult Obese & Overweight Time Series 2013-2017



Source: Kansas Health Matters 2017

Impact

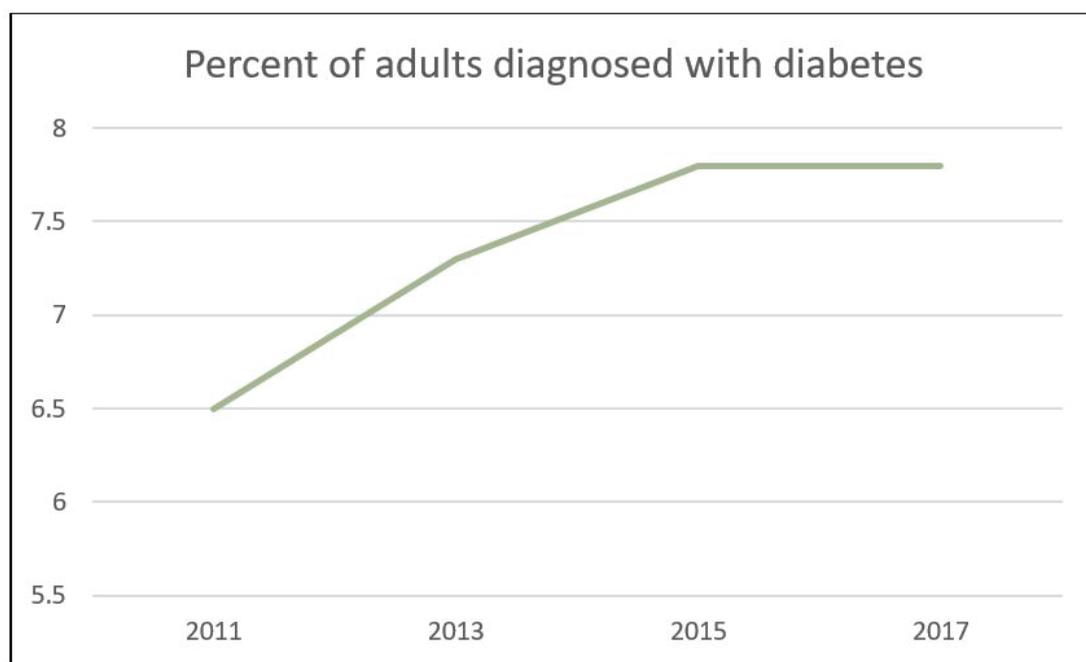
Physical Activity/Nutrition

Decreased physical activity has been related to several disease conditions such as Type 2 diabetes, hypertension, cardiovascular disease, cancer, stroke, and premature mortality. Nutrition is imperative to maintaining positive individual health outcomes which also lead to overall community health and lower healthcare costs. In addition, all community members need access to healthy, affordable food choices in order to make choices to maintain a nutritious diet. Individuals who live closer to supermarkets with healthy choices are more likely to choose those food items. Physical exercise and proper nutrition are both imperative in order to help improve the health of the community as a whole.

Diabetes

Poor nutrition and lack of physical activity can lead to diabetes. Diabetes is a top ten leading cause of death in the United States. Diabetes can lead to many other medical complications including blindness, end-stage renal disease, and possible amputation. According to the American Diabetes Association, diabetes accounts for roughly \$176 billion in direct medical expenditures. Included below is a trend chart demonstrating the rise in the percent of adults diagnosed with diabetes. The trend has remained steady since 2015.

Figure 20: Percent of Adults Diagnosed with Diabetes



Source: Kansas Department of Health and Environment 2017

Obesity/Overweight

Adult obesity is important because obesity increases the risk of many other health conditions. These conditions include Type 2 diabetes, cancer, hypertension, heart disease, and stroke. Monitoring and decreasing obesity rates can have substantial positive impact on the health of a particular community. The Healthy People 2020 initiative has a goal of decreasing the percentage of adults over 20 who are obese (BMI > 30) to 30.6 percent.

Available Resources

- American Diabetes Association
- Centers for Disease Control and Prevention
- Healthy People 2020
- Healthy Kansans 2020
- Jewish Family Services
- Johnson County Department of Health and Environment
- Johnson County Park and Recreation District
- Municipal Parks
- Shawnee Mission School District

Section V: Appendices

A. Key Contributors

Johnson County Department of Health and Environment
Johnson County Health Equity Network
Saint Luke's Health System

B. Data Limitations

While this assessment included important data sources and stakeholders, it does not represent all possible aspects of community needs, nor adequately represents all populations of interest. The information gaps present in the primary and secondary data analysis must be recognized as a barrier that limits the full ability to assess all of KCOI's community health needs. The focus of the targeted stakeholder and community leader interviews and analysis of secondary data was to gain powerful insights on top health concerns.

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics cover a wide range of health and health related areas, within each topic the scope and depth of quantitative data indicators and qualitative findings varies. In some topics there is a robust set of quantitative data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators. The breadth of qualitative data findings is dependent on who was nominated and selected to be a key contributor, as well as the availability of selected key contributors to be interviewed during the time period of qualitative data collection.

Many key public health indicators are collected at varying intervals. These intervals may or may not coincide with other indicators. This interval inconsistency does pose challenges when performing analysis across a wide range of datatypes and datasets especially when data are not always collected annually, meaning that some data is several years old. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health within the community.

No public comments were received from the previous CHNA via the Saint Luke's Community Benefit email inbox; therefore, they could not be taken into consideration for this CHNA process.

C. Evaluation of Impact

Kansas City Orthopaedic Institute's previous Community Health Needs Assessment was conducted in 2016. Following the approval by the board, the Implementation Plan was also adopted. Below are the different action items that were included on the previous Implementation Plan with their completion status listed. Even though some of the identified needs changed for 2019, all of these programs will continue to exist in order to better the health in the community we serve. We feel that these programs have been effective in addressing the significant needs of our community. Going forward, measures will be included to determine the effectiveness of each program to better guide our community-based programs.

KCOI Implementation Plan 2019

Milestone	Description	Status	Comments
1.	Access to Care for Low-income Individuals		
1.1	KCOI has in place Charity Care and Financial Assistance protocols and will make those processes readily available for those who qualify in order to increase access.	On target	Ongoing
1.2	KCOI will advocate on key health policy issues at the state and national level, including Medicaid reform, access to care, and health care financing for the low-income population.	On target	Ongoing
1.3	Aid a number of Wy/Jo Care cases per year that KCOI supports through provision of care and services.	On target	Ongoing
1.4	Offer increased access to care through the urgent care clinic with extended appointment hours.	On target	Ongoing
2.	Nutrition and Physical Activity		
2.1	Provide resources and education for primary service area regarding physical activity. This includes continuation of the Sports Injury Prevention Clinics.	On target	Ongoing
2.2	Continue strategies for optimizing patients for surgery such as incorporating nutrition and physical activity themes in preoperative education to patients.	On target	Ongoing
3.	Management of Transitions of Care		
3.1	Create a committee to implement and monitor the patient care for lower extremity total joint replacement for a 90-day post-discharge episode of care.	Completed	Completed

Section VI: References

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◆ **Contact us**

Kansas City Orthopaedic Institute

3651 College Blvd.

Leawood, KS 66211

913-338-4100

saintlukeskc.org

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