

Kansas City Orthopedic Institute Community Health Needs Assessment

2022

◆ Kansas City Orthopedic Institute



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EXECUTIVE SUMMARY

Introduction

Kansas City Orthopaedic Institute (KCOI or “the hospital”) conducted this Community Health Needs Assessment (CHNA) to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Recognizing an unmet need in the region for a hospital dedicated exclusively to orthopedics, in 1998 several of Kansas City’s leading orthopedic surgeons came together with Saint Luke’s Health System (SLHS) to create KCOI. KCOI operates as a joint venture between SLHS and physicians. The hospital provides an array of orthopedics services including: outpatient surgery, inpatient surgery (e.g., total knee and hip replacements), rehabilitation services, urgent care services, Magnetic Resonance Imaging (MRI) services, and others. Additional information about Kansas City Orthopaedic Institute is available at: <https://www.kcoi.com/about-our-hospital/>.

Saint Luke’s Health System 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 eighteen 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: <https://www.saintlukeskc.org/about-saint-lukes>.

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

Community Assessed

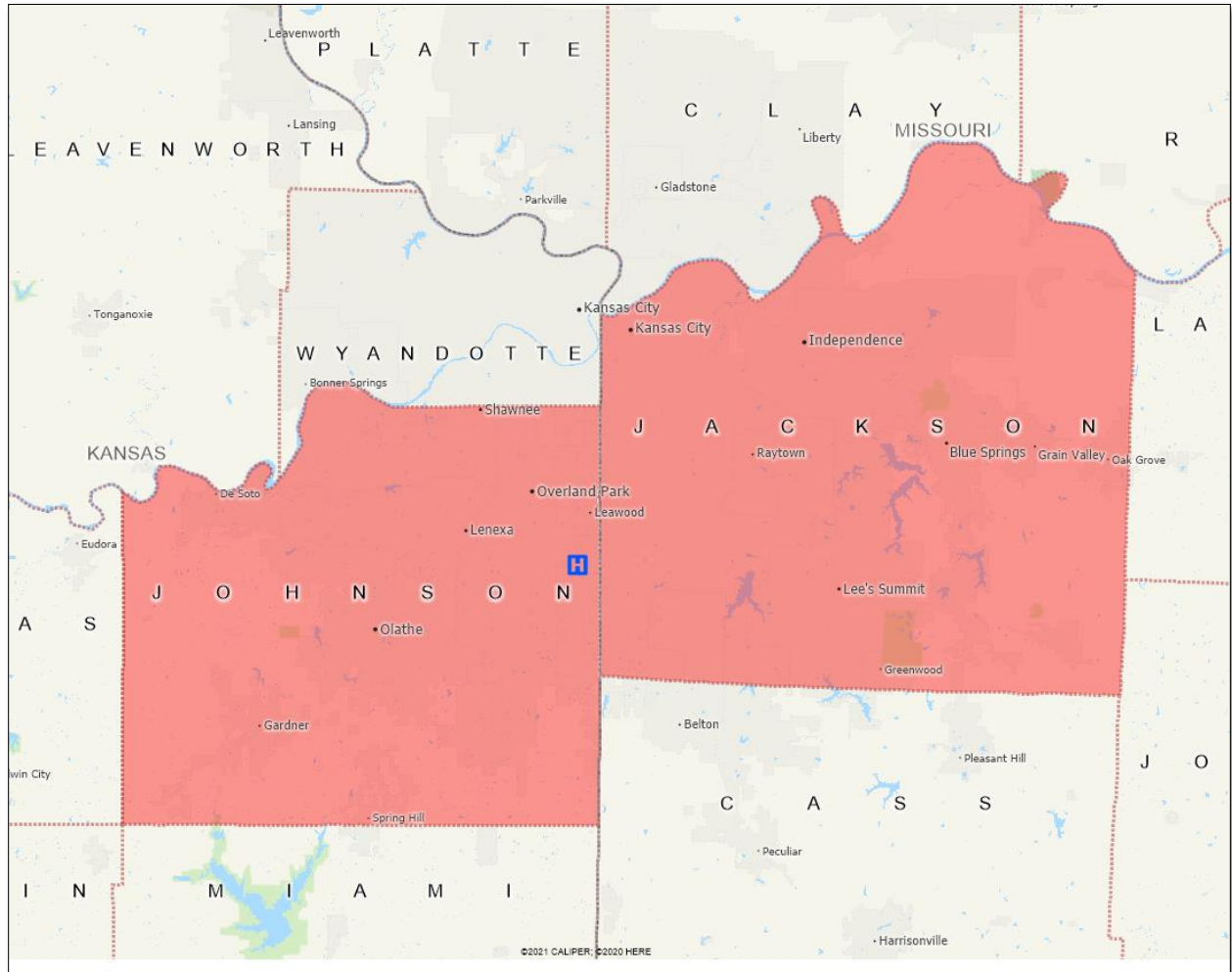
For purposes of this CHNA, KCOI’s community is defined as a two-county area that includes Jackson County, Missouri and Johnson County, Kansas. In calendar year 2021, these two counties accounted for approximately 67 percent of the hospital’s inpatient volumes and 77 percent of outpatient visits.

The total population of the two counties in 2020 was approximately 1,298,300 (700,700 persons in Jackson County and 597,600 persons Johnson County).

The following map portrays the community assessed by KCOI and the location of the KCOI campus.

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Map of Kansas City Orthopaedic Institute's Community



Source: Caliper Maptitude, 2021.

Significant Community Health Needs

As determined by analyses of quantitative and qualitative data, an overarching focus on advancing racial and ethnic health equity emerged, recognizing that racism has yielded measurable health disparities. Reconciling the impacts of racism in healthcare has the best potential to improve community health. Within this context, significant health needs in the community served by Kansas City Orthopaedic Institute are:

- Access to Care
- Mental Health
- Needs of Growing Older Adult Population
- Nutrition, Physical Activity, and Obesity
- Poverty and Social Determinants of Health

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Significant Community Health Needs: Discussion

Access to Care

Accessing healthcare services is challenging for some members of the community, particularly for those who are low-income, members of racial and ethnic groups, uninsured, and underinsured.

The per-capita supply of primary care physicians in Jackson county is comparatively low. The supply of mental health professionals is below national averages in both Jackson and Johnson counties assessed by KCOI. Low-income residents of Jackson County also are a HPSA for mental health care professionals.

Community stakeholders confirmed that mental health providers are in short supply, as are primary care physicians and specialists who accept uninsured and Medicaid patients. Community representatives cited numerous other barriers to accessing health services, including poverty (and the need for resources for other basic needs such as food and rent), prevalence of uninsured people, transportation problems, poor health literacy, long wait times, and a lack of knowledge regarding available service providers. A lack of trust in the health care system affects whether and how non-White populations are accessing health services as well.

Several census tracts in and near downtown Kansas City have been designated as medically underserved. The Dignity Health Community Need Index™ has identified a number of “high need” ZIP Codes in northwestern Jackson County where access barriers are likely to be most significant. These areas generally are where the percent of the population Black and/or Hispanic (or Latino) is the highest.

Community Health Assessments and Community Health Improvement Plans recently prepared by the area’s local health departments identified improving access to affordable care (including primary care, dental care, and mental health care) as a priority. The report indicates that access is particularly challenging for residents who are uninsured, low-income, and members of racial and ethnic groups.

Jackson County has 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 remains one of the twelve states that have chosen not to expand Medicaid. An estimated 87,000 uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.

Mental Health

Mental health status, including depression and anxiety, was identified by a large majority of interviewees and community meeting participants as a significant health concern. Contributing

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factors include an under-supply of providers and facilities (both inpatient and outpatient services), stress, a lack of social connectedness, social isolation associated with the COVID-19 pandemic, trauma, Adverse Childhood Experiences, and stigma, particularly within rural areas and in minority communities.

Interviewees described youth mental health and suicide rates as significant concerns. They stated that younger people are exposed to social media and online bullying, compare themselves negatively to others, have significant stress about academic or athletic achievement, and experience challenging home-life issues.

Suicide rates in both counties are well above peer county averages. Jackson County ranks in the bottom quartile of peer counties for the prevalence of mentally unhealthy days. All of the Community Health Assessments recently prepared by local health departments identified the need to improve mental (and behavioral) health as priorities.

Needs of Growing Older Adult Population

The community's population 65 years of age and older is anticipated to grow by 42.1 percent or 85,718 persons from 2020 to 2030, making the older adult population the fastest growing demographic group. This trend is likely to lead to the growing demand for health services, since on an overall per-capita basis, older individuals typically need and use more services than younger persons.

Interviewees and community members identified needs of a growing older adults population as a significant community health issue. Specific concerns include greater risks of severe illness and death from COVID-19, the need for resources to support aging in place and for those experiencing memory loss, falls, and poor mental health status due to isolation and financial stress.

Nutrition, Physical Activity, and Obesity

In Jackson County, the percent of adults who are obese and/or physically inactive is well above peer county and U.S. averages. Johnson County's obesity rate also has been above peer county levels. Both counties have a higher percentage of people who lack adequate access to food than peer counties.

Interviewees stated that obesity is a significant concern, contributing to many chronic conditions and poor health outcomes. Youth obesity also was identified as problematic, contributing to poor health outcomes and lifestyles into adulthood. These issues were attributed to poor nutrition and access to healthy foods, physical inactivity (caused by lack of safe exercise areas), stress, expense associated with healthy food options, and a lack of time to prepare nutritious meals.

Food deserts are present in both counties and are particularly prevalent in western Jackson County.

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Community health assessments prepared by local health departments and participants in community meetings also identified many of these health behaviors as priority needs.

Poverty and Social Determinants of Health

People living in low-income households often experience poorer health outcomes than those living in more prosperous areas. In 2016-2020, approximately 13.6 percent of Jackson County residents lived in poverty – above Kansas and Missouri averages.

At 4.9 percent, the poverty rate in Johnson County was well below the Kansas average (11.4 percent). Informants who provided input into this CHNA, however, indicated that “pockets of need” and significant income disparities are present and often are overlooked.

In both counties, poverty rates for Black and for Hispanic (or Latino) residents have been substantially higher than rates for White residents.

Many low-income census tracts can be found in Jackson and Johnson counties. These are most prevalent in western parts of Jackson County and in Olathe and Lenexa in Johnson County. Most of these census tracts are where more than one-half of households are “rent burdened,” are categorized as “high need” by the Dignity Health Community Need Index™ (CNI) and are in the top quartile nationally for “social vulnerability” according to the Centers for Disease Control Social Vulnerability Index.

Crime rates in Jackson County are significantly above national averages and above rates in their peer counties. Mortality rates for homicide are also significantly above average.

Interviewees and community meeting participants identified poverty and social determinants of health, including food insecurity, housing affordability, crime, access to transportation, access to housing, and access to educational opportunities as significant concerns. Informants indicated that culturally sensitive education and programs focused on healthy eating and nutrition are needed.

Community Health Assessments published by local health departments identified addressing social determinants of health, including education, crime, and economic opportunity as priority issues. The Kansas City Health Department Community Health Assessment, for example, highlights large education, economic, and housing-related gaps between White, Black, and Hispanic (or Latino) residents – in part due to historic racial and economic separation.

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Community Definition

The community assessed by KCOI was defined by considering the geographic origins of the hospital’s inpatient admissions and outpatient visits during the 2021 calendar year.

On that basis, KCOI’s community was defined as a two-county area that includes Jackson County, Missouri and Johnson County, Kansas. In calendar year 2021, patients living in these two counties accounted for over two-thirds of the hospital’s inpatient and outpatient services (**Exhibit 1**).

Exhibit 1: KCOI Inpatient Admissions and Outpatient Visits, 2021

County	State	Inpatient Admissions		Outpatient Visits	
		Number	Percent	Number	Percent
Jackson	Missouri	169	16%	2,286	21%
Johnson	Kansas	530	51%	6,191	56%
Subtotal		699	67%	8,477	77%
Hospital Total		1,045	100%	11,010	100%

Source: Analysis of KCOI Patient Origin Data, 2021

The total population of the two counties in 2020 was approximately 1,298,300 persons (**Exhibit 2**).

Exhibit 2: Community Population by County, 2020

County	State	Total Population 2020	Percent of Total Population 2020
Jackson	Missouri	700,733	54.0%
Johnson	Kansas	597,574	46.0%
Community Total		1,298,307	100.0%

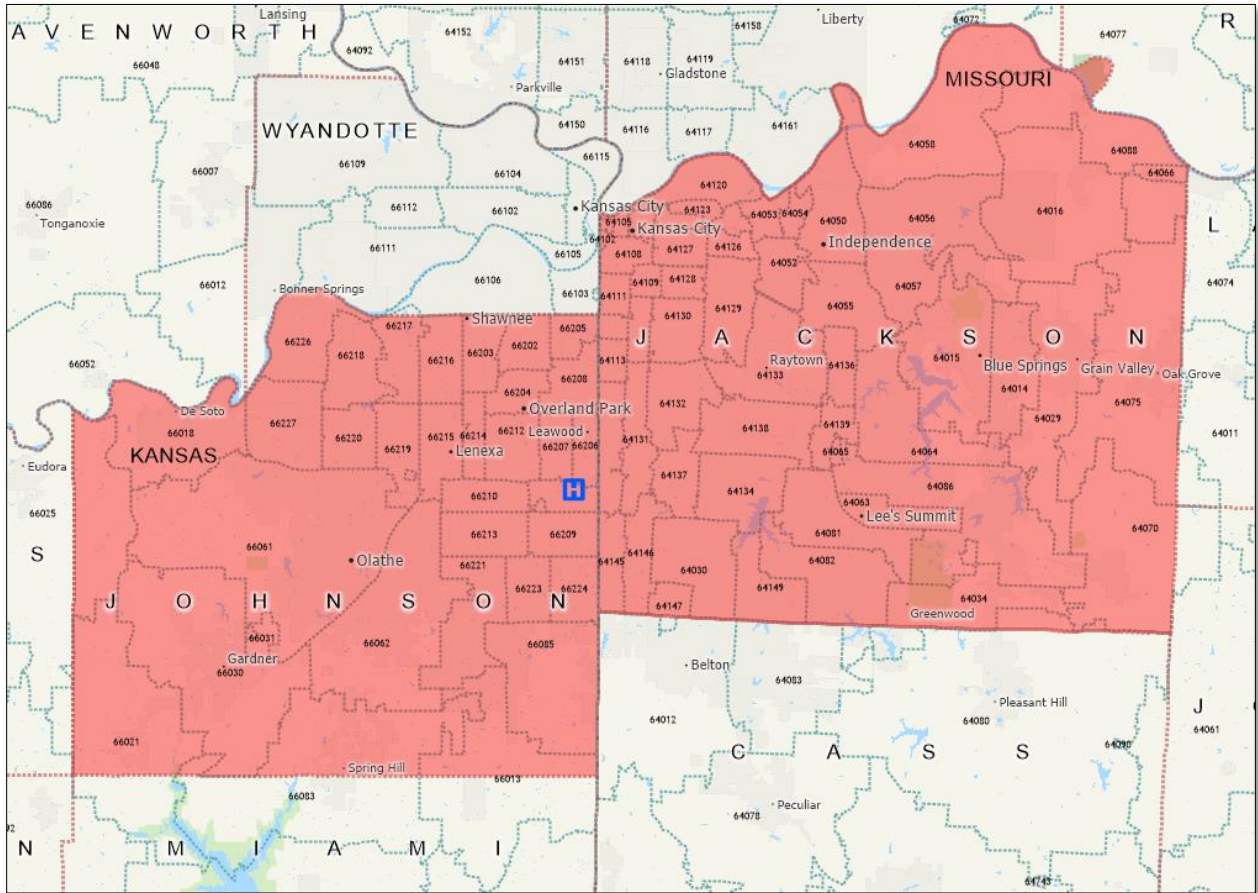
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates.

In 2021, the hospital provided services for patients aged 8 to 100+ years of age. Approximately 37 percent of services were provided for patients 65+ years of age and 15 percent were provided for patients under the age of 30.

KCOI is located in Leawood, Kansas (Johnson County ZIP Code 66211). **Exhibit 3** portrays the two-county community and ZIP Code boundaries within the counties.

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Exhibit 3: Kansas City Orthopaedic Institute's Community with ZIP Code Boundaries



Source: Caliper Maptitude, 2021.

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 of the community is expected to grow 9.9 percent from 2020 to 2030 (130,711 persons). The population 65 years of age and older is anticipated to grow much more rapidly (by 42.1 percent or 85,718 persons) during that time. This development should contribute to greater demand for health services, since older individuals typically need and use more services than younger persons.

The community has substantial variation in demographic characteristics (e.g., age, race/ethnicity, and income levels) across the two counties.

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In Johnson County the highest percentage of population 65 years of age and older is in Leawood, where KCOI is located. In Jackson County, Kansas City and Independence have the highest percentages of population 65 years of age and older.

Overall, the percent of the population that identifies as Black has been significantly higher in Jackson County, Missouri (25.3 percent) than in Johnson County, Kansas (6.0 percent). More than 75 percent of the population identifies as Black in three Kansas City ZIP codes. These areas are associated with comparatively high poverty rates and poor health status.

About 7 percent of the adult population in Jackson and Johnson counties are veterans. According to an analysis of the National Health Interview Survey (NHIS), American veterans experience higher prevalence of pain and more severe pain than non-veterans.¹ This may increase the need for orthopedic services.

Socioeconomic Indicators

People living in low-income households may experience poorer health outcomes than those living in more prosperous areas. Significant variation in poverty rates exist across the KCOI community:

- Jackson County's poverty rate (13.6 percent) is more than double Johnson County's (4.9 percent) rate.
- Jackson County's poverty rate is above Johnson County, Kansas, Missouri, and national averages.

Poverty rates in the two counties for Black and Hispanic (or Latino) have been substantially higher than rates for White residents.

Low-income tracts are present in both counties. These census tracts are most prevalent in western parts of Jackson County and in Olathe and Lenexa in Johnson County. These areas also are where more than one-half of households are "rent burdened," are categorized as "high need" by the Dignity Health Community Need Index™ (CNI) and are in the bottom quartile nationally for "social vulnerability" according to the Centers for Disease Control Social Vulnerability Index.

In Jackson County and in 2016-2020, approximately 47 percent of households were designated as rent burdened, a level above the Missouri average. In 33 percent of the county's ZIP Codes, over half of households were rent burdened. In Johnson County, 40 percent of households were designated as rent burdened, a level below the Kansas average. Housing insecurity is known to have become more problematic due to the COVID-19 pandemic.

The CNI is calculated for every ZIP Code in the United States. The median score for the U.S. is 3.0, and ZIP Codes are assigned to five categories ranging from "Lowest Need" (scores of 1.0 to 1.7) to "Highest Need" (scores ranging from 4.2 to 5.0). At 3.6 (weighted by the population of

¹ [Severe Pain in Veterans: The Effect of Age and Sex, and Comparisons with the General Population - PubMed \(nih.gov\)](#)

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each ZIP Code), the weighted average CNI score for Jackson County is above the U.S. median and indicates that a sizable portion of the population lives in “highest need ZIP Codes. Nineteen Jackson County ZIP Codes are in the “highest need” category. Two Kansas City ZIP Codes (64124 and 64120 - both in Jackson County) had a CNI score of 5.0, the highest possible score. No Johnson County ZIP Codes have a CNI score in the highest need category.

Significant disparities in socioeconomic indicators exist between the LGBTQIA+ community in Kansas and Missouri and the cisgender heterosexual community. LGBTQIA+ individuals are more likely to be unemployed, uninsured, food insecure, and experience low-income than those who identify as cis-gender and heterosexual.

Unemployment rates declined steadily from 2016 through 2019. The COVID-19 pandemic led to significant increases in unemployment in 2020. In 2021, unemployment rates declined as the economy began to recover; however, unemployment rates in Jackson and Johnson counties remained above pre-pandemic rates.

Crime rates in Kansas City and Independence, Missouri have been significantly higher than national averages for most crime types. Jackson County consistently benchmarks poorly for violent crime offenses and deaths due to firearms compared to peer counties.

Health Insurance

Jackson County had a higher percentage of the population without health insurance than Johnson County, 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 twelve remaining states that have chosen not to expand Medicaid. An estimated 87,000 uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.

County Health Rankings and Community Health Status Indicators

In the 2022 *County Health Rankings* and for overall health outcomes:

- Johnson County ranked 1st (out of 105 counties in Kansas).
- Jackson County ranked 53rd (out of 114 counties and one independent city in Missouri).

Jackson County indicators were unfavorable compared to Johnson County and U.S. averages for most health outcomes and health behaviors (including smoking, diet and exercise, and sexual activity). In Jackson County, violent crime offenses were more than 50 percent above U.S. averages.

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,

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percent elderly, per-capita income, and poverty rates. Jackson County compared unfavorably to peer counties for 41 or 51 indicators (80 percent). Johnson County compared unfavorably for 19 indicators (37 percent). Both counties were in the bottom half or bottom quartile for:

- Average life expectancy,
- The percent of adults with obesity (Body Mass Index ≥ 30),
- The percent of the population that lacks adequate access to food,
- The percent of population without health insurance,
- Preventable hospitalizations per 100,000 Medicare enrollees,
- Income inequality,
- Violent crime rates,
- Deaths due to suicide, and
- Percent of people who drive alone to work.

Summary of Significant Indicators

Other secondary data from the Kansas Department of Health and Environment, Missouri Department of Health and Senior Services, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the United States Department of Agriculture, and others were assessed. Based on an assessment of available secondary data, the indicators presented in **Exhibit 4** appear to be most significant in the KCOI community.

An indicator is considered *significant* if it was found to vary materially from a benchmark statistic (e.g., an average value for Kansas or Missouri, for peer counties, or for the United States). For example, 21.8 percent of Jackson County's adults smoke; the average for peer counties is 14.4 percent. The last column of the exhibit identifies where information on data sources is located in this report.

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Exhibit 4: Significant Indicators

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
65+ population change, 2020-2030	Jackson and Johnson Counties	42.1%	9.9%	Jackson and Johnson Counties	7
Poverty rate	Jackson County	13.6%	12.8%	United States	16
Poverty rate, Black	Jackson County	23.1%	9.3%	Jackson County, White	16
Poverty rate, Black	Johnson County	13.8%	4.1%	Johnson County, White	16
Population without health insurance	Jackson County	11.3%	8.7%	United States	20
Violent crimes per 100,000	Kansas City, MO	1301.9	379.4	United States	21
Percent of rented households rent burdened	Jackson County	46.9%	44.5%	Missouri	22
Community Need Index™	Jackson County	3.6	3.0	United States	24
Years of potential life lost before age 75 per 100,000	Jackson County	9,377	6,342	Peer counties	32
Percent of adults reporting >14 days/month poor physical health	Jackson County	12.8%	11.0%	Peer counties	32
Percent of adults reporting >14 days/month poor mental health	Jackson County	15.2%	13.0%	Peer counties	32
Percent of adults who are current smokers	Jackson County	21.8%	14.4%	Peer counties	32
Percent of adults with BMI >= to 30	Jackson County	37.0%	29.0%	Peer counties	32
	Johnson County	31.1%	30.7%	Peer counties	32
Percent who lack adequate access to food	Jackson County	12.9%	10.6%	Peer counties	32
	Johnson County	8.5%	7.9%	Peer counties	32
Food environment index	Jackson County	7.6	8.1	Peer counties	32
Percent of adults with no leisure-time physical activity	Jackson County	33.7%	23.7%	Peer counties	32
Percent of adults reporting binge or heavy drinking	Johnson County	20.7%	19.1%	Peer counties	32
Ratio of population to mental health providers	Jackson County	380:1	250:1	Peer counties	32
Preventable hospitalizations per 100,000 Medicare enrollees	Jackson County	4,658	3,381	Peer counties	32
Percent children in single-parent households	Jackson County	32.5%	24.8%	Peer counties	32
Reported violent crime offenses per 100,000	Jackson County	941.4	448.4	Peer counties	32
Deaths due to injury per 100,000	Jackson County	102.0	69.9	Peer counties	32
Deaths due to homicide per 100,000	Jackson County	20.3	5.8	Peer counties	32
Deaths due to suicide per 100,000	Jackson County	20.1	12.8	Peer counties	32
	Johnson County	15.5	13.1	Peer counties	32
Deaths due to firearms per 100,000	Jackson County	32.1	10.9	Peer counties	32
Diabetes prevalence (% of adults 20+)	Jackson	10.1%	9.0%	United States	39

Source: Verité Analysis.

When available community health data are arrayed by race and ethnicity, sexual and gender minority, and place of residence, significant differences are observed, for:

- Poverty rates
- Unemployment
- Health insurance status
- Food insecurity

These differences indicate the presence of health inequities and disparities.

Food Deserts

The U.S. Department of Agriculture’s Economic Research Service identifies census tracts that are considered “food deserts” because they include lower-income persons without supermarkets or large grocery stores nearby. Food deserts are most prevalent in western parts of Jackson County, Blue Springs, and Oak Grove.

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CDC Behavioral Risk Factors Surveillance System Measures

The Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS) gathers data through a telephone survey regarding health risk behaviors, health care access, and preventive health measures. Data are collected for the entire United States. Analysis of BRFSS data can identify localized health issues, trends, and health disparities, and enable county, state, or nation-wide comparisons.

Over one-half of the ZIP Codes in Jackson County were found to be below-average for the following BRFSS measures:

- Depression
- Current Asthma
- Current Smoking
- Physical Inactivity
- Obesity
- Cholesterol Screening
- Annual Checkup
- Binge Drinking
- Health Insurance
- Mental Health

Over one-half of the ZIP Codes in Johnson County were below-average for binge drinking and taking blood pressure medication.

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.” Several census tracts in and near downtown Kansas City have been designated as medically underserved.

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.

Many census tracts in western Jackson County (in and near downtown Kansas City) have been designated as primary care and dental care HPSAs, and the county’s entire low-income population has been designated as a mental health professional HPSA.

CDC COVID-19 Prevalence and Mortality Findings

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic represents a public health emergency for the Kansas City region, the nation, and the world. The pandemic also has exposed the significance of

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problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues.

Part of the CDC’s work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. Based on that work, many at-risk people live in the community served by KCOI. Populations most at risk include:

- Older adults;
- People with certain underlying medical conditions, including cancer, chronic kidney disease, COPD, obesity, serious heart conditions, diabetes, sickle cell disease, asthma, hypertension, immunocompromised state, and liver disease;
- People who are obese;
- Individuals who use tobacco products and smoke;
- Pregnant women; and,
- Black, Hispanic (or Latino), and American Indian or Alaska Native persons.

According to the CDC, “long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age.”

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.

The issues most frequently identified as *significant* in these other assessments are (presented in alphabetical order):

- Access to care
- Alcohol and substance (drug) use disorder – including opioids
- Chronic disease prevalence and prevention
- Educational achievement and opportunity
- Health inequities and disparities
- Infant mortality, maternal, and child health
- Mental health and access to mental health services
- Obesity, physical inactivity, and nutrition
- Poverty and problems with social determinants of health, particularly in certain neighborhoods and areas
- Safe and affordable housing
- Violent crime and violence prevention

The Community Health Assessment (CHA) dashboard published and maintained by the Kansas City Missouri Health Department highlights how there is a 17-year difference in life expectancy for certain Kansas City communities that are only three miles apart. The gap in life expectancy

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between Black persons and White persons has increased since 2005, and gaps between women and men persist.

According to that CHA, racism is the key driver behind these disparities.² Kansas City has a history of racism and segregation that contributes to disparities in health outcomes, and social and economic inequities.

Primary Data Summary

Primary data were gathered through key stakeholder interviews and community meetings. Six community meetings were conducted: one in each county and one focused on the Kansas City region. Verité Healthcare Consulting conducted interviews by phone and meetings via online video conferences.

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

Key Stakeholder Interviews

Interviews were conducted with four informants learn about community health issues in Jackson County, Missouri and Johnson County, Kansas. Participants included representatives from county health departments, the Mid-America Regional Council (MARC), and a regional food bank.

Questions focused first on identifying and discussing health issues in the community *before* the COVID-19 pandemic began. Interviews then focused on the pandemic's impacts and on what has been learned about the community's health given those impacts. Interviewees also were 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.

The interviewees most frequently identified the following issues as significant *before* the COVID-19 pandemic began.

- **Access to Health Services.** Access to health services is difficult for vulnerable populations in the community including racial and ethnic minorities, persons who are low income, under-resourced or uninsured, and those living in rural areas.

Interviewees identified cost of care, lack of health insurance or under-insurance, distrust of the healthcare system, and transportation challenges as contributing factors. They stated that the system does a poor job at bringing healthcare to the consumer in a way that is wanted and needed. For patients specifically requiring orthopedic services, the following problems were identified:

- transportation for patients with mobility issues,

² See: <https://dashboards.mysidewalk.com/kansas-city-mo-cha-dashboard/home>

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- accessible and affordable in-home services (including social services),
- homes being poorly equipped to handle patient's needs, and
- lack of engagement with patients and families to provide education and enhance understanding of care post-discharge.

Medical services are well provided during treatment; however, services are not well-coordinated after the patient leaves the hospital.

Interviewees also stated that a lack of Medicaid expansion in Kansas and an underfunded expansion program in Missouri have negatively affected access to care.

Johnson County historically has been homogenous, with a predominantly White population. In recent years, racial and ethnic minority groups have grown, including some refugee populations. This has created new access issues associated with language barriers and cultural competence of healthcare delivery.

- **Health Behaviors.** Interviewees described health behaviors such as food and nutritional intake and physical activity as major health concerns. For some members of the community, access to healthy food and opportunities for exercise are limited due to cost and distance to grocery stores.

Disparities exist in the prevalence of chronic conditions. According to local food bank data, there an association exists between persons relying on food pantries and self-reporting chronic conditions (such as diabetes and hypertension).

- **Mental and Behavioral Health.** Interviewees also raised concerns related regarding substance use disorder (including opioid use), teen mental health, and suicide.
- **Social Determinants of Health.** Need is “pocketed” throughout the community, often making it difficult to notice and address. In Johnson County, a generally more affluent community, these needs often are hidden. Vulnerable residents are over-looked and there is little help for those who are low-income and under-resourced. Issues with affordable housing for lower income individuals and families exist.

Food insecurity is a major concern with health implications. Ending hunger involves more than expanding food distribution. Interviewees stated that food insecurity may be related to transportation issues, underemployment, low wages, and lack of proper identification (such as with immigrant and refugee populations).

- **Health Disparities.** Health disparities are recognized as a significant public health issue. Interviewees noted that certain areas of the counties have experienced the impacts of systemic racism. Racial and ethnic minority groups have been left behind and experience lower incomes, less home ownership, and lower access to loans and jobs. These factors play a role in health behaviors and poor health outcomes. There is a lack of cohesiveness across dividing lines and districts which creates difficulty in delivering services equitably.

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Interviewees were asked to describe the impacts of the COVID-19 pandemic on providers, social service organizations, and the community. They responded as follows.

- **Healthcare Workforce.** A strong need to invest in the healthcare workforce was identified as key to meeting the ongoing health needs of the community. Adequate pay and how healthcare workers are treated is key to retaining staff. The COVID-19 pandemic worsened a pre-existing shortage of clinical and frontline staff. Many left healthcare jobs for other industries for better pay and benefits.
- **Telehealth Expansion.** Expanded telehealth services were described as a positive development. Increased flexibility for providers and patients has increased access to care and ease of use.

However, online access is uneven throughout the community, creating barriers to information and services for some residents.

- **Distrust of Healthcare System and Messaging.** Interviewees noted that some residents, especially Black populations, distrust the healthcare system. Some of this originates from experiences with culturally incompetent care or lack of sensitivity and attention to minority populations. Place-based interventions and community health workers may improve this issue.

Interviewees described some positive outcomes from the pandemic, including better engagement between local health departments and communities. Providing testing and vaccines in neighborhoods and community centers have enhanced relationships between health departments and residents.

- **Mental Health.** Social isolation caused by the COVID-19 pandemic led to a decline in functioning (physically, mentally, and socially) for many members of the community, especially the older adults population. Interviewees noted that communities became more polarized with differing views on COVID-19 virus, vaccination efforts, and safety protocols.

Interviewees cited the need for a significant increase in mental health services and described difficulties meeting the increased demand. Many community members have experienced depression and anxiety, but accessing help has proven difficult. Stigmas surrounding mental health treatment have remained and worsened. The need for mental health services for children and adolescents also increased during the pandemic due to the reliance on distance learning.

Community Meetings

From June 1 through June 19, 2020, six online community meetings were conducted across the Kansas City region to obtain community input. Eighty-five (85) stakeholders participated in the six community meetings. These individuals represented organizations such as local health

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departments, non-profit organizations, local businesses, health care providers, local policymakers, and school systems.

Each meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of the community meetings. Then, secondary data were presented, along with a summary of the most unfavorable community health indicators. Meeting participants then were asked to discuss whether the identified, unfavorable indicators accurately identified the most significant community health issues and were encouraged to add issues that they believed were significant.

After discussing the needs identified through secondary data and adding others to the list, participants in each meeting were asked through an online survey process to identify “three to five” they consider to be most significant. From this process, the groups identified the following needs as most significant in the Kansas City region:

- Poverty rates and social determinants of health (including affordable housing, violence, educational opportunities, and others) for Black, Latino, low-income, and other residents;
- The supply of and access to mental health providers, particularly those that serve low-income and uninsured residents;
- The need to expand insurance coverage (including Medicaid) and reduce health plan restrictions on accessing providers;
- Access to affordable health care, including primary care, specialty care, and mental health care;
- Health disparities and inequities by race, ethnicity, and income levels, including for infant health and prenatal care;
- Obesity, diabetes, and other obesity-related chronic conditions;
- The needs of a growing older adult population;
- The COVID-19 pandemic, its disproportional effect on Black communities, and its overall effects on household finances, employment status, and need for social services;
- The need for health care providers to enhance cultural competence and to address language barriers which can negatively affect health status;
- Mental health and suicide;
- Structural racism; and
- Establishing or enhancing trust between at-risk communities and the health care system.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities, clinics, and resources available in Jackson and Johnson counties that are available to address community health needs.

Hospitals

Exhibit 5 presents information on hospital facilities located in the community.

Exhibit 5: Hospitals Located in Community, 2020

Name	Hospital Type	City	ZIP Code
Johnson County, KS			
AdventHealth Shawnee Mission	Accredited Long-Term Care Hospital	Shawnee Mission	66204
Children's Mercy Hospital Kansas	Accredited Long-Term Care Hospital	Overland Park	66211
Cottonwood Springs LLC	Psychiatric Hospital	Olathe	66062
Doctors Hospital LLC	Accredited Long-Term Care Hospital	Leawood	66211
Kansas City Orthopaedic Institute LLC	Non-Accredited Long-Term Care Hospital	Leawood	66211
KPC Promise Hospital of Overland Park	Accredited Long-Term Care Hospital	Overland Park	66212
KPC Promise Skilled Nursing Facility of Overland Park	Long Term Care Unit	Overland Park	66212
Meadowbrook Rehabilitation Hospital	Accredited Specialty Hospital	Gardner	66030
Menorah Medical Center	Accredited Long-Term Care Hospital	Overland Park	66209
MidAmerica Rehabilitation Hospital	Accredited Specialty Hospital	Overland Park	66211
Minimally Invasive Surgery Hospital	Accredited Long-Term Care Hospital	Lenexa	66219
Olathe Medical Center	Accredited Specialty Hospital	Olathe	66061
Overland Park Regional Medical Center	Accredited Long-Term Care Hospital	Overland Park	66215
Pinnacle Regional Hospital, Inc	Accredited Long-Term Care Hospital	Boonville	65233
Rehabilitation Hospital of Overland Park	Accredited Specialty Hospital	Overland Park	66207
Saint Luke's South Hospital	Accredited Long-Term Care Hospital	Overland Park	66213
The Bariatric Center Of Kansas City, LLC	Accredited Specialty Hospital	Lenexa	66227
Jackson County, MO			
Center for Behavioral Medicine	Psychiatric Hospital	Kansas City	64108
Centerpoint Medical Center	General Acute Care Hospital	Independence	64057
Children's Mercy Hospital	General Acute Care Hospital	Kansas City	64108
Crittenton Children's Center	Psychiatric Hospital	Kansas City	64134
Lee's Summit Medical Center	General Acute Care Hospital	Lee's Summit	64063
Research Medical Center	General Acute Care Hospital	Kansas City	64132
Research Medical Center - Brookside Campus	General Acute Care Hospital	Kansas City	64131
Research Psychiatric Center	Psychiatric Hospital	Kansas City	64130
Saint Luke's East Hospital	General Acute Care Hospital	Lee's Summit	64086
Saint Luke's Hospital Of Kansas City	General Acute Care Hospital	Kansas City	64111
St. Joseph Medical Center	General Acute Care Hospital	Kansas City	64114
St. Mary's Medical Center	General Acute Care Hospital	Blue Springs	64014
Truman Medical Center - Hospital Hill	General Acute Care Hospital	Kansas City	64108
Truman Medical Center - Hospital Hill 2 Center	General Acute Care Hospital	Kansas City	64108
Truman Medical Center Lakewood	General Acute Care Hospital	Kansas City	64139

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

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. There currently are 23 FQHC sites operating in the community (**Exhibit 6**).

Exhibit 6: Federally Qualified Health Centers Located in Community, 2020

Name	Address	City	ZIP Code
Johnson County, KS			
Health Partnership Clinic - Merriam Park Elementary School	6100 Mastin St	Shawnee	66203
Health Partnership Clinic - Olathe East High School	14545 W 127th St	Olathe	66062
Health Partnership Clinic - Olathe North High School	600 E Prairie St	Olathe	66061
Health Partnership Clinic, Inc.	9119 W 74th St Ste 210	Shawnee Mission	66204
Health Partnership Clinic, Inc.	407 S Clairborne Rd Ste 104	Olathe	66062
Safehome	PO Box 4563 Overland Park	Overland Park	66204
Jackson County, MO			
Compass Health, Inc.	901 NE Independence Ave	Lees Summit	64086
Hope Family Care Center, 3027 Prospect Ave., Kansas City, MO 64128	3027 Prospect Ave	Kansas City	64128
Kansas City CARE Clinic	3515 Broadway Blvd	Kansas City	64111
Kansas City CARE Clinic	1106 E 30th St Ste B	Kansas City	64109
Kansas City CARE Clinic	2340 E Meyer Blvd STE 200	Kansas City	64132
Kansas City CARE Clinic	4601 Independence Ave	Kansas City	64124
Live Well Community Health Center - Buckner	324 S Hudson St	Buckner	64016
Mobile Medical Clinic	3801 Blue Pkwy	Kansas City	64130
Samuel U. Rodgers Health Center - East	2100 E 9th St	Kansas City	64124
Samuel U. Rodgers Health Center Blue Springs School District	1501 NW Jefferson St	Blue Springs	64015
Samuel U. Rodgers Health Center Cabot Westside	2121 Summit St	Kansas City	64108
Samuel U. Rodgers Health Center Downtown Campus	825 Euclid Ave	Kansas City	64124
Samuel U. Rodgers Health Center J.A. Rogers Family Dental	6400 E 23rd St	Kansas City	64129
Swope Health East	17844 E 23rd St S	Independence	64057
Swope Health Independence	11320 E Truman Rd	Independence	64050
Swope Health Services - Central	3801 Blue Pkwy	Kansas City	64130
Swope Health Services - Hickman Mills	8800 Blue Ridge Blvd Ste 208	Kansas City	64138

Source: HRSA, 2020.

According to 2020 data published by HRSA, FQHCs served the following percentage of uninsured persons and Medicaid recipients:

- In Johnson County, 15.6 percent of uninsured persons and 8.5 percent of Medicaid/public insurance recipients.
- In Jackson County, 23.2 percent of uninsured persons and 24.7 percent of Medicaid/public insurance recipients.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

Nationally, FQHCs served 22 percent of uninsured patients and 19 percent of the nation's Medicaid recipients.³

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: <https://www.unitedwaygkc.org/get-help>.

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

³ See: <http://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/chartbook-2020-final/> and <https://www.udsmapper.org/>.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

Additional information about these resources and participating providers can be found at:
<https://saintlukesresources.org/>.

APPENDIX A – OBJECTIVES AND METHODOLOGY

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.⁴ 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

⁴ 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).”⁵ 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 data⁶ 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 KCOI’s previous CHNA process. *See* Appendix E.

Collaborating Organizations

For this community health assessment, Kansas City Orthopaedic Institute collaborated with the following Saint Luke’s hospitals: Saint Luke’s South Hospital and Saint Luke’s Hospital of Kansas City. KCOI and these facilities gathered and assessed secondary data together, conducted shared community meetings and interviews, and relied 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 Kansas City Orthopaedic Institute. Comparisons to benchmarks were utilized 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.

⁵ 501(r) Final Rule, 2014.

⁶ “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

Input from persons representing the broad interests of the community was taken into account through key informant interviews (four participants) and community meetings (85 participants). 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.

Kansas City Orthopaedic Institute posts CHNA reports and Implementation Plans online at <https://www.kcoi.com/about-our-hospital/community-health-needs-assessments/>.

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

This section presents an assessment of secondary data regarding health needs in Jackson County, Missouri and Johnson County, Kansas.

Demographics

Exhibit 7: Change in Community Population by County, 2020 to 2030

County	State	Total Population 2020	Projected Population 2030	Percent Change 2020-2030
Jackson	Missouri	689,226	714,467	3.7%
Johnson	Kansas	628,444	733,910	16.8%
Community Total		1,317,670	1,448,377	9.9%

Source: Missouri Office of Administration, Budget and Planning and Kansas Center for Economic Development and Business Research, 2022.

Description

Exhibit 7 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 130,707 people, or 9.9 percent.
- Johnson County, KS is projected to grow at four times the rate of Jackson County, MO (16.8 percent compared to 3.7 percent).

Exhibit 8: 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	350,109	356,899	1.9%
Female 20 - 44	219,003	236,524	8.0%
Male 20 - 44	223,748	244,549	9.3%
45 - 64	321,193	321,068	0.0%
65+	203,618	289,336	42.1%
Community Total	1,317,670	1,448,377	9.9%

Source: Missouri Office of Administration, Budget and Planning and Kansas Center for Economic Development and Business Research, 2022.

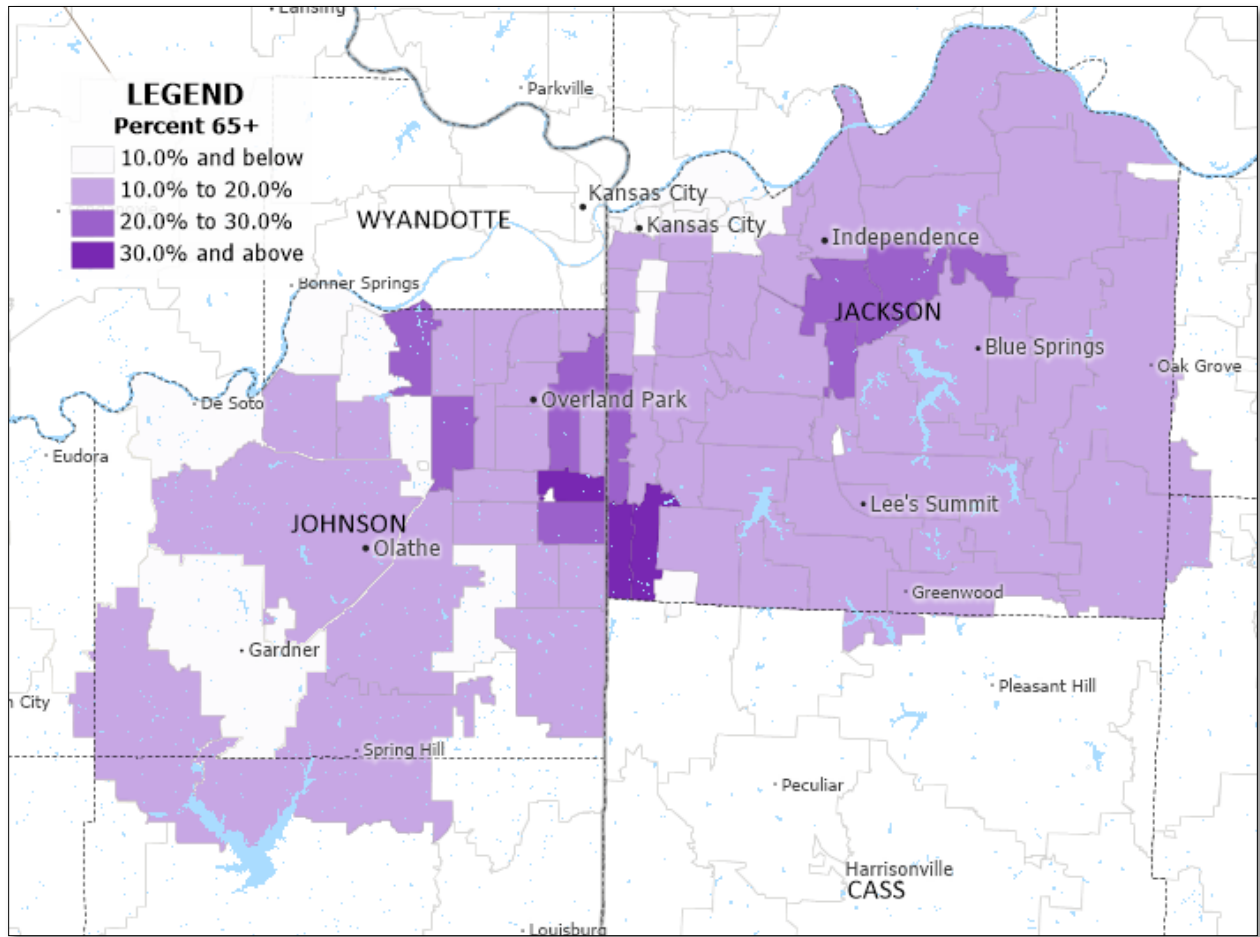
Description

Exhibit 8 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 (42.1 percent) than the total population (9.9 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 persons.

Exhibit 9: Percent of Population – Aged 65+, 2016-2020



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates and Caliper Maptitude, 2021.

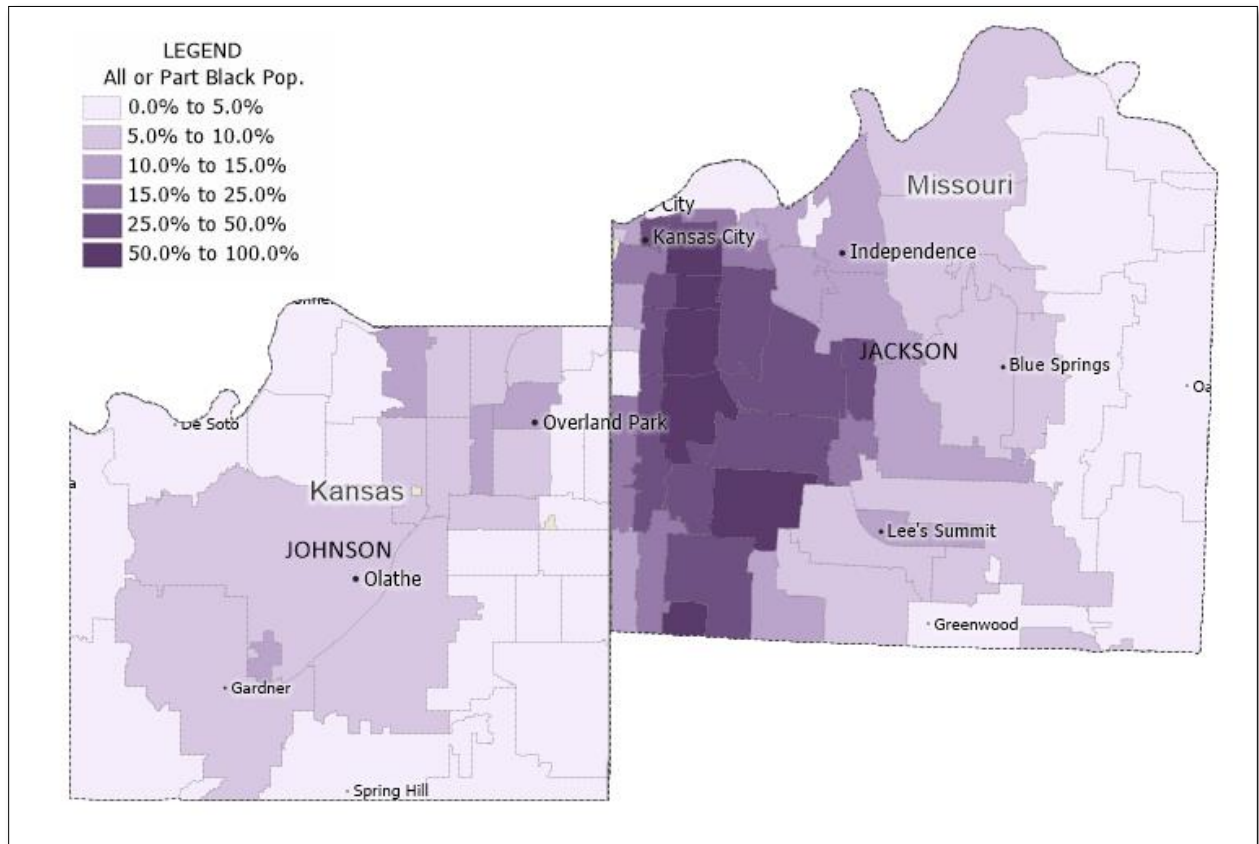
Description

Exhibit 9 portrays the percent of the population 65 years of age and older by ZIP Code.

Observations

- The highest percentages of population 65 years of age and older are in Leawood (Kansas) and in Kansas City and Independence (Missouri).
- Johnson County, Kansas, ZIP Code 66211 has had the highest proportion of aged 65+ population (33.9 percent).

Exhibit 10: Percent of Population – Black, 2016-2020



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates and Caliper Maptitude, 2021.

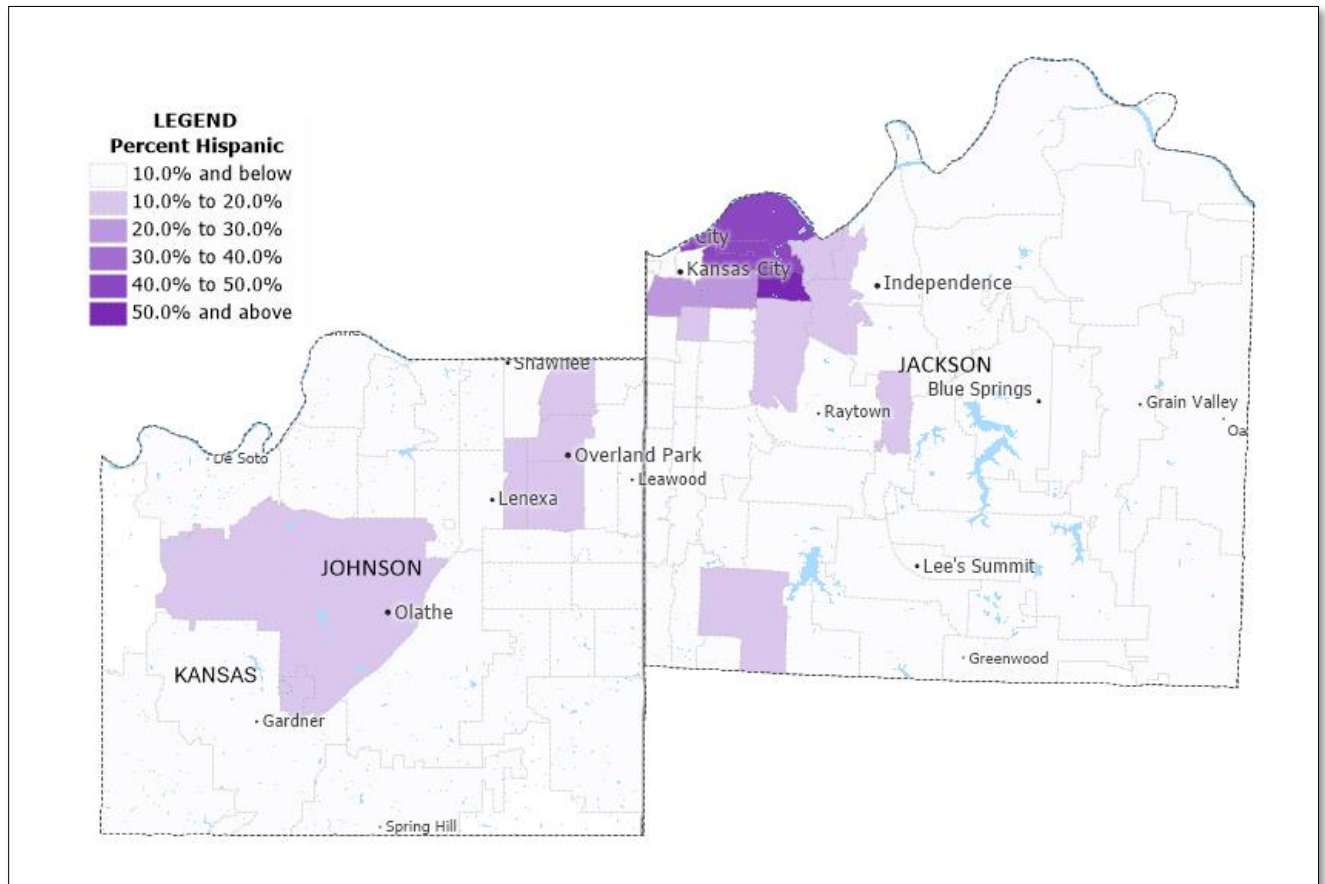
Description

Exhibit 10 portrays the percent of the population that identifies as Black by ZIP Code.

Observations

- Overall, the percent of the population that identifies as Black has been significantly higher in Jackson County, Missouri (25.3 percent) compared to Johnson County, Kansas (6.0 percent).
- In three Kansas City ZIP Codes (64130, 64128, and 64132), more than 75 percent of the population identify as Black.

Exhibit 11: Percent of Population – Hispanic (or Latino), 2016-2020



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates and Caliper Maptitude, 2021.

Description

Exhibit 11 portrays the percent of the population that identifies as Hispanic (or Latino) by ZIP Code.

Observations

- Overall, Jackson County has had a higher percentage of people that identify as Hispanic (or Latino) than Johnson County (9.2 percent compared to 7.8 percent).
- Several ZIP Codes in Kansas City, Missouri (64126, 64125, 64123, 64120, and 64124) had over 40 percent Hispanic (or Latino) population.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 12: Veteran Population by Gender, 2015-2019

Area	Total Population Age 18+	Total Veterans	Veterans Percent of Total Population	Male Percent Veteran Population	Female Percent Veteran Population
Jackson County, MO	530,753	40,748	7.7%	14.9%	1.1%
Johnson County, KS	445,549	28,353	6.4%	12.4%	0.7%
Kansas	2,181,251	176,444	8.1%	15.2%	1.2%
Missouri	4,704,624	401,779	8.5%	16.3%	1.3%
United States	250,195,726	18,230,322	7.3%	13.7%	1.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019.

Exhibit 13: Veteran Population by Age Group, 2015-2019

Area	Age 18-34	Age 35-54	Age 55-64	Age 65-74	Age 75+
Jackson County, MO	1.9%	5.4%	8.8%	19.2%	21.2%
Johnson County, KS	1.8%	4.3%	5.7%	14.9%	22.8%
Kansas	2.7%	5.8%	8.3%	18.2%	21.1%
Missouri	2.3%	5.9%	9.2%	19.6%	21.7%
United States	2.2%	5.2%	7.8%	16.3%	20.1%

Source: U.S. Census Bureau, American Community Survey, 2015-2019.

Description

Exhibits 12 and 13 portray the percent of the population who are veterans by gender and age group. Light grey shading indicates gender and age groups that are higher than national averages.

According to an analysis of the National Health Interview Survey (NHIS), American veterans experience higher prevalence of pain and more severe pain than non-veterans, with young and middle-aged veterans suffering the most. According to that analysis, veterans are more likely to report back/neck problems compared to non-veterans and suffer longer years of musculoskeletal injury-related limitations. Male veterans are more likely to report severe pain than male non-veterans.⁷

Observations

- Jackson County, Kansas, and Missouri has had a higher percentage of male veteran population compared to the United States.

⁷ <https://www.ncbi.nlm.nih.gov/pubmed/27884688>

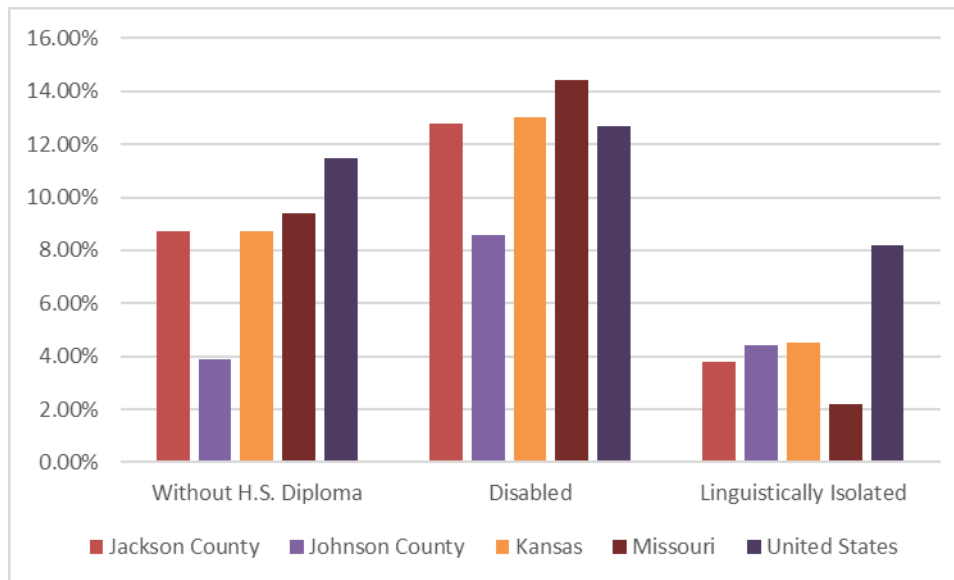
APPENDIX B – SECONDARY DATA ASSESSMENT

- Jackson County has had a higher percentage of veteran population in all age groups thirty-five years and older compared to the United States.
- Kansas and Missouri had a higher percentage of veteran population in all age groups eighteen years and older compared to the United States.

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.

Exhibit 14: Selected Socioeconomic Indicators, 2016-2020



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Description

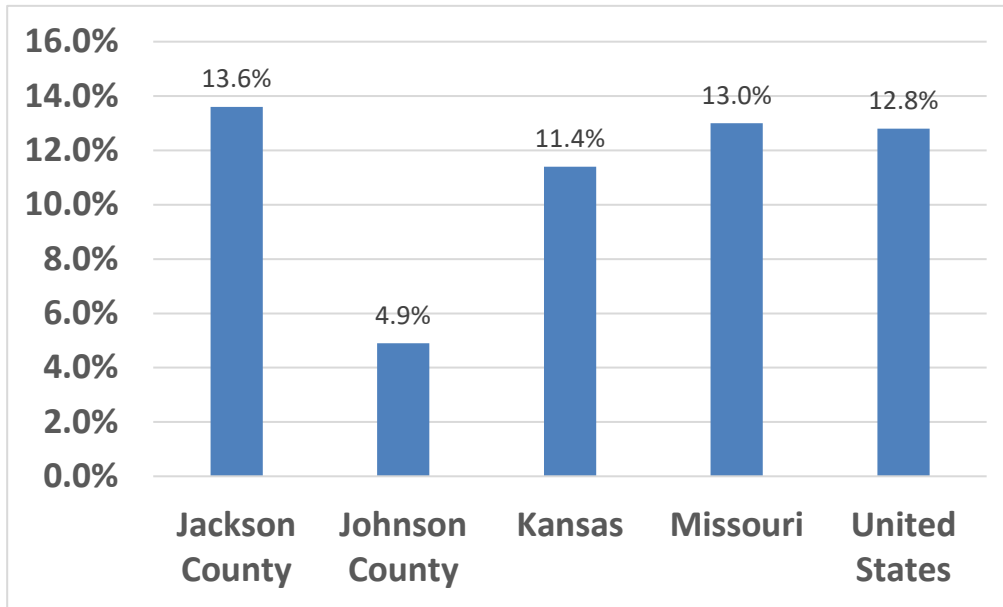
Exhibit 14 portrays the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated in the two counties, Kansas, Missouri, and the United States. Linguistic isolation is defined as residents who speak a language other than English and who speak English less than “very well.”

Observations

- In 2016-2020, Jackson County had more residents without a high school diploma and living with a disability than Johnson County.
- Johnson County had a slightly higher percentage of residents who speak English less than “very well” than Jackson County; however, both counties were well below the U.S. benchmark.

People in Poverty

Exhibit 15: Percent of People in Poverty, 2016-2020



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Description

Exhibit 15 portrays poverty rates by county, in Kansas and Missouri, and in the United States.

Observations

- In 2016-2020, the poverty rate in Jackson County was above Johnson County, Kansas, Missouri, and U.S. averages.
- The Jackson County rate was more than double the rate in Johnson County.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 16: Poverty Rates by Race and Ethnicity, 2016-2020

Area	White	Black	Asian	Hispanic (or Latino)	All Races / Ethnicities
Jackson County, MO	9.3%	23.1%	18.5%	20.8%	13.6%
Johnson County, KS	4.1%	13.8%	6.6%	11.5%	4.9%
Kansas	9.8%	23.9%	14.7%	18.1%	11.4%
Missouri	11.2%	23.6%	23.6%	19.6%	13.0%
United States	10.6%	22.1%	10.6%	18.3%	12.8%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

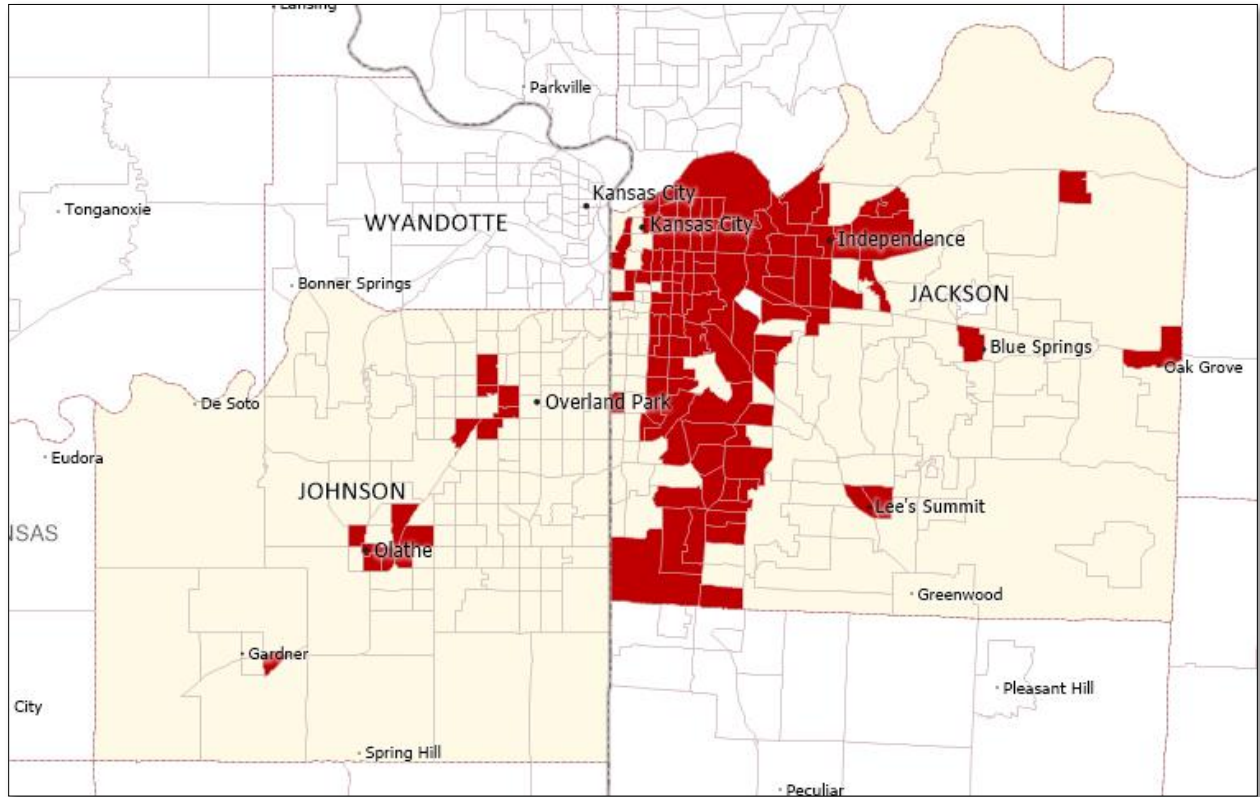
Description

Exhibit 16 portrays poverty rates by race and ethnicity. Dark grey shading indicates rates 50 percent or more above the U.S-wide average (12.8 percent for all persons). Light grey shading indicates rates that also are above the U.S. average.

Observations

- In all areas presented, poverty rates for Black persons have been significantly above rates for White persons.
- In all areas except Johnson County, rates for Hispanic (or Latino) persons were significantly above rates for White persons.
- The poverty rates for Asian residents were higher than White residents in Jackson County, Kansas, and Missouri.

Exhibit 17: Low Income Census Tracts, 2019



Source: US Department of Agriculture Economic Research Service, ESRI, 2021.

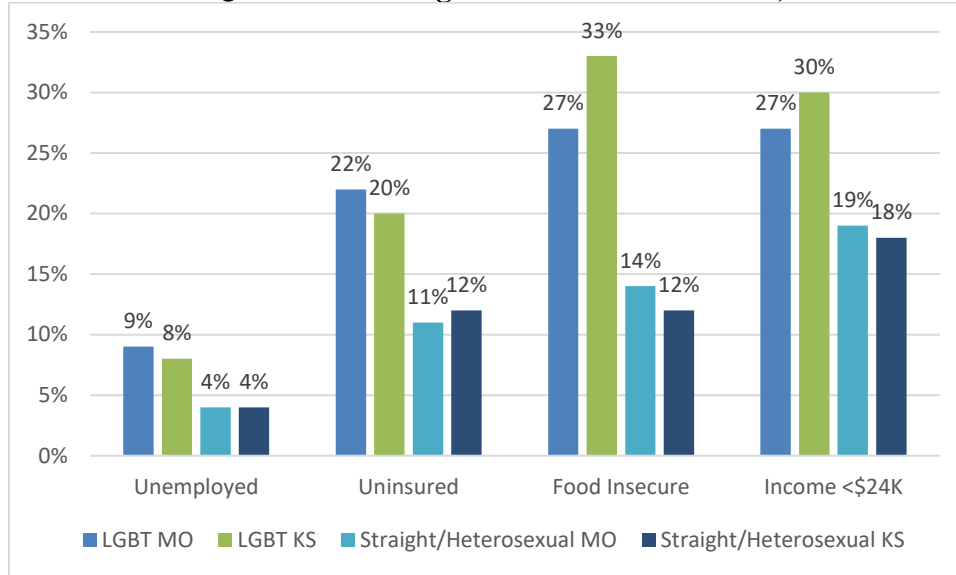
Description

Exhibit 17 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, and in Olathe and Lenexa in Johnson County.

Exhibit 18: Select Socioeconomic Characteristics, Kansas, and Missouri, LGBTQIA+ versus Cisgender and Heterosexual, 2019



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

Description

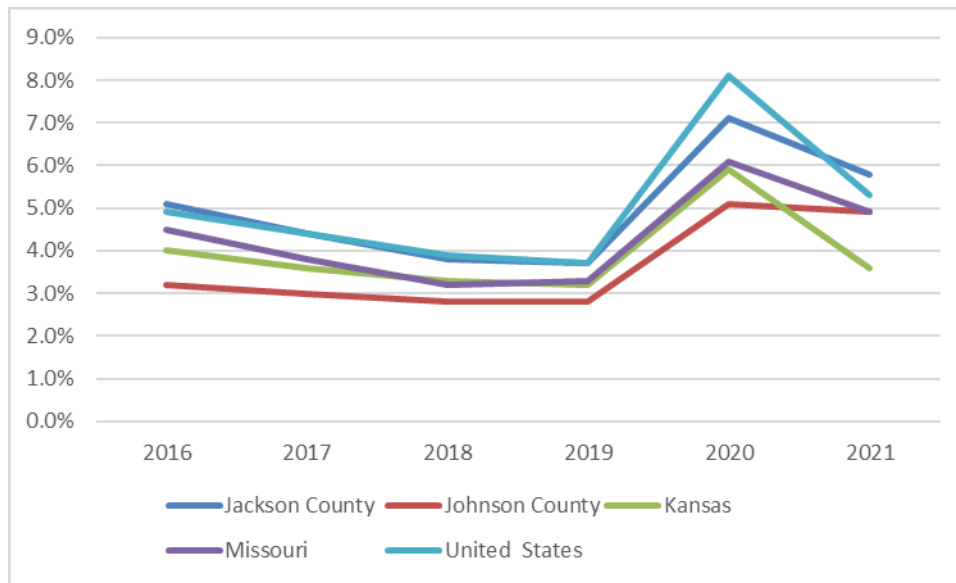
Exhibit 18 portrays socioeconomic indicators for LGBTQIA+ and cisgender/heterosexual people in Missouri and Kansas.

Observations

- LGBTQIA+ individuals have been more likely to be unemployed, uninsured, food insecure, and have lower incomes than those who identify as cisgender/heterosexual.

Unemployment

Exhibit 19: Monthly Unemployment Rates, 2016 to 2021



Source: U.S. Bureau of Labor Statistics

Description

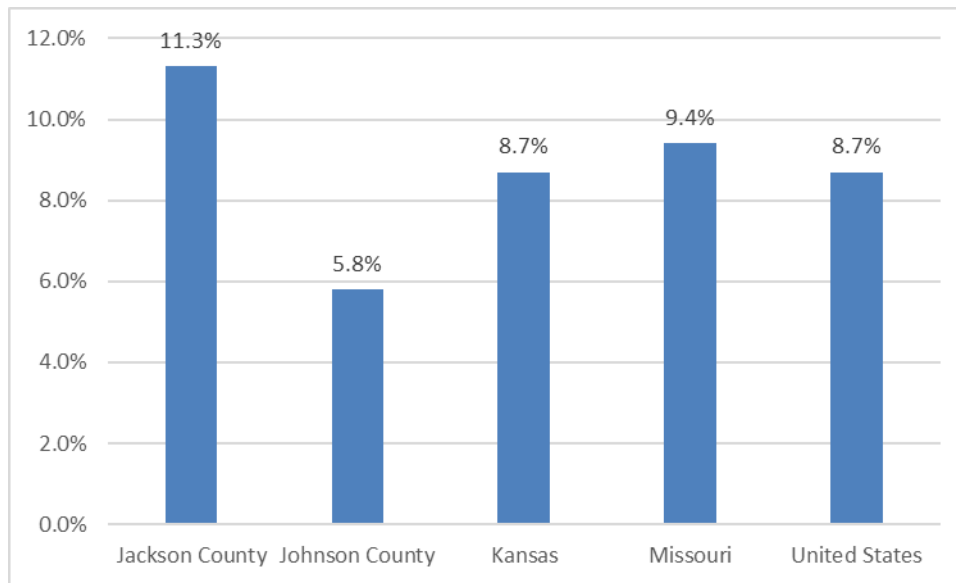
Exhibit 19 shows unemployment rates for Jackson and Johnson counties, Kansas, Missouri, and the United States for 2016 through 2021.

Observations

- Unemployment rates declined steadily from 2016 through early 2019. The COVID-19 pandemic led to significant increases in 2020.
- In 2021, unemployment rates declined as the economy began to recover from the pandemic; however, unemployment rates for all areas presented were higher than pre-pandemic rates.
- In 2021, the Jackson County unemployment rate was above rates in Johnson County, Kansas, Missouri, and the United States.

Health Insurance Status

Exhibit 20: Percent of Population without Health Insurance, 2016-2020



Description

Exhibit 20 presents the estimated percent of population without health insurance.

Observations

- Jackson County had a higher percentage of the population without health insurance than Johnson County, Kansas, Missouri, and national averages.
- After the Affordable Care Act’s passage, 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.⁸
- Kansas is one of the twelve remaining states that have chosen not to expand Medicaid. Eighty-seven thousand (87,000) uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.⁹

⁸ <https://www.cms.gov/newsroom/press-releases/missouri-medicaid-expansion-brings-quality-essential-health-coverage-more-275000-missourians>

⁹ <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

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- According to a second analysis prepared by the Kaiser Family Foundation, the average uninsured rate in 2018 in states that expanded Medicaid was 7.7 percent. The average rate in states that did not expand Medicaid was 14.6 percent.¹⁰

¹⁰ <http://files.kff.org/attachment/Issue-Brief-Key-Facts-about-the-Uninsured-Population>

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Crime Rates

Exhibit 21: Crime Rates by Type and Jurisdiction, Per 100,000, 2019-2021

City	County	State	Violent Crime	Murder	Rape	Robbery	Aggravated Assault	Property Crime	Burglary	Larceny and Theft	Motor Vehicle Theft
Independence	Jackson	Missouri	572.7	6.9	107.2	78.0	380.6	3,719.7	336.1	2,534.1	849.6
Kansas City	Jackson	Missouri	1,301.9	27.4	74.1	213.5	986.9	3,695.7	488.2	2,412.0	795.5
Lee's Summit	Jackson	Missouri	154.6	2.0	22.9	15.0	114.7	1,809.2	163.6	1,390.3	255.3
Olathe	Johnson	Kansas	246.8	1.4	39.4	12.0	194.1	1,273.3	100.5	997.7	175.1
Overland Park	Johnson	Kansas	235.8	0.5	22.2	21.7	191.4	2,181.9	183.8	1,717.4	280.8
Kansas			410.8	3.6	48.6	44.4	314.2	2,314.5	342.7	1,721.9	249.9
Missouri			495.0	9.3	47.5	80.8	357.4	2,638.7	430.4	1,865.0	343.3
United States			379.4	5.0	42.6	81.6	250.2	2,109.9	340.5	1,549.5	219.9

Source: Federal Bureau of Investigation, 2019-2021.

Description

Exhibit 21 provides crime statistics available from the Federal Bureau of Investigation by type and jurisdiction. Light grey shading indicates rates above the United States averages. Dark grey shading indicates rates more than 50 percent above the average.

Observations

- 2021 crime rates in Kansas City, Missouri were higher than United States averages for all crime types and more than 50% higher for all crime types except burglary.
- Rates in Independence, Missouri were higher for all crime types except robbery and burglary and more than 50% higher for all crime types reported except murder.

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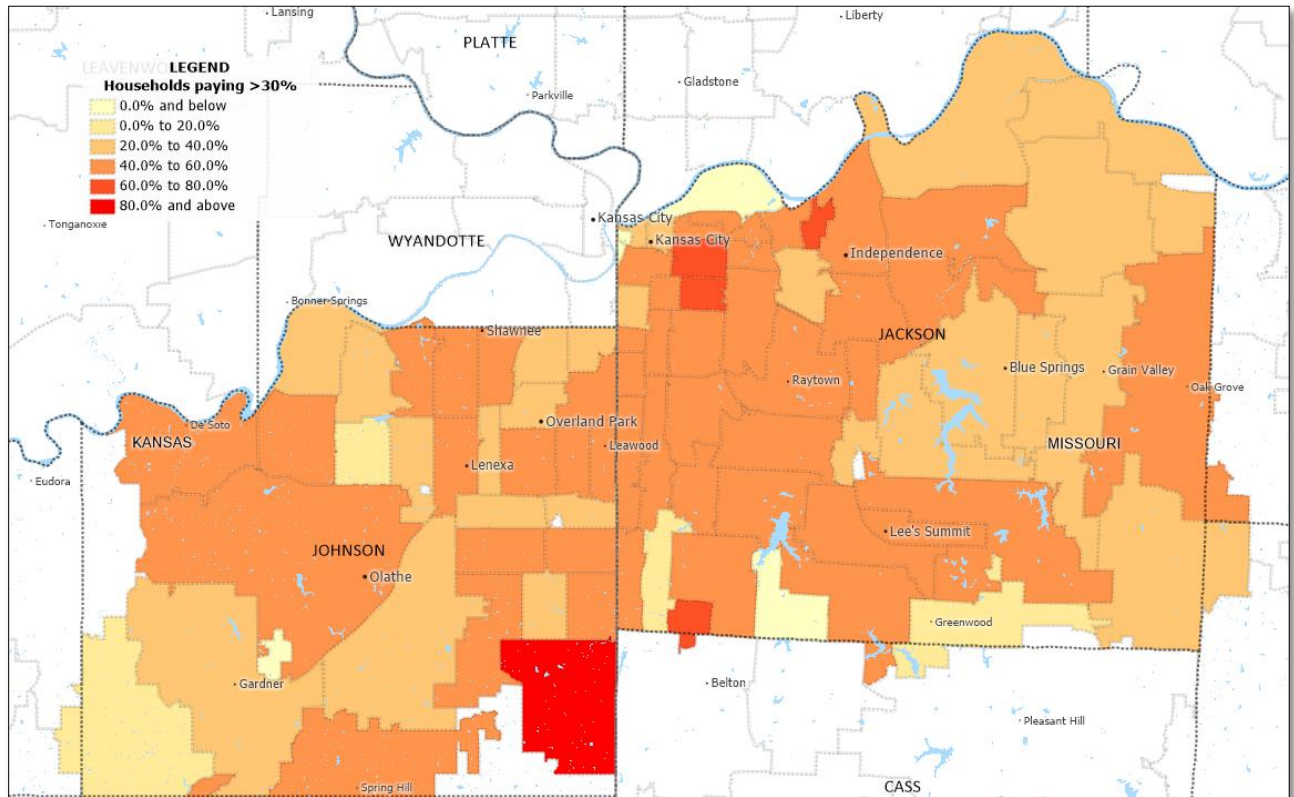
Housing Affordability

Exhibit 22: Percent of Rented Households Rent Burdened, 2016-2020

Area	Occupied Units Paying Rent	Households Paying >30%	Rent Burden > 30% of Income
Jackson County, MO	116,350	53,437	46.9%
Johnson County, KS	70,552	27,931	40.0%
Kansas	364,709	154,877	43.2%
Missouri	754,072	328,688	44.5%
United States	41,390,514	19,886,052	49.1%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates.

Exhibit 23: Map of Percent of Rented Households Rent Burdened, 2016-2020



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates and Caliper Maptitude, 2021.

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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.¹¹ Exhibits 22 and 23 portray the percent of rented households that meet this definition.

Observations

As stated by the Federal Reserve, “households that have little income left after paying rent may not be able to afford other necessities, such as food, clothes, health care, and transportation.”¹²

- In Jackson County, approximately 47 percent of households were designated as rent burdened, a level above the Missouri average. The percentage ranges from zero to 65 percent by ZIP Code. In 33 percent of the county’s ZIP Codes, over half of households were rent burdened.
- In Johnson County, 40 percent of households were designated as rent burdened, a level below the Kansas average. The percentage ranges from zero to 88 percent by ZIP Code. In 19 percent of the county’s ZIP Codes, over half of households were rent burdened.
- In Jackson County, the percentage of rented households rent burdened was highest in ZIP Codes where poverty rates and the Dignity Health Community Need Index™ (CNI) also were above average (see next section for information on the CNI).
- Housing insecurity is known to have become more problematic due to the COVID-19 pandemic.

¹¹ <https://www.federalreserve.gov/econres/notes/feds-notes/assessing-the-severity-of-rent-burden-on-low-income-families-20171222.htm>

¹² *Ibid.*

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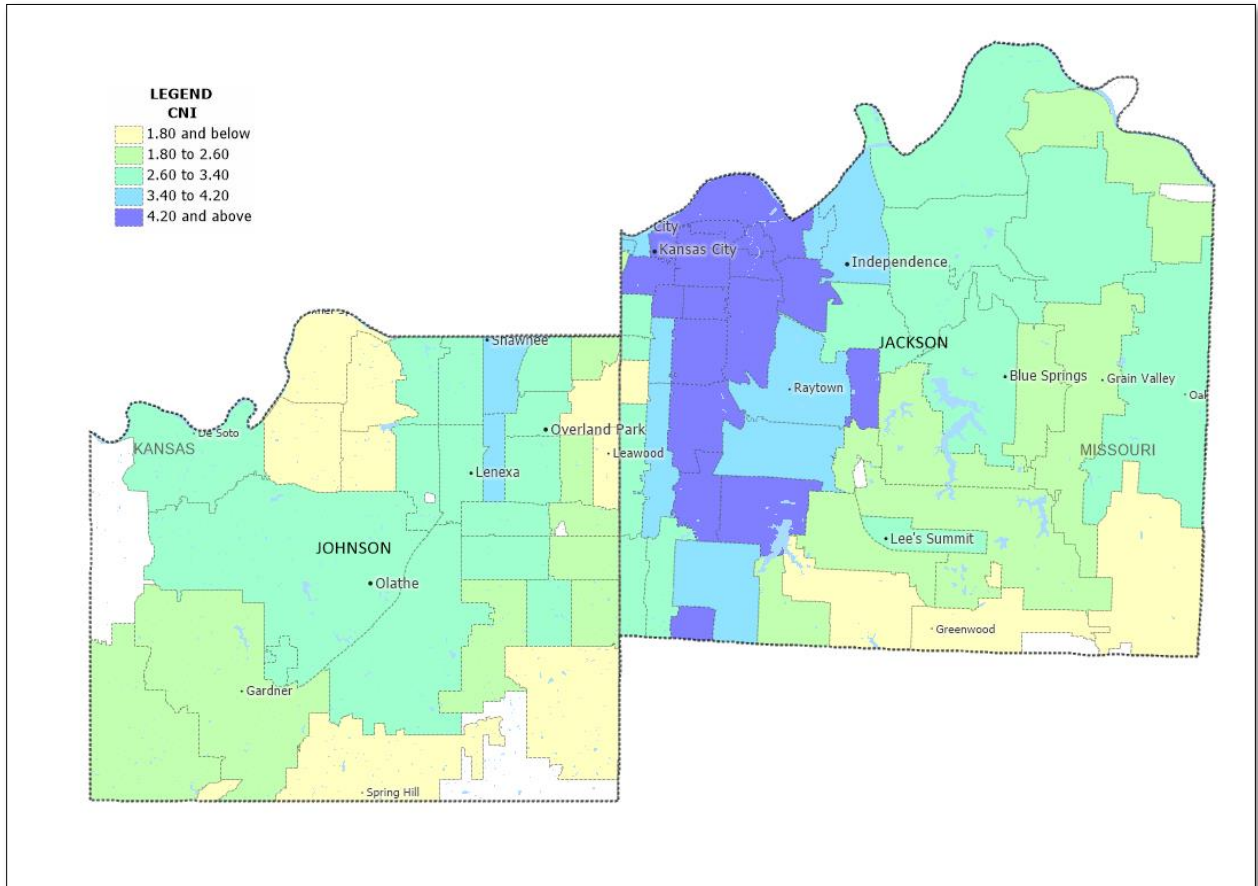
Dignity Health Community Need Index™

Exhibit 24: Weighted Average Community Need Index™ Score by County, 2021

Area	CNI Score
Jackson County, MO	3.6
Johnson County, KS	2.5
United States	3.0

Source: Dignity Health, 2022.

Exhibit 25: Community Need Index, 2021



Source: Dignity Health 2022, and Caliper Maptitude, 2021.

Description

Exhibits 24 and 25 present *Community Need Index™* (CNI) scores. Higher scores (e.g., 4.2 to 5.0) indicate the highest levels of community need. The index is calibrated such that 3.0 represents a U.S.-wide median score.

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CommonSpirit Health (formerly Dignity Health) developed the CNI to assess barriers to health care access. The index, available for every ZIP Code in the United States, consists of five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

CNI scores are grouped into “Lowest Need” (1.0-1.7) to “Highest Need” (4.2-5.0) categories.

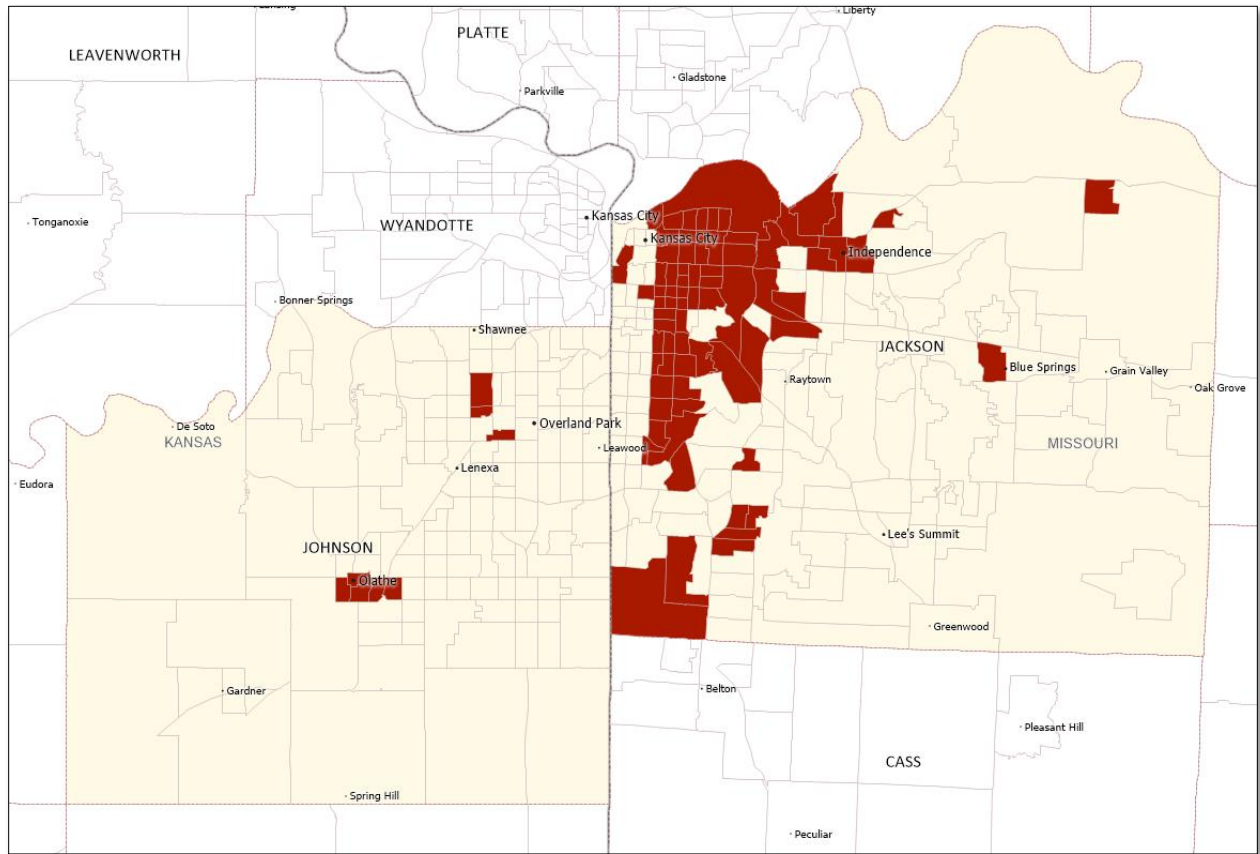
Observations

- Nineteen (19) Jackson County ZIP Codes (thirty-four percent of all Jackson County ZIP Codes), scored in the “highest need” category. These were mostly concentrated in and proximate to Kansas City.
- Two Kansas City ZIP Codes (64124 and 64120 both in Jackson County) had a CNI score of 5.0, the highest score possible.
- The weighted average score for Jackson County (3.6) was above the U.S. median.
- Twenty-four percent (8 out of 33) Johnson County ZIP Codes were above the U.S. median CNI score of 3.0. No Johnson County ZIP Codes were above 4.2, the “highest need” score.

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

Exhibit 26: Socioeconomic Index – Bottom Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude, 2021.

Description

Exhibits 26 through 29 are maps that show the Centers for Disease Control and Prevention’s *Social Vulnerability Index (SVI)* scores for census tracts throughout the community. Highlighted census tracts are in the bottom quartile nationally for different indicators on which the SVI is based.

The SVI is based on 15 variables derived from U.S. census data. Variables are grouped into four themes, including:

- Socioeconomic status;
- Household composition;
- Race, ethnicity, and language; and
- Housing and transportation.

Exhibits 26 through 29 highlight SVI scores for each of these themes.

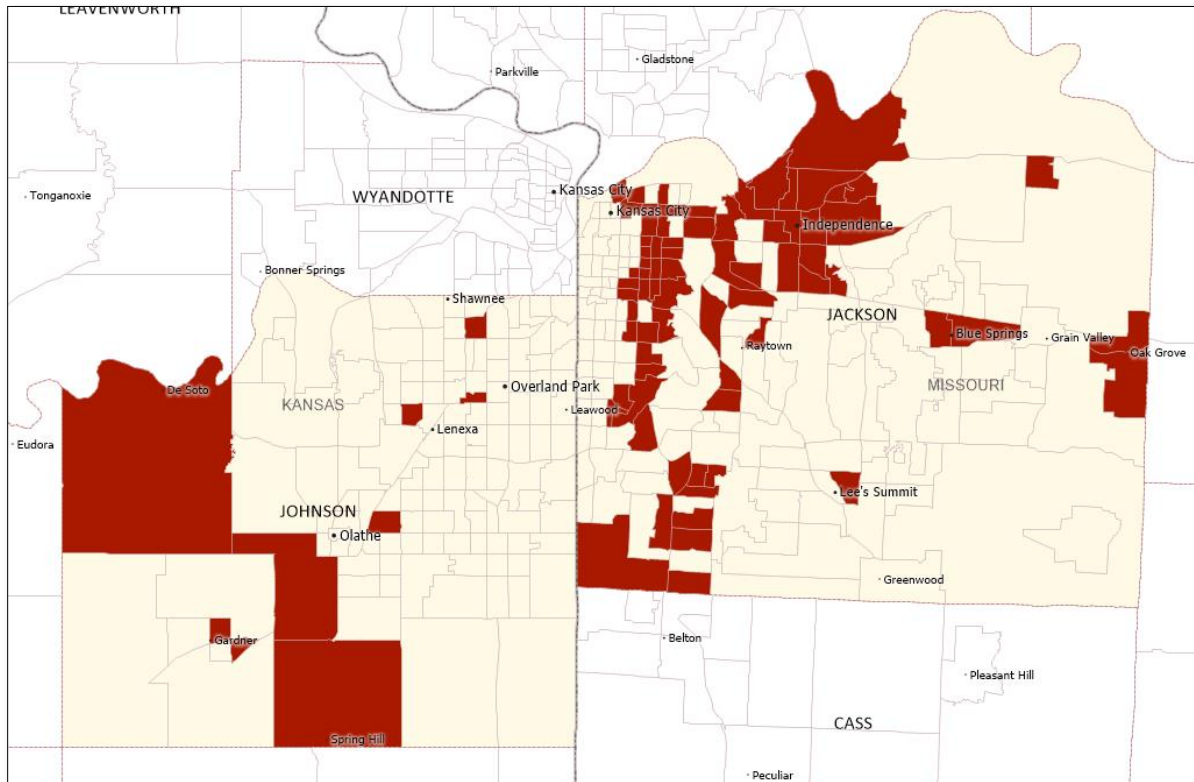
APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 26 identifies census tracts in the bottom quartile nationally for socioeconomic vulnerability.

Observations

- Census tracts with the highest levels of socioeconomic vulnerability were in western parts of Jackson County. Very few of these tracts were located in Johnson County.
- About 18 percent of the community's population lives in the highlighted census tracts.

Exhibit 27: Household Composition and Disability Index – Bottom Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude, 2021.

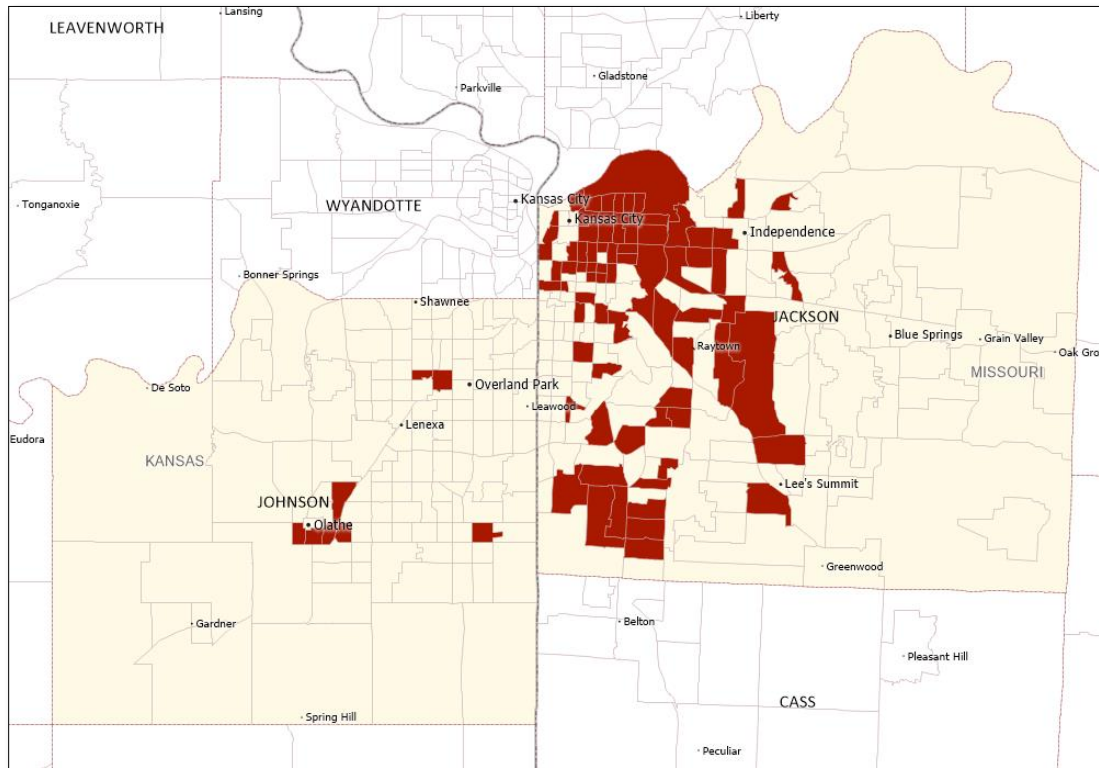
Description

Exhibit 27 identifies census tracts in the bottom quartile nationally for household composition and disability vulnerability.

Observations

- Census tracts with the highest household composition and disability index were concentrated in the western part of Jackson County, including Kansas City and Independence, and in De Soto, Spring Hill, and Olathe in Johnson County.
- About 23 percent of the community’s total population lives in the highlighted census tracts.

Exhibit 28: Minority Status and Language Index – Bottom Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude, 2021.

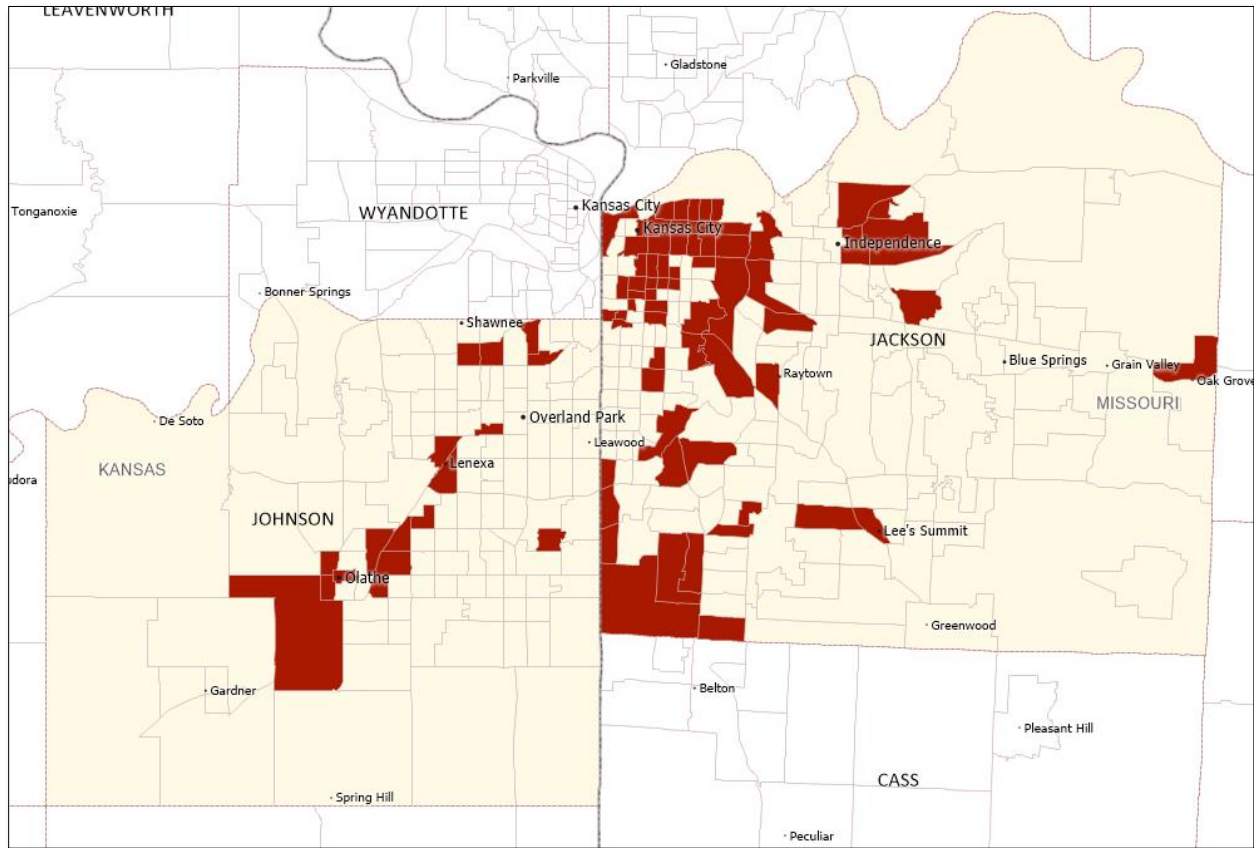
Description

Exhibit 28 identifies census tracts in the bottom quartile nationally for minority status and language vulnerability.

Observations

- Vulnerability for minority status and language index were concentrated in western parts of Jackson County, and Olathe, and Overland Park, in Johnson County.
- About 20 percent of the community’s total population lives in the highlighted census tracts.

Exhibit 29: Housing Type and Transportation Index – Bottom Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude, 2021.

Description

Exhibit 29 identifies census tracts in the bottom quartile nationally for housing type and transportation vulnerability.

Observations

- Census tracts considered the most vulnerable for housing and transportation issues were in Independence, western Jackson County, and Olathe, and Lenexa, in Johnson County.
- About 20 percent of the community’s population lives in the highlighted census tracts.

Other Health Status and Access Indicators

County Health Rankings

Exhibit 30: County Health Rankings, 2022

Measure	Jackson County, MO	Johnson County, KS
Health Outcomes	53	1
Health Factors	54	1
Length of Life	66	1
Quality of Life	42	1
Health Behaviors	60	1
Clinical Care	13	1
Social & Economic Factors	79	2
Physical Environment	72	43

Source: County Health Rankings, 2022.

Description

Exhibit 30 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,¹³ social and economic factors, and physical environment.¹⁴ *County Health Rankings* is updated annually. *County Health Rankings 2022* relies on data from 2010 to 2021. Most data are from 2014 to 2020.

The exhibit presents 2022 rankings for health outcomes and health factors. Rankings indicate how Jackson County ranked in relation to all 114 counties in Missouri (and the independent City of St. Louis), and how Johnson County ranked in relation to the 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.

¹³A 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.

¹⁴A 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.

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Observations

- Jackson County ranked in the bottom half of Missouri counties for length of life, health behaviors, social and economic factors, and physical environment.
- Johnson County ranked number 1 (“the healthiest”), out of 105 Kansas counties for health outcomes and health factors, including sub-rankings: length of life, quality of life, health behaviors, and clinical care.

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Exhibit 31: County Health Rankings Data Compared to State and U.S. Averages, 2022

Indicator Category	Data	Jackson County, MO	Johnson County, KS	Kansas	Missouri	United States
Health Outcomes						
Length of Life	Years of potential life lost before age 75 per 100,000 population	9,377	4,541	7,458	8,860	7,300
Quality of Life	Percentage of adults reporting fair or poor health	20.0%	11.9%	17.1%	17.6%	17.0%
	Average number of physically unhealthy days reported in past 30 days	4.1	2.7	3.6	4.0	3.9
	Average number of mentally unhealthy days reported in past 30 days	4.1	3.6	4.5	4.9	4.5
	Percentage of live births with low birthweight (< 2,500 grams)	9.3%	6.5%	7.2%	8.6%	8.0%
Health Factors						
Health Behaviors						
Adult Smoking	Percentage of adults who are current smokers	21.8%	11.9%	16.8%	20.4%	16.0%
Diet and Exercise	Percentage of the adult population (age 20 and older) with BMI >=30	37.0%	31.1%	35.6%	34.6%	32.0%
	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	7.6	9.0	6.7	6.7	7.8
	Percentage of adults age 20 and over reporting no leisure-time physical activity	33.7%	19.3%	26.7%	29.6%	26.0%
	Percentage of population with adequate access to locations for physical activity	88.2%	92.0%	73.3%	70.5%	80.0%
Alcohol and Drug Use	Percentage of adults reporting binge or heavy drinking	19.2%	20.7%	20.0%	19.5%	20.0%
	Percentage of driving deaths with alcohol involvement	35.9%	16.9%	19.4%	27.5%	27.0%
Sexual Activity	Number of newly diagnosed chlamydia cases per 100,000 population	921.7	356.7	524.7	560.8	551.0
	Number of births per 1,000 female population ages 15-19	28.9	8.5	22.0	22.7	19.0
Clinical Care						
Access to Care	Percentage of population under age 65 without health insurance	13.2%	7.1%	10.7%	11.9%	11.0%
	Ratio of population to primary care physicians	1,180:1	811:1	1,271:1	1,405:1	1,310:1
	Ratio of population to dentists	1,086:1	1,139:1	1,630:1	1,650:1	1,400:1
	Ratio of population to mental health providers	380:1	392:1	467:1	457:1	350:1
Quality of Care	Rate of hospital stays for ambulatory-care sensitive conditions	4,658	3,335	3,645	4,155	3,767
	Percentage of Medicare enrollees that received an annual mammography screening	47.0%	54.0%	46.0%	45.0%	43.0%
	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination	51.0%	61.0%	49.0%	47.0%	48.0%
Social & Economic Factors						
Education	Percentage of adults ages 25 and over with a high school diploma or equivalent	91.3%	96.1%	91.4%	90.6%	89.0%
	Percentage of adults ages 25-44 with some post-secondary education	68.5%	84.9%	70.6%	67.3%	67.0%
Employment	Percentage of population ages 16 and older unemployed but seeking work	7.1%	5.1%	5.9%	6.1%	8.1%
Income	Percentage of people under age 18 in poverty	16.6%	4.1%	13.0%	15.5%	16.0%
	Ratio of household income at the 80th percentile to income at the 20th percentile	4.7	3.9	4.3	4.5	4.9
Family and Social Support	Percentage of children that live in a household headed by single parent	32.50%	15.7%	21.0%	24.6%	25.0%
	Number of membership associations per 10,000 population	11.1	8.5	13.5	11.5	9.2
Community Safety	Number of reported violent crime offenses per 100,000 population	941.4	157.0	364.5	481.2	386.0
	Number of deaths due to injury per 100,000 population	102.0	51.9	78.3	95.8	76.0
Physical Environment						
Air Pollution	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	8.2	7.8	7.5	8.2	7.5
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	14.9%	10.6%	12.8%	13.1%	17.0%
Driving Alone to Work	Percentage of the workforce that drives alone to work	81.6%	80.7%	80.7%	80.8%	75.0%
Long Commute - Drive Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	33.8%	23.90%	21.5%	32.4%	37.0%

Source: County Health Rankings, 2022.

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Description

Exhibit 31 provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.¹⁵ 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

- Missouri-wide indicators were worse than U.S. averages for most indicators presented, including indicators for health outcomes and for most health behaviors and clinical care.
- Jackson County indicators were unfavorable compared to Johnson County and U.S. averages for most health outcomes and health behaviors (including smoking, diet and exercise, and sexual activity).
- The following indicators for Jackson County were more than 50 percent above U.S. averages:
 - Chlamydia rate per 100,000 population
 - Number of births for female population ages 15-19 (teen birth rate)
 - Violent crime offenses per 100,000 population

¹⁵ 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

APPENDIX B – SECONDARY DATA ASSESSMENT

Community Health Status Indicators

Exhibit 32: Community Health Status Indicators, 2022
(Light Grey Shading Denotes Bottom Half of Peer Counties; Dark Grey Denotes Bottom Quartile)

Category	Indicator	Jackson	Peer Counties Average	Johnson	Peer Counties Average
Length of Life	Years of potential life lost before 75 per 100,000	9,377.1	6,342.1	4,540.6	5,145.4
	Deaths in 2020 due to COVID-19 per 100,000	60.9	70.6	68.1	58.5
	Average years a person can expect to live	76.6	79.9	81.4	80.8
	Deaths among residents under age 75 per 100,000	441.5	314.5	228.5	257.6
	Deaths among residents under age 18 per 100,000	60.2	44.7	35.1	34.7
Quality of Life	% of adults reporting fair or poor health	20.0%	16.8%	11.9%	14.5%
	Average physically unhealthy days reported in past 30 days	4.1	3.6	2.7	3.2
	Average mentally unhealthy days reported in past 30 days	4.6	4.1	3.6	4.0
	% of adults reporting 14 or more days of poor physical health per month	12.8%	11.0%	8.4%	9.9%
	% of adults reporting 14 or more days of poor mental health per month	15.2%	13.0%	11.1%	12.3%
Health Behaviors	% of adults aged (20+) with diagnosed diabetes	10.8%	9.7%	7.7%	8.8%
	% of adults who are current smokers	21.8%	14.4%	11.9%	13.7%
	% of adults (18+) that reports a BMI >= to 30	37.0%	29.0%	31.1%	30.7%
	Food Environment Index	7.6	8.1	9.0	8.8
	% of adults (18+) reporting no leisure-time physical activity	33.7%	23.7%	19.3%	22.7%
	% of adults (18+) with adequate access to locations for physical activity	88.2%	93.6%	92.1%	85.2%
	% of adults reporting binge or heavy drinking	19.2%	19.7%	20.7%	19.1%
	% of driving deaths with alcohol involvement	35.9%	26.8%	16.9%	28.1%
	% of population that lacks adequate access to food	12.9%	10.6%	8.5%	7.9%
Drug poisoning deaths per 100,000	21.8	24.0	11.2	15.8	
Motor vehicle crash deaths per 100,000	13.5	8.0	5.1	8.0	

Source: County Health Rankings and Verité Analysis, 2022.

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Exhibit 32: Community Health Status Indicators, 2022 (continued)
(Light Grey Shading Denotes Bottom Half of Peer Counties; Dark Grey Denotes Bottom Quartile)

Category	Indicator	Jackson	Peer Counties Average	Johnson	Peer Counties Average
Clinical Care	% of population under age 65 without health insurance	13.2%	9.7%	7.1%	8.6%
	Ratio of population to primary care physicians	1180:1	1039:1	811:1	1228:1
	Ratio of population to dentists	1086:1	1129:1	1139:1	1712:1
	Ratio of population to mental health providers	380:1	250:1	392:1	640:1
	Preventable hospitalizations per 100,000 Medicare enrollees	4,658.0	3,381.6	3,335.0	3,452.9
	% of adults under age 65 without health insurance	15.5%	11.3%	8.4%	10.0%
	Ratio of population to primary care providers other than physicians	620:1	701:1	764:1	1258:1
Social & Economic Factors	% of adults (25+) with a high school diploma or equivalent	91.3%	90.5%	96.1%	93.7%
	% of adults (25-44) with some post-secondary education	68.5%	74.6%	84.9%	76.9%
	% of population (16+) unemployed but seeking work	7.1%	7.7%	5.1%	5.8%
	% of children under age 18 in poverty	16.6%	13.5%	4.1%	6.2%
	Ratio of household income at the 80th percentile to the 20th percentile	4.7	4.2	3.9	3.8
	% of children in single-parent households	32.5%	24.8%	15.7%	15.7%
	Reported violent crime offenses per 100,000	941.4	448.4	157.0	157.3
	Deaths due to injury per 100,000	102.0	69.9	51.9	54.5
	Index for racial and ethnic distribution in schools compared with local population	0.25	0.18	0.10	0.08
	Income at which half of households earn more and half of households earn less	\$56,398	\$79,952	\$91,799	\$100,653
	% of public school students that are eligible for free or reduced price lunch	59.5%	47.8%	23.0%	26.2%
	Residential segregation b/w Black & White residents (higher = more segregation)	59.2	52.5	41.5	44.0
	Residential segregation b/w Non-White & White residents (higher = more segregation)	50.2	38.7	28.3	30.6
	Deaths due to homicide per 100,000	20.3	5.8	2.2	2.3
	Deaths due to suicide per 100,000 population	20.1	12.8	15.5	13.1
Deaths due to firearms per 100,000 population	32.1	10.9	9.1	9.1	
Physical Environment	Average Daily Density of Fine Particulate Matter (PM2.5)	8.2	9.5	7.8	9.0
	% of households with severe housing problems	13.3%	14.3%	8.9%	9.5%
	% of workforce that drives alone to work	81.6%	70.8%	80.7%	78.1%
	Average traffic volume per meter of major roadways	530.8	1,141.1	458.3	247.7
	% owner-occupied housing units	58.4%	58.4%	69.0%	77.1%
	% of households that spend 50%+ household income on housing	13.5%	14.4%	8.7%	9.5%
	% of households with broadband internet connection	84.3%	88.9%	93.9%	92.9%

Source: County Health Rankings and Verité Analysis, 2022.

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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 32 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. The exhibit includes measures used to rank counties and “additional measure data.” 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 provided.

See Appendix D for lists of peer counties.

Observations

- Jackson County compared unfavorably to peer counties for 41 of the 51 (80 percent) benchmark indicators, with 71 percent of indicators in the bottom quartile compared to peer counties.
- Johnson County compared unfavorably to peer counties for 19 of the 51 (37 percent) benchmark indicators, with 10 percent of indicators in the bottom quartile compared to peer counties.
- Both counties were in the bottom half or bottom quartile for:
 - Average life expectancy,
 - The percent of adults obese (Body Mass Index ≥ 30),
 - The percent of the population that lacks adequate access to food,
 - The percent of population without health insurance,
 - Preventable hospitalizations per 100,000 Medicare enrollees,
 - Income inequality,
 - Violent crime rates,
 - Deaths due to suicide, and
 - Percent of people who drive alone to work.

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COVID-19 Incidence and Mortality

Exhibit 33: COVID-19 Incidence and Mortality (As of May 17, 2022)

Area	Cases	Deaths	Incidence Rate per 100,000	Mortality Rate per 100,000
Jackson County, MO	98,141	1,215	14,014.0	173.5
Johnson County, KS	148,890	1,218	24,916.5	203.8
Kansas	781,596	8,720	26,845.1	299.5
Missouri	1,314,323	18,938	21,453.3	309.1
United States	80,997,256	983,804	24,825.8	301.5

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

Description

Exhibit 33 presents data regarding COVID-19 incidence and mortality.

Observations

- In Jackson County, COVID-19 incidence and mortality rates per 100,000 population were lower than U.S. averages.
- In Johnson County, the incidence rate was slightly higher than the U.S. average; however, the mortality rate was well below the U.S. average.

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Mortality Rates

Exhibit 34: Underlying Causes of Death, Age-Adjusted Rates per 100,000 Population, 1999-2020

Condition	Jackson County, MO	Johnson County, KS	Kansas	Missouri	United States
Major cardiovascular diseases	232.9	160.2	220.6	250.6	223.0
Diseases of heart	181.8	118.9	167.0	196.7	168.2
Malignant neoplasms	155.3	128.2	151.4	157.9	144.1
All other diseases	128.4	101.2	119.0	101.3	96.7
Ischemic heart diseases	88.2	68.8	98.0	105.9	91.8
Other and unspecified infectious and parasitic diseases and their sequelae	63.9	70.2	93.0	91.0	87.8
COVID-19	60.9	68.1	90.5	87.1	85.0
Other forms of chronic ischemic heart disease	65.9	54.4	72.3	61.7	64.4
Accidents (unintentional injuries)	66.7	36.6	53.4	68.4	57.6
Other heart diseases	67.5	39.3	51.7	73.0	56.5
All other forms of chronic ischemic heart disease	37.9	44.2	58.6	49.1	46.0
Nontransport accidents	48.7	31.0	38.4	51.0	44.3
Cerebrovascular diseases	40.4	29.6	36.7	40.3	38.8
Chronic lower respiratory diseases	42.9	25.3	43.9	47.0	36.4
All other forms of heart disease	39.1	21.4	30.9	41.2	35.1
Other chronic lower respiratory diseases	39.1	23.7	40.5	42.9	33.4
Alzheimer disease	21.8	29.0	25.3	34.9	32.4
Malignant neoplasms of trachea, bronchus and lung	39.1	27.4	35.5	41.8	31.9
Accidental poisoning and exposure to noxious substances	25.6	12.3	17.0	31.0	26.9
Diabetes mellitus	22.1	11.7	28.5	23.1	24.8
Heart failure	27.6	17.4	19.8	31.0	20.7
Atherosclerotic cardiovascular disease, so described	28.0	10.1	13.8	12.6	18.4
Nephritis, nephrotic syndrome and nephrosis	21.9	10.1	14.3	20.8	12.7
Assault (homicide)	26.8	Unreliable	7.0	14.0	7.8
Assault (homicide) by discharge of firearms	24.1	Unreliable	5.8	14.0	6.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER Database, 2021.

Description

Exhibit 34 provides age-adjusted mortality rates for selected causes of death for the two counties, Kansas, Missouri, and the United States. Light grey shading indicates rates above U.S. averages; dark grey shading indicates rates more than 50 percent above U.S. averages.

Observations

- In Jackson County, rates of atherosclerotic cardiovascular disease, assault (homicide), assault (homicide) by discharge of firearms, and nephritis, nephrotic syndrome and nephrosis were more than 50 percent above U.S. averages.
- In Johnson County, rates for most causes of death were significantly below U.S. averages.

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Exhibit 35: Death due to Poisoning (including drug overdoses) per 100,000, 2016-2020

Area	Total Population	Five Year Total Deaths	Crude Death Rate	Age-Adjusted Death Rate
Jackson County, MO	699,988	776	22.2	22.0
Johnson County, KS	596,561	359	12.0	12.0
Kansas	2,911,807	2,161	14.8	15.3
Missouri	6,124,392	8,259	27.0	28.2
United States	326,747,554	389,651	23.9	24.0

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

Description

Exhibit 35 provides mortality rates due to poisoning, including drug overdoses, for 2016-2020. Light grey shading indicates age-adjusted death rates above the U.S. average.

Observations

- Death due to poisoning (including drug overdose) rates were lower in Jackson County, Johnson County, and Kansas compared to the U.S. average.
- Missouri death due to poisoning (including drug overdose) rates were higher than the U.S. average.

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Nutrition, Physical Activity and Lifestyle Behaviors

Exhibit 36: Select Food Environment and Access Indicators, 2015-2019

Indicator	Jackson County, MO	Johnson County, KS	Kansas	Missouri	United States
Fast Food Restaurants (establishments per 100,000 population)	79.5%	84.9%	76.2%	74.7%	82.2%
Grocery Stores (establishments per 100,000 population)	15.4%	15.6%	17.6%	17.1%	20.7%
Percent Census Tracts designated as Food Deserts	18.8%	0.8%	18.1%	17.8%	12.8%
SNAP Authorized Food Stores (per 10,000 population)	7.7	4.3	7.0	7.9	7.5
Population Receiving SNAP Benefits	13.4%	2.1%	6.8%	11.3%	11.7%
Households with No Motor Vehicle	8.9%	3.4%	5.4%	6.9%	8.6%

Source: U.S. Census Bureau, County Business Patterns, U.S. Census Bureau, American Community Survey, and U.S. Department of Agriculture, Economic Research Service, 2019.

Description

Exhibit 36 provides select food environment and food access indicators. Food environment factors, such as store/restaurant proximity, food prices, food and nutrition assistance programs and community characteristics, interact to influence food choices, and nutritional intake.

Observations

- Jackson County had fewer grocery stores, a higher percentage of census tracts designated as food deserts, a higher percentage of population receiving SNAP (Supplemental Nutrition Assistance Program) benefits, and a higher percentage of households with no motor vehicle compared to the United States.
- Jackson County compared unfavorably to Johnson County for most indicators.

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Exhibit 37: Percentage of Adults Obese (BMI > 30.0), Selected Years, 2005-2019

Area	2005	2010	2015	2019
Jackson County, MO	26.3%	32.5%	33.4%	34.2%
Johnson County, KS	18.4%	23.6%	27.1%	30.1%
Kansas	22.9%	27.2%	32.1%	33.0%
Missouri	24.3%	26.8%	28.9%	30.3%
United States	22.7%	25.7%	26.8%	29.0%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2019.

Description

Exhibit 37 portrays the percentage of adults with obesity (BMI > 30.0) for selected years from 2005 to 2019. Being overweight or obese can place extra weight on bones, joints, and joint structures, and is a risk factor for orthopedic conditions.

Observations

- Obesity rates increased in all areas presented from 2004 to 2019.
- Jackson County had the highest percentage of population with obesity (BMI > 30.0), over thirty-four (34) percent in 2019.
- Both counties, Kansas, and Missouri consistently have reported a higher percentage of population with obesity compared to the United States as a whole.

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Exhibit 38: Select Physical Activity Indicators, 2019-2020

Indicator	Jackson County, MO	Johnson County, KS	Kansas	Missouri	United States
Recreation and Fitness Facilities (establishments per 100,000 population)	10.5	21.5	10.3	9.9	12.2
Percent of Adults with No Leisure Time Physical Activity	27.9%	16.3%	23.0%	24.8%	22.0%

Source: U.S. Census Bureau, County Business Patterns, CARES (2020), and Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (2019).

Description

Exhibit 38 provides a selection of indicators related to physical activity. Physical activity is associated with weight management, chronic disease, and overall health and well-being.

Observations

- Jackson County has fewer recreation and fitness facilities per capita than Johnson County and the U.S..
- Jackson County also had the highest rate of adults with no leisure time compared to all areas presented.
- Johnson County compared favorably for all indicators compared to all areas presented.

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Exhibit 39: Select Chronic Condition Prevalence and Management Indicators, 2019

Indicator	Jackson County, MO	Johnson County, KS	Kansas	Missouri	United States
Diabetes Prevalence (% of adults age 20+)	10.1%	7.1%	9.1%	8.9%	9.0%
Diabetes Management (% Medicare, diabetic patients with annual HA1C test)	89.0%	91.3%	88.9%	88.2%	87.5%
Percent of Medicare population with Ischemic Heart Disease	25.8%	26.7%	26.6%	26.9%	26.8%
Percent of Medicare population with Hypertension	56.8%	53.6%	55.9%	57.3%	57.2%

Source: Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, and Dartmouth College Institute for Health Policy and Clinical Practice, 2019.

Description

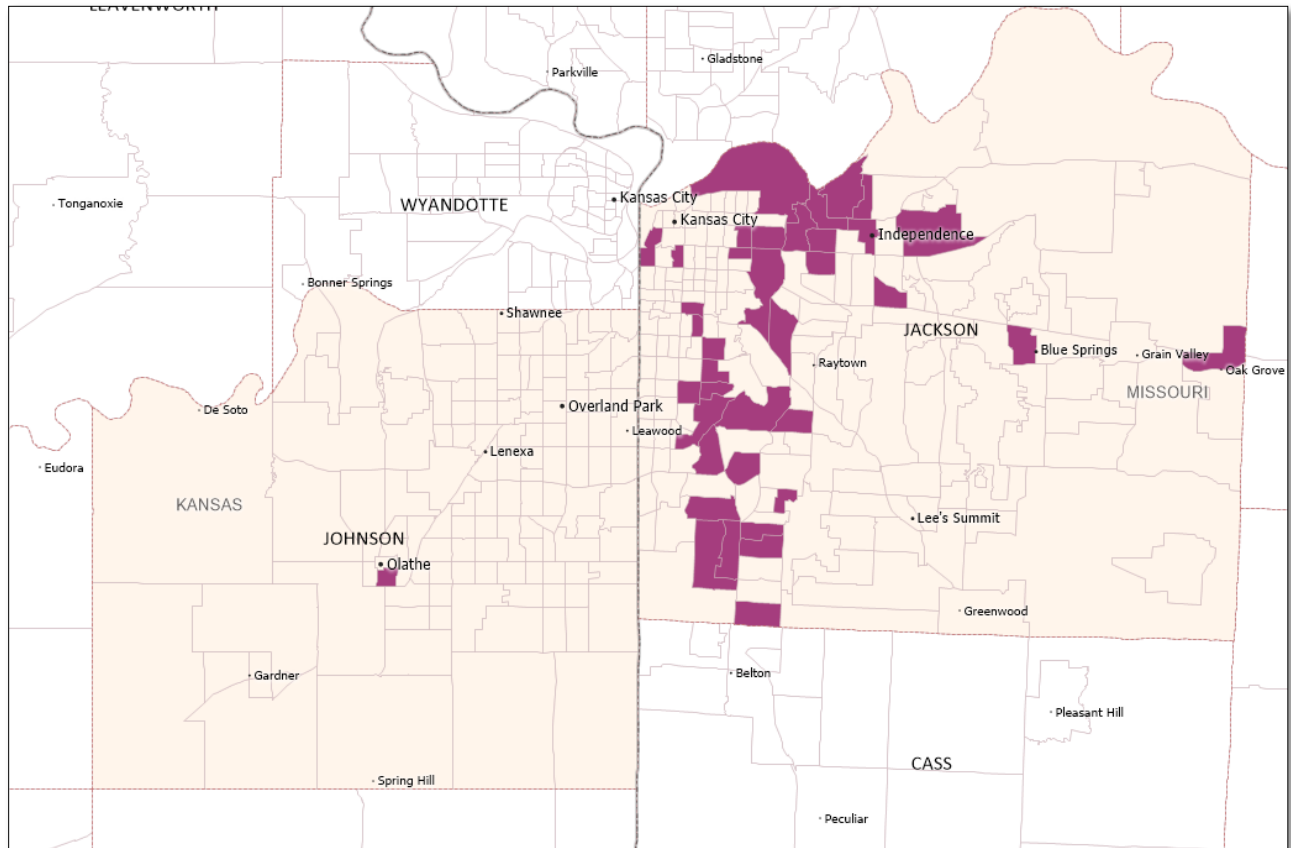
Exhibit 39 portrays select indicators for chronic disease prevalence and management. Having a chronic disease such as diabetes or heart disease can be a risk factor for orthopedic conditions and affect recovery and success postoperatively.

Observations

- Jackson County has had a higher prevalence of diabetes for adults aged 20 years and older compared to all areas presented.

Food Deserts

Exhibit 40: Locations of Food Deserts, 2019



Source: U.S. Department of Agriculture, Food Access Research Atlas, 2021.

Description

Exhibit 40 identifies where food deserts are present in Jackson and Johnson counties.

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 government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations

- In Jackson County, census tracts designated as food deserts are in Kansas City, Independence, Blue Springs, and Oak Grove.
- Only one census tract in Johnson County is designated as a food desert, located in Olathe.

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Behavioral Risk Factor Surveillance System

Exhibit 41: Number of Unfavorable BRFSS Measures by ZIP Code, Jackson County, MO

ZIP Code	BRFSS Measures (N=30)	
	In Bottom Quartile	Below U.S. Average
64120	24	27
64050	16	26
64054	16	26
64053	17	26
64125	21	25
64126	22	25
64124	22	25
64123	18	24
64052	9	24
64128	20	24
64132	20	24
64127	21	23
64130	20	22
64129	15	21
64109	14	21
64106	15	20
64134	14	20
64133	4	19
64056	8	18
64108	4	16
64138	5	15
64110	2	15
64030	7	15

Source: Verité Analysis of PLACES, Centers for Disease Control and Prevention, 2022.

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Exhibit 42: Number of Unfavorable BRFSS Measures by ZIP Code, Johnson County, KS

ZIP Code	BRFSS Measures (N=30)	
	In Bottom Quartile	Below U.S. Average
66018		7
66030	4	5
66031	5	5
66202	2	5
66214	2	5
66204	1	5
66061	2	5
66203		5
66083	2	5
66021	2	4
66207	2	4
66221	2	3
66062	2	3
66223	2	3
66217		3
66085		3
66219	2	3
66208		3
66218	2	3
66226	2	3
66212		3
66215		2
66213	2	2
66211	2	2
66209	2	2
66220	2	2
66205	2	2
66206	2	2
66224	1	2
66227	2	2
66210	2	2
66216		2

Source: Verité Analysis of PLACES, Centers for Disease Control and Prevention, 2022.

Description

The Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS) gathers data through a telephone survey regarding health risk behaviors, health care access, and preventive health measures. Data are collected for the entire United States. Analysis

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of BRFSS data can identify localized health issues, trends, and health disparities, and can enable county, state, or nation-wide comparisons.

Exhibits 41 and 42 present the number of BRFSS measures that fell below the U.S. average and in the bottom quartile nationally for Jackson County and Johnson County ZIP Codes. There are 30 BRFSS measures in the CDC PLACES data. **Exhibit 41** shows Jackson County ZIP Codes where at least half of BRFSS measures are below U.S. averages. **Exhibit 42** shows Johnson County ZIP Codes.

Observations

- Over forty (40) percent of Jackson County ZIP Codes had at least half of all BRFSS measures below U.S. averages.
- The lowest ranked Jackson County ZIP Code, 64120 (Kansas City), had twenty-seven (27) measures below U.S. averages and twenty-four (24) in the bottom quartile nationally.
- The lowest ranked Johnson County ZIP Code, 66018 (De Soto), had seven (7) BRFSS measures below U.S. averages.

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Exhibit 43: BRFSS Indicators for Jackson County, MO

BRFSS Measure	Jackson ZIP Codes (N=53)	
	In Bottom Quartile	Below U.S. Average
Depression	24	49
Current Asthma	29	41
Current Smoking	26	38
Physical Inactivity	22	36
Obesity	20	33
Cholesterol Screening	25	31
Annual Checkup	14	30
Binge Drinking	13	30
Health Insurance	22	30
Mental Health	19	28
COPD	13	26
Dental Visit	16	26
Sleep <7 hours	14	26
All Teeth Lost	16	22
Diabetes	12	22
General Health	17	22
Stroke	11	22
Chronic Kidney Disease	10	21
Colorectal Cancer Screening	14	20
Physical Health	12	19
Taking BP Medication	8	19
Core preventive services for older women	8	18
Coronary Heart Disease	3	17
Cervical Cancer Screening	11	15
Mammography	2	15
Arthritis	2	14
High Cholesterol	4	14
Cancer (except skin)	5	
Core preventive services for older men	7	
High Blood Pressure	5	

Source: Verité Analysis of PLACES, Centers for Disease Control and Prevention, 2022.

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Exhibit 44: BRFSS Indicators for Johnson County, KS

BRFSS Measure	Johnson County ZIP Codes (N=32)	
	In Bottom Quartile	Below U.S. Average
Binge Drinking	17	28
Taking BP Medication	20	23
Annual Checkup	2	15
High Cholesterol	4	12
Mammography		9
Cholesterol Screening	3	7
Cancer (except skin)	4	6
Obesity		3
High Blood Pressure		1
Arthritis		1
Health Insurance		1
Colorectal Cancer Screening	1	1

Source: Verité Analysis of PLACES, Centers for Disease Control and Prevention, 2022.

Description

For various BRFSS measures, **Exhibits 43 and 44** show the number of ZIP Codes for each county that benchmark in the bottom half and bottom quartile nationally.

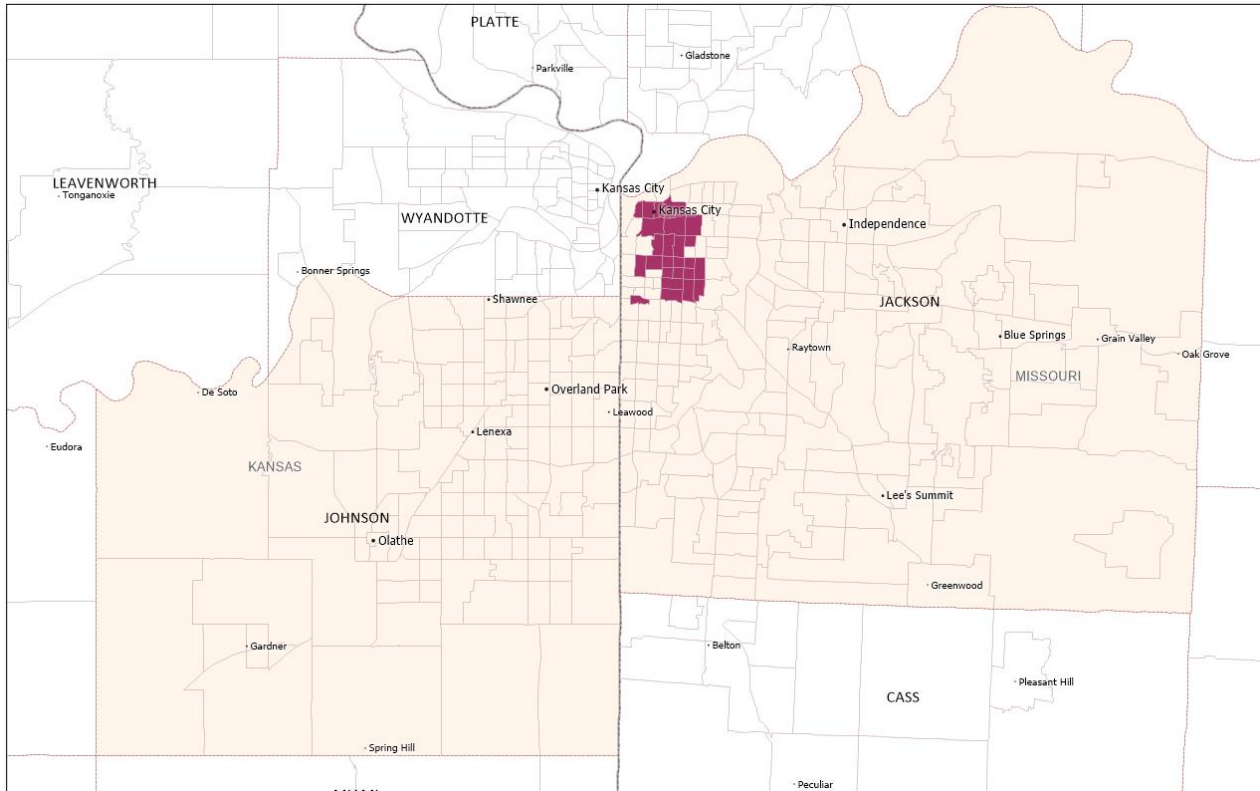
Observations

- The following BRFSS measures benchmark most unfavorably for Jackson County:
 - Depression
 - Current asthma
 - Current smoking
 - Physical inactivity
 - Obesity
 - Cholesterol screening
 - Annual check-up
 - Binge drinking

- Johnson County compared particularly unfavorably to the United States for the following measures:
 - Binge drinking
 - Taking blood pressure medicine
 - Annual check-up

Medically Underserved Areas and Populations

Exhibit 45: Locations of Medically Underserved Areas and Populations, 2022



Source: Health Resources and Services Administration, 2022 and Caliper Maptitude, 2021.

Description

Exhibit 45 identifies the location of Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs).

Medically Underserved Areas and Populations (MUA/Ps) are designated by HRSA based on an “Index of Medical Underservice.” The index includes the following variables: 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.¹⁶ Areas with a score of 62 or less are considered “medically underserved.”

Populations receiving MUP designation include groups within a geographic area with economic barriers or 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

¹⁶ Heath Resources and Services Administration. See <http://www.hrsa.gov/shortage/mua/index.html>

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the chief executive officer and local officials of the state where the requested population resides.”¹⁷

Observations

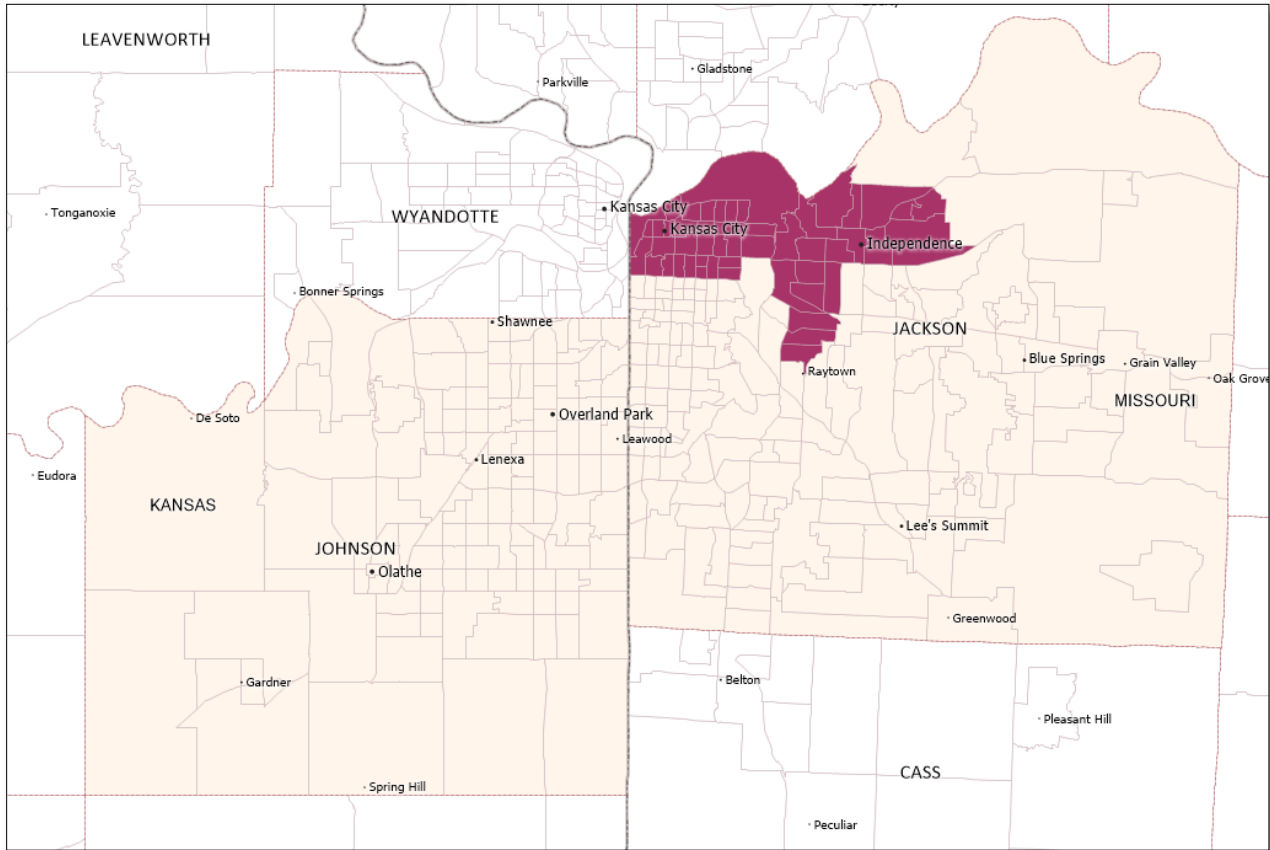
- In Jackson County, several census tracts in and proximate to Kansas City have been designated as Medically Underserved Areas.
- No census tracts in Johnson County have been designated as Medically Underserved Areas.

¹⁷*Ibid.*

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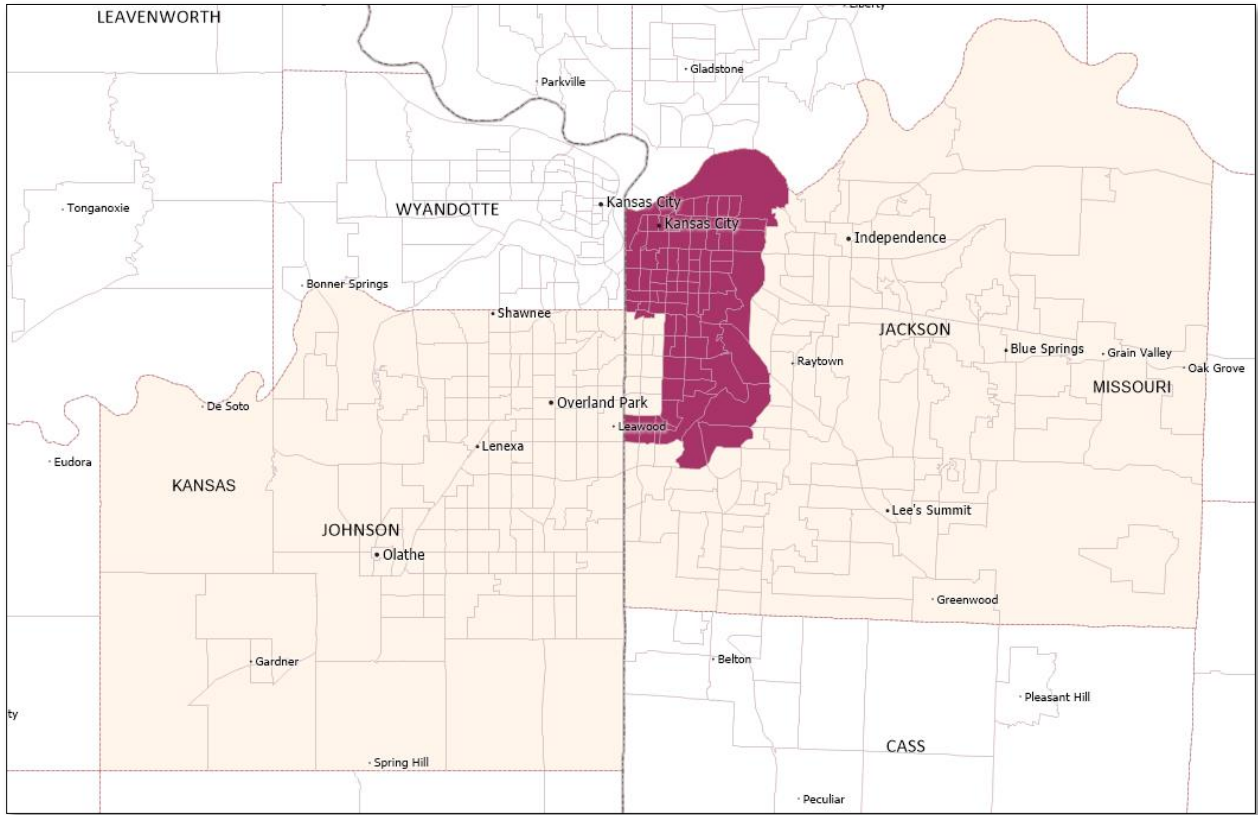
Health Professional Shortage Areas

Exhibit 46: Locations of Primary Care Health Professional Shortage Areas, 2022



Source: Health Resources and Services Administration, 2022, and Caliper Maptitude, 2021.

Exhibit 47: Locations of Dental Care Health Professional Shortage Areas, 2022



Source: Health Resources and Services Administration, 2022, and Caliper Maptitude, 2021.

Description

Exhibits 46 and 47 identify the locations of federally designated primary care and dental care Health Professional Shortage Areas (HPSAs).

A geographic area can be designated a HPSA if a shortage of primary medical care, dental care, or mental health care professionals is present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision, and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”¹⁸

Observations

¹⁸ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

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- Census tracts concentrated in Kansas City, and Independence, in Jackson County have been designated as Primary Care HPSAs.
- Census tracts in the western area of Jackson County have been designated as Dental Care HPSAs.

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Exhibit 48: Population and Facility HPSA Designations, 2022

HPSA Source 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 Population	Jackson	MO	Single County		•	
Low Income Population	Jackson	MO	Independence	•		
Low Income Population	Jackson	MO	North Kansas City	•		•
Low Income Population	Jackson	MO	Central Kansas City			•
Samuel U. Rodgers Health Center, Inc.	Jackson	MO	Federally Qualified Health Center	•	•	•
Swope Health Services	Jackson	MO	Federally Qualified Health Center	•	•	•

Source: Health Resources and Services Administration, 2022.

Description

Exhibit 48 provides a list of federally designated population and facility HPSAs for Jackson County, MO, and Johnson County, KS.

Observations

- The entire low-income population of Jackson County has been designated as a mental health HPSAs.
- The low-income populations of Independence and North Kansas City has been designated primary care HPSAs.
- The low-income population of Central Kansas City has been designated a dental health HPSA.
- Several FQHC sites throughout the two counties have been designated as primary care, mental health, and dental health HPSAs.

Findings of Other Assessments

Kansas City Health Department Community Health Assessment Dashboard

The Kansas City (MO) Health Department maintains a Community Health Assessment (CHA) dashboard. 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.

Summary

- A 17-year difference in life expectancy exists in Kansas City communities located less than 3 miles apart.
- The gap in life expectancy between Black/African American persons and White persons has increased since 2005 and gaps in life expectancy between women and men persist.
- According to the CHA, racism is the key difference between these neighborhoods.
 - Kansas City has a long history of racism and segregation, driven by redlining, blockbusting, and disinvestment of Black/other neighborhoods of color that has left a devastating and lasting impact on populations of color.
 - Those that experience the greatest disparities in health outcomes are also those who experience the most significant social and economic inequities. These inequities persist due to institutionalized practices that advantage those in power and disadvantage those without power.
- Housing is a significant issue in Kansas City, including affordability.
 - Two-thirds of White householders are homeowners, compared to just over one-third of Black householders.
 - Redlining still exists. Mortgages are denied for people of color (or for houses in neighborhoods of color). Homeowners of color experience higher interest rates than White homeowners.
- Economic disparities also are present.
 - Racial gaps in education, employment, and wealth are experienced by a disproportionate number of Black families at the bottom of the income scale.
 - Persistent labor market discrimination and segregation force people of color, particularly Black and Hispanic/Latinx workers, into fewer and less advantageous employment opportunities than their White counterparts. Black and brown residents have less access to stable jobs, good wages, and retirement benefits at work — all key drivers by which Kansas City families accumulate savings.
- Residents experience toxic stress which diminishes quality of life.
 - Stressors (housing insecurity, economic disparities, racism) take a toll and become toxic, especially when experienced in childhood (Adverse Childhood Experiences).
 - People with stress have higher risks for chronic disease, struggle with addiction and substance use, and have poorer mental health outcomes. Research suggests that stressors can alter brain functioning and change the structure of DNA, impacting future generations.
- Racial and ethnic disparities in morbidity and mortality are evident.

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- In Kansas City, fewer people of color and with lower incomes rate their health as good or excellent.
- Black residents are dying at disproportionately higher rates than White residents. From 2014-2018, the age-adjusted mortality rate for Black residents was 965 per 100,000. For White residents, the rate was 723 per 100,000. The differential equates to 2,000 deaths for Black residents.

Healthy Foundations (Social Determinants of Health)

- The opportunity to achieving optimal health in Kansas City is uneven. Opportunities are affected by where people live and work, and what resources are accessible.
- Economic mobility is not a reality for about one-half of Kansas City residents.
- Education greatly affects health. Those with high school diplomas have longer life expectancy, improved health outcomes, and higher quality of life. In Kansas City, large education gaps are present between Whites, Blacks, and Hispanic/Latinx residents. Racial and economic separation is entrenched.
- Poverty, unemployment, safe and affordable housing all have an effect on health.

Healthy Beginnings (Maternal and Infant)

- Improving health for mothers and infants targets a critical window of opportunity that can lay the foundation for life-long well-being and success.
- For Black women in America, societal and systemic racism creates toxic physiological stress, resulting in social, environmental, and physical conditions that lead directly to higher rates of infant and maternal death.
- More than 17 percent of Kansas City women ages 19 to 44 are uninsured. This presents barriers to accessing care.
- Mothers cite not being able to get an appointment, not knowing they are pregnant, and costs of care as the top reasons why they did not seek early prenatal care.

Safe Communities (Trauma)

- Residents of high-crime areas may engage in less physical activity, leading to poorer physical health outcomes. Violence and trauma have many impacts on community health.
- In Missouri, 26 percent of children have experienced two or more Adverse Childhood Experiences.
- In Kansas City, only 36 percent of residents report they feel safe.

Staying Healthy

- Social factors, such as income, poverty, education, and economic opportunity are entangled with health behaviors, such as smoking and engaging in physical activity.
- The US health care delivery system has historically engaged in systematic segregation and discrimination of patients based on race & ethnicity, the effects of which persist to this day. Hospitals and clinics that were once designated for Black and Brown patients continue to experience significant financial constraints and are often under-resourced. This results in inequities in access to quality health care and contributes to racial & ethnic health disparities.

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- Issues of economic inequality and racism reach everywhere - including our food system. Recognizing racism as foundational in the food system helps explain why people of color suffer disproportionately from its resource inequities and diet related diseases.
 - Not all families who need food assistance can access it. For example, Missouri's SNAP application asks if anyone in the household has been convicted of a federal or state drug felony. If they answer yes, they are deemed ineligible for the program.

Critical Prevention

- Some population groups are more likely than others to be exposed to and experience infectious disease, thereby experiencing a higher burden of disease. Groups who are more vulnerable due to structural inequities are more likely to contract infectious disease, become sicker and take longer to recover.
 - Access to interventions (vaccinations, STI testing sites, etc.) is not equitable across the city. Very few walk-in vaccination clinics or lead screening clinics are in neighborhoods with a high proportion of carless homes. Few STI centers exist throughout the city at all.
 - Racial disparities in vaccination rates are present. These disparities result from a lack of trust in and engagement with the health care system.
 - Given Kansas City's ingrained racial residential segregation, it should come as no surprise that people of color - especially Black Kansas Citizens, who are disproportionately more likely to live in poor neighborhoods - are at most risk of lead poisoning.

Living Better (Behavioral Health)

- Violent crime not only directly leads to injury - living near areas of high crime may increase rates of depression more than personal stress.
- Poverty is both a cause and a consequence of poor mental health.
- Some geographic areas, populations, and facilities have too few mental health providers and services, designated as Health Professional Shortage Areas by the Health Resources and Services Administration.

End of Life (Mortality)

- Violent deaths (homicide and suicide) are now consistently in Kansas City's top causes of death - something that was not the case just a few years ago.
 - The top causes of death for our Black/African American or Latinx residents includes violent deaths; these causes are absent from the top causes of death for White residents, who are living longer and more dying from chronic diseases that are more common later in life.
 - 17,374 per 100,000 Years of Potential Black Male Life Lost compared to 9,202 Years White Male Life Lost

Kansas City Community Health Improvement Plan – 2022-2027

The Kansas City Community Health Improvement Plan (CHIP) for 2022 through 2027 was approved by the Kansas City Health Commission in April 2021. The Health Commission

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

- Priority Area I: Robust Public Health and Prevention Infrastructure
 - Goal 1: Increase public health capacity of residents of KCMO
 - Goal 2: Increase local funding for public health with a priority focus on BIPOC communities
 - Goal 3: Increase federal funding for public health in KCMO
- Priority Area II: Safe and Affordable Housing
 - Goal 4: Adopt, at the Municipal Level, a Health in All Policies (HiAP) Framework
 - Goal 5: Invest in Truly Safe, Affordable Rental Housing in low life expectancy zip Codes
 - Goal 6: Increase Investment in Zoning Policies to Create More Diverse, Mixed-income Communities in High Priority Zip Codes
 - Goal 7: Monitor, in Real-time Affordable Housing Stock
- Priority Area III: Trauma-informed and Funded Education
 - Goal 8: Prioritize funding for schools in disinvested areas with lower property values
 - Goal 9: Increase trauma-informed and anti-racist education and practices in the Kansas City education systems
 - Goal 10: Improve Kansas City, MO student graduation rates for BIPOC students
- Priority Area IV: Implementation of Medicaid Expansion
 - Goal 11: Remove Barriers to Equitable Enrollment for Newly Expanded Medicaid Population
 - Goal 12: Support Expanded Capacity for Service Providers to Provide Equitable Access to Care for Expanded Medicaid Population
- Priority Area V: Violence Prevention
 - Goal 13: Ensure that experiences between citizens and police are just and rehabilitative, residents and their families must be able to trust that their humanity

APPENDIX B – SECONDARY DATA ASSESSMENT

is fully recognized, and that the justice system will work equitably for all residents

- Goal 14: Expand community-based restorative and transformative justice programs within education, community, and law enforcement
- Goal 15: Change the way overall self-directed, interpersonal, and collective violence data are collected to overturn inequities
- Goal 16: Decrease community violence through application of Crime Prevention through Environmental Design (CPTED) strategies
- Priority Area VI: COVID-19
 - Goal 17: Ensure equity in testing, vaccine distribution, and resources
 - Goal 18: Provide culturally responsive and language appropriate resources for all Kansas City residents on COVID-19 resources and the long-term impacts of COVID.

Eastern Jackson County Community Health Improvement Plan – 2019-2021

The Jackson County Health Department began working on a Community Health Assessment (CHA) of Eastern Jackson County in March 2017 in partnership with the Building a Healthier Jackson County initiative. This process was completed in October 2017 and led to the creation of a Community Health Improvement Plan (CHIP) in 2018 that identified priority issues and included an action plan to address pressing health issues in Eastern Jackson County.

Those priorities and planned actions are as follows:

- Priority Area 1: Mental and Behavioral Health
 - Goal: Improve education and decrease stigma among Eastern Jackson County (EJC) residents and providers to better prevent mental health crises and treat mental health and substance use.
 - Increase the number of first responders who have received trainings on responding to mental, behavioral, and substance use crises by 2022.
 - Increase the percent of EJC residents, including families impacted, who have received mental health crisis training and trauma education by 2022.
 - Increase collaboration among families, mental health and substance use providers, and first responders by 2022.
- Priority Area 2: Overweight and Obesity
 - Goal: Improve youth education on healthy eating and active living.
 - Increase the number of schools with active wellness committees in EJC by 2022.
 - Increase the number of schools that incorporate education for safe walking and biking by 2022.
 - Goal: Increase access to affordable healthy foods.
 - Assess current food environment and policies in EJC to prompt future environment, systems, and policy change regarding healthy food access by 2022.
 - Goal: Increase opportunities for physical activity.

APPENDIX B – SECONDARY DATA ASSESSMENT

- Identify and promote programs and policies to increase physical activity among residents by 2022.
- Priority Area 3: Access to Affordable Health Care
 - Goal: Improve access to primary and specialty care, including oral and behavioral health through awareness, education, and coordination.
 - Improve the community’s capacity to navigate health coverage and increase health literacy by 2022.
 - Increase access to health services through coordination and system improvements among providers and organizations by 2022.
 - Increase awareness among organizations and providers regarding social determinants of health and health equity by 2022.

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. 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.

- The survey identified the following concerns as highly important or as contributing to low levels of community satisfaction:
 - Health insurance for all residents
 - Mental health status and access to mental health care
 - Affordable housing
 - Addiction to prescription and illicit drugs
 - Resources to meet basic needs
 - Access to dental care
 - Access to transportation
- A 12-year difference in life expectancy exists in Johnson County communities located just five miles apart.
- Poverty is the most significant difference between these communities. Nearly one-in-six residents is considered low income.
- High housing costs are a primary source of financial pressure in Johnson County. In the past decade, housing costs have increased 26 percent for renters and 22 percent for homeowners without a mortgage.
- The cost of living in Johnson County is high. A single parent with two children needs to earn \$6,109 per month to maintain an adequate standard of living. A low-income family can only meet about half of these estimated monthly costs; those in poverty can cover less than a third of living expenses.
- Childcare is another financial issue in Johnson County. Kansas is one of thirty-three states where childcare for an infant is more expensive than college tuition.

APPENDIX B – SECONDARY DATA ASSESSMENT

- It is estimated that 60,740 residents in Johnson County experience food insecurity, but 59 percent of these residents make too much money to qualify for nutrition assistance programs.
- Financial challenges cause stress for people across the socio-economic spectrum in the county. Stress can impact both physical and emotional health, resulting in anxiety, depression, weight loss and gain, and lack of sleep, among other effects. When stress becomes chronic, lifetime health can be impacted.
- One in five Johnson County adults has been diagnosed with depression. Mental illness also has a high cost. There is one suicide every four days in Johnson County, and for every person who dies by suicide there are many more who attempt suicide.
- For those without strong social support, loneliness is as damaging to health as smoking. One in eight residents reports not having adequate emotional or social support.

Johnson County Community Health Improvement Plan – 2017-2019

JCDHE, in collaboration with community partners, formed the Community Health Assessment Process (CHAP) to evaluate health in Johnson County, establish priorities, and assess and implement health programs and services. The group conducted a community health review and identified three priority areas. A Community Health Improvement Plan (CHIP) was established for 2017 through 2019.

Priorities and accompanying goals in the review and CHIP are as follows:

- Priority 1: Chronic Disease Prevention and Health Promotion
 - Goal: Physical Activity – Promote physical activity across the community with special focus on meeting the needs of underserved communities.
 - By December 31, 2019, decrease the percentage of adults that have not exercised at all in the past week from 19 percent to 15 percent.
 - Goal: Reduce the burden of tobacco by reducing smoking prevalence and exposure to second-hand smoke.
 - By December 31, 2019, decrease the percentage of adults who smoke cigarettes from 12.6 percent to 12 percent.
 - Goal: Nutrition/Healthy Eating – Increase the opportunities to promote Nutrition/Healthy Eating habits through education focused efforts and activities in the central core of Olathe (66061 ZIP Code).
 - By December 31, 2019, decrease the number of adults who report not eating five or more servings of fruits and vegetables on a single day in the past week from 20 percent to 18 percent.
- Priority 2: Access to Care
 - Goal: Health Equity.
 - Reduce the number of people delaying care to less than 15 percent.
 - Goal: Oral Health.
 - Increase the percentage of adults that receive care to more than 82.5 percent.

APPENDIX B – SECONDARY DATA ASSESSMENT

- Increase number of elementary schools in Johnson County that participate in screenings.
 - Increase the number of elementary school age children receiving screenings.
 - Goal: Access to Integrated Health Care.
 - Decrease the percentage of people that have problems accessing care for them or their family to less than 10 percent.
- Priority 3: Mental Health
 - Goal: Suicide Prevention.
 - By December 31, 2019, reduce the age-adjusted suicide death rate in Johnson County from 14.1 per 100,000 to 10.2 suicides per 100,000.
 - Goal: Prevent substance abuse and its effects via primary and secondary interventions.
 - Decrease the number of acute drug poisoning (including opioids) deaths from 8.9 deaths per 100,000 to 7 deaths per 100,000.
 - Goal: Address Anxiety and Depression Disorders.
 - Decrease the percentage of Johnson County residents who report their mental health is not good 14 days or more from 7 percent to 5 percent.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Exhibit 47: Interviewee Organizational Affiliations

Organization
Johnson County Department of Health and Environment
Mid-America Regional Council (MARC)
Harvesters Community Food Network
Jackson County Health Department

Numerous individuals participated in the community meetings. For additional information, see the CHNA report for Saint Luke’s Hospital of Kansas City at:

<https://www.saintlukeskc.org/community-health-needs-assessments-implementation-plans>.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Exhibit 48: Community Meeting Participants

Organization	Participated	Organization	Participated
American Lung Association		Lee's Summit R7 School District	•
Artists Helping the Homeless	•	Mid-America Regional Council	•
Avenue of Life		Mattie Rhodes Center	•
BikeWalk Kansas City	•	State Representative, Kansas - Member of Committee on Medicaid Expansion	•
Black Healthcare Coalition - Kansas City	•	Metro Organization for Race and Economic Equity	•
Blue Valley School District		Wyandotte County Neighborhood Resource Center	
Boys & Girls Club of Greater Kansas City	•	Northland Health Alliance	
Center for Neighborhoods, University of Missouri - Kansas City	•	Northeast Johnson County Chamber of Commerce	
City of Kansas City Department of Health	•	Nurture KC	•
Community Assistance Council	•	Unified Government - Office of Fair Housing, Wyandotte County	•
Kansas Department for Aging and Disability Services - Community Developmental Disabilities Organization	•	Oral Health Missouri	•
El Centro	•	REACH Healthcare Foundation	
Episcopal Diocese of West Missouri	•	ReDiscover	•
Harvesters - The Community Food Network	•	Saint Luke's Health System	•
Health Partnership Clinic - Olathe		Saint Luke's Hospital Medicine Specialists	•
Healthy Communities Wyandotte	•	Saint Luke's South Hospital	•
Hickman Mills School District	•	Shawnee Mission School District	
Hillcrest Transitional Housing of Eastern Jackson County	•	Shepherd's Center of Kansas City, Kansas	
Hillcrest Transitional Housing of Kansas City, KS		State Representative, Kansas - Member of Health and Human Services Committee	
Hope House	•	Swope Health Services	•
Jackson County Health Department	•	The Alliance for a Healthy Kansas	•
Jackson County Mental Health Fund	•	University of Missouri - Kansas City Medical School	•
Johnson County Mental Health Center		Unified Government - Area Agency on Aging	•
Johnson County Senior Meals Resource Link		Unified Government - Public Health Department	•
The Kansas City Medical Society	•	United Community Services of Johnson County	
Kansas City Public Schools		United Way of Greater Kansas City	
Kansas Hospital Association	•	United Way of Wyandotte County	•
KC Care Health Center	•	University of Missouri Extension	•
K-State Research and Extension	•	Uzazi Village	•
City of Leawood, KS			

APPENDIX D – CHSI PEER COUNTIES

County Health Rankings 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 49** lists peer counties for Jackson County, Missouri and Johnson County, Kansas.

Exhibit 49: CHSI Peer Counties

Jackson County, MO			Johnson County, KS		
FIPS	State	County	FIPS	State	County
04013	Arizona	Maricopa	08014	Colorado	Broomfield
06001	California	Alameda	08035	Colorado	Douglas
06059	California	Orange	13057	Georgia	Cherokee
06073	California	San Diego	13117	Georgia	Forsyth
06075	California	San Francisco	17093	Illinois	Kendall
06085	California	Santa Clara	18011	Indiana	Boone
08031	Colorado	Denver	18057	Indiana	Hamilton
09003	Connecticut	Hartford	20091	Kansas	Johnson
12103	Florida	Pinellas	21015	Kentucky	Boone
21111	Kentucky	Jefferson	21185	Kentucky	Oldham
26081	Michigan	Kent	24017	Maryland	Charles
27053	Minnesota	Hennepin	24021	Maryland	Frederick
27123	Minnesota	Ramsey	24027	Maryland	Howard
29095	Missouri	Jackson	27019	Minnesota	Carver
32003	Nevada	Clark	27139	Minnesota	Scott
36029	New York	Erie	27163	Minnesota	Washington
36055	New York	Monroe	37179	North Carolina	Union
36085	New York	Richmond	39041	Ohio	Delaware
37119	North Carolina	Mecklenburg	39165	Ohio	Warren
37183	North Carolina	Wake	40017	Oklahoma	Canadian
39049	Ohio	Franklin	47187	Tennessee	Williamson
40109	Oklahoma	Oklahoma	48091	Texas	Comal
41051	Oregon	Multnomah	48121	Texas	Denton
42003	Pennsylvania	Allegheny	48157	Texas	Fort Bend
47037	Tennessee	Davidson	48259	Texas	Kendall
48029	Texas	Bexar	48339	Texas	Montgomery
48085	Texas	Collin	48397	Texas	Rockwall
48439	Texas	Tarrant	48491	Texas	Williamson
48453	Texas	Travis	49045	Utah	Tooele
49035	Utah	Salt Lake	51107	Virginia	Loudoun
51013	Virginia	Arlington	51153	Virginia	Prince William
51510	Virginia	Alexandria City	51177	Virginia	Spotsylvania
51810	Virginia	Virginia Beach City	51179	Virginia	Stafford
53033	Washington	King	51199	Virginia	York

APPENDIX E – IMPACT EVALUATION

This appendix highlights KCOI’s initiatives and related impacts in addressing significant community health needs since the facility’s previous Community Health Needs Assessment (CHNA) published in 2019. This is not an inclusive list of all initiatives aligned with the 2019 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. KCOI continues to evaluate the cumulative impact of its services and programs.

The 2019 KCOI CHNA identified the following as significant needs and priority areas:

- Behavioral Health Care
- Improve Access to Care
- Increase Access to Physical Activity and Nutrition

Kansas City Orthopaedics Institute (KCOI)

Priority 1: Behavioral Health Care

- **Initiative:** KCOI physicians can help identify those patients who show signs of broken bones caused by domestic violence or abuse. Staff members follow a robust policy put into place to ensure any patient indicating a need for advocacy, protection, or shelter will be referred to the appropriate resources. KCOI will continue to provide education on this topic to staff members.
- **Highlighted Impact:** Policy has been in place and is reviewed with all new staff as part of orientation to their job. In addition, all clinical staff are required to review this policy as part of their required learning modules annually.
- **Initiative:** KCOI will continue to refer patients to SAFEHOME should the need be identified. SAFEHOME is a local organization dedicated to providing shelter, advocacy, counseling, and education to domestic violence victims within the community.
- **Highlighted Impact:** Policy has been in place and is reviewed with all new staff as part of orientation to their job. In addition, all clinical staff are required to review this policy as part of their required learning modules annually.

Priority 2: Improve Access to Care

- **Initiative:** KCOI has a Financial Assistance Policy in place and makes charity care procedures and protocols readily available for those who qualify in order to increase access.
- **Highlighted Impact:** This policy has been in place and staff are trained on how to administer. Patients can obtain and access the Financial Assistance Application in various ways.

APPENDIX E – Impact Evaluation

- **Initiative:** 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
- **Highlighted Impact:** KCOI participated in advocacy efforts through its memberships and participation with KHA, PHA, and PHK.
- **Initiative:** Provide care and services for a number of Wy/Jo Care (a community partnership to improve access to specialty health care for low-income, uninsured residents of Wyandotte and Johnson Counties) cases each year.
- **Highlighted Impact:** KCOI participates in Wy/Jo Care and services for five patients over 44 distinct patient visits during 2020, 2021, and thru July in 2022. Several patients received multiple visits for physical therapy services.
- **Initiative:** Continue to provide access to care through the urgent care clinic with extended appointment hours.
- **Highlighted Impact:** The urgent care clinic was available to patients 8am-7pm Monday-Friday and 10am-4pm Saturday and Sunday.
- **Initiative:** KCOI will host the local chapter of the National Association for Orthopaedic Nurses medical education program for mid-level clinicians that provide access to care for all patients.
- **Highlighted Impact:** The COVID-19 pandemic and space constraints prevented KCOR from hosting this event during the 2020-2022 time frame.

Priority 3: Increase Access to Physical Activity and Nutrition

- **Initiative:** Continue strategies for optimizing patients for surgery such as incorporating nutrition and physical activity themes in preoperative education to patients.
- **Highlighted Impact:** KCOI conducts pre-assessment phone calls with all total joint and spine patients that include communication on these topics.
- **Initiative:** Provide resources and education for regarding physical activity.
- **Highlighted Impact:** KCOI provided the following resources and educational activities:
 1. Educated student athletes on Proper Lifting Techniques
 2. First Aid Education to coaches of local community sports
 3. Emergency Action Training with Sports Medicine Partners
 4. Concussion Education to Local Athletes/Parents/Coaches
 5. Monthly Screenings for KC Ballet and UMKC Dancers
 6. Injury Prevention/conditioning Lectures for KC Ballet, UMKC, and multiple other Dance studios
 7. Yearly residency panel discussion for local PT students (Rockhurst, St Mary's, KU Med)
 8. Injury prevention for local Rugby players
 9. Hydration/Basic nutrition education for athletes of all ages
 10. Education on proper running form/mechanics/footwear for local running community

◆ **Contact us**

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