

Community Health Needs Assessment



KVC[®] Hospitals

Children's Psychiatric Treatment

We all need connection.



KVC Hospitals – Kansas City

Children's Psychiatric Treatment

Fiscal Year Ending June 30, 2022

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INTRODUCTION

The 2010 passage of the *Patient Protection and Affordable Care Act* (PPACA) ushered in new reporting requirements for health care organizations. Per IRC Section 501(r), private, nonprofit hospitals must:

- Conduct a community health needs assessment (CHNA) at least once every three years on a facility-by-facility basis.
- Identify action plans and strategies to address community needs identified in the assessment and report needs not being address (with reasons why such needs are not being addressed).
- Report CHNA results to the public.

This community health needs assessment, which describes both a process and a document, is intended to document KVC Hospitals Kansas City's (the Hospital) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The CHNA process involved:

- An evaluation of the Implementation Strategy for needs assessment completed in 2019, which was adopted by the Hospital Board of Directors.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources.
- Interviews with key stakeholders who represent a) broad interests of the community, b) population of need, or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the community health needs assessment conducted in tax year 2021. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as a means to prioritize the community's health needs and will aid in planning to meet those needs.

SUMMARY OF COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Community health improvement efforts are most successful when they are grounded in collective impact, where structured collaborative efforts yield substantial impact on a large-scale social problem. Collective impact focuses on cooperation, collaboration, and partnership to help achieve common priorities and inform partners' investment strategies.

Hospital facilities must take into account input from people who represent the broad interests of its community, including those with special knowledge of or expertise in public health.

KVC Hospitals Kansas City engaged FORVIS, LLP to conduct a formal community health needs assessment (CHNA). FORVIS, LLP is among the nation's top 10 professional service firms with more than 5,500 employees who serve clients in all 50 states as well as across the globe. FORVIS serves more than 1,000 hospitals and health care systems across the nation.

This CHNA was conducted from April-June 2022.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the prior community health needs assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient discharges regarding patient origin. This process is further described in Community Served by the Hospital.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The health status of the community was then reviewed. Information on morbidity was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org.
- Community input was provided through key stakeholder interviews. Results and findings are described in the Key Stakeholder section of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, minority groups, and the community as a whole. Health needs were ranked utilizing a method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of the problems, and 4) Alignment of the problem with the Hospital's goals and resources (The Hospital's ability to address the issues).
- An inventory of health care facilities and other community resources potentially available to significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized by management, taking into account the perceived degree of influence the Hospital has to impact the need. Information gaps identified during the prioritization process have been reported.

General Description of Hospital

KVC Hospitals Kansas City (KVC) is owned by KVC Hospitals, Inc. and is accredited by the Joint Commission. For over 30 years, we have provided compassionate care for thousands of children and teens while adhering to the highest industry standards for safety and security.

Mission statement:

Our mission is to enrich and enhance the lives of children and families with trauma-focused behavioral healthcare services that foster connection and nurture health and wellness.

KVC is recognized as an industry leader locally and nationally for its excellence in the implementation of Trauma Systems Therapy (TST) and several other evidence-based treatments and best practice models. We infuse that knowledge into our two levels of mental health treatment provided for youth ages six to 18. Our treatment programs include inpatient hospitalization and psychiatric residential treatment facility (PRTF) services and we accept admissions for both programs 24 hours a day, 7 days a week. The PRTF program is designed to provide longer-term, intensive treatment in a structured and supervised therapeutic environment. Youth receive daily opportunities to practice skills for emotion regulation and coping with mental health diagnoses while also attending school onsite in KVC's accredited education program.

KVC's inpatient hospital provides acute treatment for youth throughout Kansas and Missouri and KVC acts as the State Institution Alternative (SIA) for children in Kansas. KVC is known for serving children and teens with the most complex mental health diagnoses and highest acuity symptoms, youth that other area hospitals often cannot or will not serve, or whose treatment has been unsuccessful at other facilities. Based on an agency-wide history of accepting children with high-risk needs, KVC operates with a philosophy of admitting children with the most complex needs. KVC's treatment models focus on quality outcomes, compassion, and safety to help each client:

- Stabilize the crisis they are experiencing.
- Identify the triggers that led to challenging behaviors or emotions.
- Identify the individualized treatment approach that works best for each child to teach and support healthy and safe behaviors.
- Improve the child's ability to regulate emotions, communicate and promote healthy behavior.
- Provide resources that will continue to support the child and their family long after they discharge from KVC.

KVC's approach is built on developing individualized treatment plans customized to each child's unique needs and lifestyle. The goal of this model is for each child to discharge from KVC as soon as safely possible so they can continue treatment in less restrictive settings where they can be surrounded by family and other supports.

Youth admitted for KVC inpatient hospitalization are typically in an active mental health emergency. For example, they have a plan to attempt suicide or harm themselves or they have carried out a suicide attempt or self-harmed. These safety risks require immediate, intensive treatment, supervision, and care in a safe and secure setting. Youth in an acute state of crisis often also present with behaviors and special needs that are significantly negatively impacting their home and school life, such as violence, psychosis and/or an inability to care for themselves. In addition to psychiatric diagnoses, KVC treats youth with concurrent medical conditions such as epilepsy, diabetes, multiple sclerosis, and physical limitations including speech and hearing impairments. It is common for youth to also present with significant chronic medical

health needs and KVC assists in accessing the necessary medical treatment and combines physical and mental health treatment plans to meet special needs when possible.

KVC's specialized treatment teams include psychiatrists, psychologists, medical doctors, therapists, case managers, nurses and behavioral healthcare technicians. When children are admitted to KVC for treatment, they receive:

- Full medical, clinical and nursing assessment within the first 24 hours of admission
- Intensive psychiatric care and medication management
- Individual, family and group therapy sessions
- Case coordination
- 24/7 Support and supervision from skilled nursing staff
- Innovative treatment and education to teach them about their brains and how to regulate their emotions

Each client's treatment team meets regularly to review the child's treatment plan and progress. They collaborate closely with the youth in care, their families, and their community providers and supports to guarantee a safe discharge and continued wellness once they leave KVC. We have established relationships with numerous hospital liaisons, community mental health centers, school personnel, case managers, and other community partners involved in a child's wellbeing and we welcome the continued development of these partnerships to facilitate smooth community transitions for youth in our care. We are also committed to identifying continuing aftercare services to foster the successful reintegration of youth into their homes and the longterm wellness of the family system.

As we treat a child throughout their stay at KVC, our team is also focusing on techniques that help heal and strengthen the entire family unit. We embrace a family-centered approach to care and we believe that parents and guardians are a major factor in driving treatment outcomes. We involve primary guardians in all aspects of treatment and discharge planning and we provide opportunities for family therapy sessions.

In addition to individual and family therapy, youth have opportunities to engage in group therapies with other youth receiving treatment at KVC. This includes a range of expressive therapies, such as art, dance, music, virtual reality, play, and more, to help address a range of behavioral or emotional challenges. For example, topics they may discuss or work to creatively express include how to manage feelings of anger, healthy and safe boundaries, skills for strengthening resilience, social skills, and coping with grief and loss, among others. This lends to a comprehensive approach that works to help youth achieve overall mental and physical wellness, strengthened life skills, and more resilience against adversity.

KVC Hospitals, Inc. is a subsidiary of KVC Health Systems, a family of private, nonprofit 501(c)3 organizations providing a wide continuum of medical and behavioral healthcare, education, and social services to children and families. KVC Health Systems began in 1970 in Kansas as Wyandotte House, a single group home for boys, and has grown its reach with locations throughout Kansas as well as Missouri, Nebraska, West Virginia and Kentucky. Nationwide KVC has positively impacted the lives of more than 300,000 people through in-home family strengthening services, foster care, adoption, mental health treatment, and other life-changing services.



Evaluation of Prior Implementation Strategy

The section below describes how the Hospital has made progress in each of the priority areas during the last three years.

PRIORITY 1: Lack of trauma-informed assessment and intervention strategies

Goal: Partner with and educate community stakeholders on trauma-informed assessment and intervention strategies.

Strategies:

- 1) Create awareness by presenting trauma informed information to community group forums, the stake holder group, and legislative meetings.
- 2) Provide trauma-informed resources, information, and tools for parents, schools, community mental health centers (CMHCs), to implement with children and adolescents.
- 3) Partner with other children's organizations to expand reach for trauma-informed intervention strategies.

Actions on Strategies:

- ✓ KVC Hospitals participated in several conferences presenting trauma-informed information to the public and community partners.
- ✓ Presented trauma-informed engagement practices to the School Mental Health Advisory Council.
- ✓ KVC Leadership participated in local community efforts to bring awareness to the mental health needs of the community (I.e. Overland Park Mental Health Task Force).
- ✓ KVC Hospitals partnered with the USD 500 School District on their Trauma Sensitive & Resilient Schools to help promote best practices in being trauma sensitive and responsive. As a part of that initiative, KVC provided several trainings to a variety of UDS 500 stakeholders.
- ✓ KVC Hospitals built and maintained a website that provided trauma-informed tools and resources for children and families.
- ✓ KVC Hospitals partnered with Sesame Street in Communities to provide trauma-informed and resiliency-based information and resources to clients and their families.

PRIORITY 2: Access to services (cost)

Goal: To provide care to patients regardless of socioeconomic status by offering diverse payor options

Strategies:

- 1) Maintain the ongoing state hospital alternative grant to serve those without fiscal means and who have been turned away by other providers in the region.
- 2) Maintain and develop new contracts and agreements with diverse payor sources throughout catchment area.
- 3) Offer financial assistance as determined by resources available to guarantors.

Actions on Strategies:

- ✓ The grant for the state hospital alternative program was discontinued. But a new program funding was developed called the State Institutional Alternatives (SIA). This is defined as facilities that provide inpatient psychiatric treatment and are authorized by the Kansas Department for Aging and Disability Services (KDADS) to serve as an alternative to placement in a state mental health institution. KVC Hospitals was certified as a SIA provider at our Kansas City and Wichita Hospitals and is able to serve those without fiscal means and who have been turned away by other providers.
- ✓ KVC Hospitals over the last three years has expanded and updated contracts with payor sources through private, Medicaid and state funding to create an enhanced diverse payor source to provide more options for stakeholders.

PRIORITY 3: Access to services (availability of acute & PRTF beds in the community)

Goal: Increase availability of access to acute and PRTF beds within our catchment area

Strategies:

- 1) Access trends in referral patterns to determine access needs.
- 2) Increase bed capacity of Acute and PRTF facilities within the catchment area based on need.
- 3) Provide tele-psychiatry options to increase access for parents/guardians to participate in treatment with their child, particularly for those from rural and frontier areas.
- 4) Increase community awareness of available beds and services.

Actions on Strategies:

- ✓ KVC Hospitals identified shortages of children psychiatric beds in Wichita, Kansas “, the most populated city of Kansas,” and shortage of support service program placements such as Psychiatric Residential Treatment Facilities (PRTF). To meet these needs the following actions have been taken or in process:
 - Expanded PRTF beds at KVC Hospitals Kansas City Campus from 36 to 48 in FY21
 - Opened up a 54 acute children's psychiatric hospital beds in Wichita, Kansas in FY20
 - Expanded PRTF beds at KVC Hospitals – Hays from 30 to 50 in FY20
- ✓ Have added additional resources for tele psychiatry and tele medicine equipment to at both KVC Hospitals Kansas City and Wichita Hospital. This has provided additional services and increased flexibility for parents, guardians and other stakeholders to participate in treatment and have more involvement.
- ✓ Started weekly meetings on patient referral flow.
- ✓ Participated in focused local news station interviews to provide mental awareness and KVC Hospitals services and resources.

PRIORITY 4: Coordination with other systems of care

Goal: To enhance the transition of care between providers

Strategies:

- 1) Increase presence on state sub-committees with other systems of care.
- 2) Partner with other providers (CMHCs, PRTFs, Hospitals, primary care physicians) to be a part of Kansas Health Information Network (KHIN).
- 3) Enhance relationships with other systems of care by including their representatives in KVC Hospitals hosted workshops and forums.

Actions on Strategies:

- ✓ The staff of KVC Hospitals Kansas City has worked closely with the KVC– Kansas (Eastern Kansas Foster Care Contractor), Wyandotte Center, Inc. (Wyandotte County), Johnson County Community Mental Health Center (Johnson County), ComCare (Sedgwick County) and other Community Mental Health Centers (CMHCs) in Eastern, Southeast and Central Kansas to educate on treatment and coordinate transition of patients back into the community after their hospital stay.
- ✓ KVC Hospitals leadership participated in the following community committees: PRTF Stakeholders Committee, School Mental Health Advisory Council, Governor's Behavioral Health Children's Sub-Committee, Governor's Rural and Frontier Sub-Committee, Kansas Mental Health Coalition, PRTF Process Improvement Workgroup
- ✓ We continue to be part of the Kansas Health Information Network (KHIN).
- ✓ KVC has facilitated two three-part webinar series for the community focused on children's mental health.

Community Served by the Hospital

KVC Hospitals Kansas City is located at 4300 Brenner Drive, Kansas City, KS 66104, in Wyandotte County. Kansas City is the third largest city in Kansas and is the county seat of Wyandotte County. In fiscal year 2021 clients were admitted from counties throughout both Kansas and Missouri with the majority of clients originating from Douglas, Johnson, Sedgwick, Shawnee and Wyandotte Counties in Kansas and Jackson County in Missouri.

Definition of Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Hospital is the single largest provider of acute care services. The utilization of hospital services provides the clearest definition of the community.

Based on the patient origin of inpatient discharges from July 1, 2020 to June 30, 2021, management has identified the community to include the corresponding Counties listed in the table below.

Summary of Inpatient Discharges by County

July 1, 2020 to June 30, 2021

State/County	Total Discharges	Percent of Total
Kansas counties		
Douglas	36	3.1%
Johnson	133	11.3%
Sedgwick	52	4.4%
Shawnee	62	5.3%
Wyandotte	131	11.1%
Missouri counties		
Jackson	192	16.3
Total Community	606	51.5
All others outside of community	570	48.5
Total	1,176	100.00

Source: KVC Hospitals Kansas City 2022

Identification and Description of Geographical Community

A community is defined as the geographic area from which a significant number of the patients utilizing the Hospital's services reside.

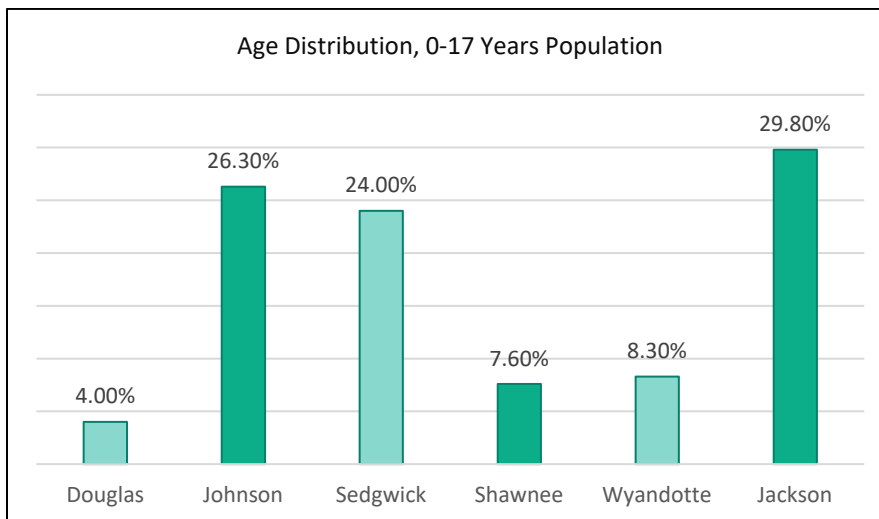
The Hospital is located in Kansas City, Kansas (KCK) in Wyandotte County. Kansas City is the third largest city in Kansas and is the county seat of Wyandotte County. Kansas City, Kansas is accessible from I-70 and I-635. Clients primarily originate from Kansas and Missouri.

Community Population and Demographics

The U.S. Census Bureau has compiled population and demographic data based on the American Community Survey. The following tables and chart show the total population under the age of 18 within the CHNA community, including a breakout between male and female population.

Age Distribution					
Area	Total	0-17 Total	0-17 %	Male %	Female %
Kansas counties					
Douglas	120,290	22,223	4.0	49.6	50.4
Johnson	591,506	145,592	26.3	49.0	51.0
Sedgwick	513,375	132,927	24.0	49.4	50.6
Shawnee	177,852	42,326	7.6	48.3	51.7
Wyandotte	164,861	45,940	8.3	49.6	50.4
Missouri counties					
Jackson	696,216	165,044	29.8	58.4	1.7
Total Community	2,264,100	554,052	16.6	50.7	50.9
Kansas	2,910,652	711,070	24.4	49.8	50.2
Missouri	6,104,910	1,381,612	22.6	49.1	50.9
United States	324,697,795	251,429,392	77.4	49.2	50.8

Source: Census Bureau American Community Survey 2015-2019. Geography Tact

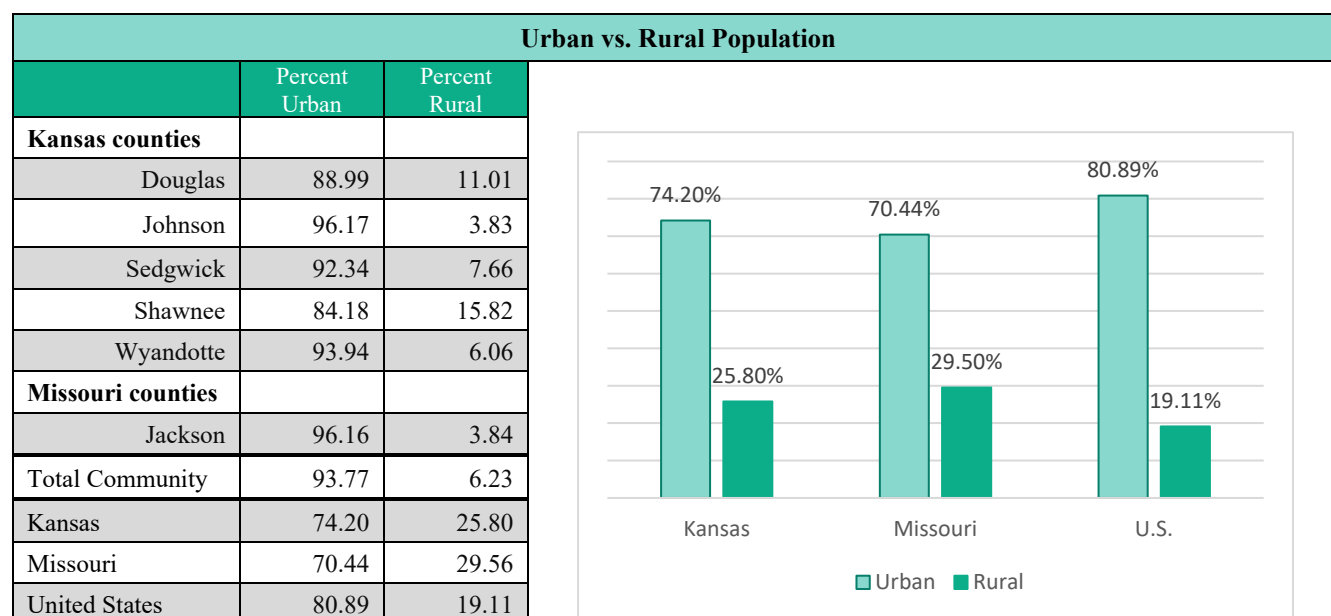


While the relative age of the community population can influence community health needs, so can the ethnicity and race of a population. The table below provide details into total populations by various races

Population by Race						
	White	African American	American Indian or Alaska Native	Asian, Native Hawaiian or Pacific Islander	Other	Multiple Races
Kansas counties						
Douglas	82.4%	4.4%	2.5%	5.3%	1.1%	4.4%
Johnson	86.0%	4.7%	0.3%	5.1%	1.1%	2.9%
Sedgwick	77.9%	8.8%	1.0%	4.4%	3.5%	4.4%
Shawnee	82.4%	8.5%	0.9%	1.6%	2.8%	3.7%
Wyandotte	58.8%	22.3%	0.5%	4.8%	9.0%	4.6%
Missouri counties						
Jackson	67.0%	23.3%	0.4%	2.2%	3.9%	3.3%
Total Community	75.8%	12.9%	0.6%	3.8%	3.2%	3.6%
Kansas	84.4%	5.9%	0.8%	3.0%	2.5%	3.5%
Missouri	82.2%	11.5%	0.4%	2.1%	1.2%	2.6%
United States	72.5%	12.7%	0.8%	5.7%	4.9%	3.3%

Source: US Census Bureau, American Community Survey 2015-2019

The following table and graph show the percentage of individuals that live in rural and urban areas. Urban is defined as densely developed territories that encompass residential, commercial, and other non-residential land uses. Rural areas are all areas that are not classified as urban. This information helps explain how access to care can sometimes be limited for those living in rural areas.



Source: US Census Bureau, American Community Survey 2015-2019

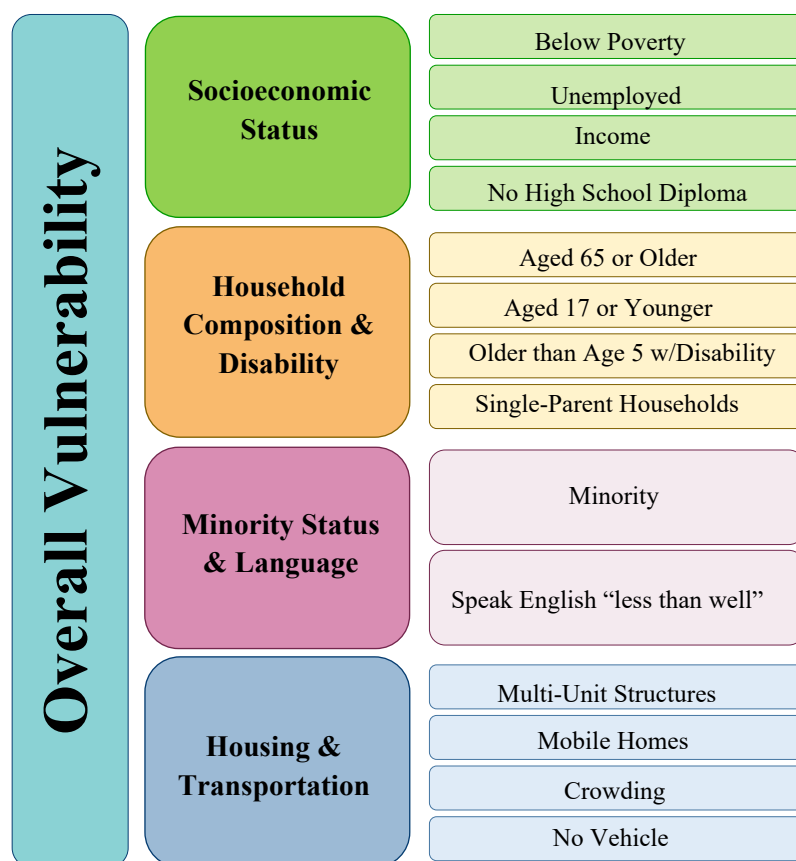
Social Vulnerability Index

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Vulnerable populations often experience high rates of chronic illness and poor health outcomes, leading to health disparities between various demographic groups.

The CDC has developed the Social Vulnerability Index (SVI). The helps public health officials identify and meet the needs of socially vulnerable populations. The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability.

State/County	SVI Score	Level of Vulnerability
Kansas counties		
Douglas	0.2232	Low level of vulnerability
Johnson	0.0615	Low level of vulnerability
Sedgwick	0.5357	Moderate to high level of vulnerability
Shawnee	0.5099	Moderate to high level of vulnerability
Wyandotte	0.9242	High level of vulnerability
Missouri counties		
Jackson	0.5354	Moderate to high level of vulnerability

Source: CDC Agency for Toxic Substances and Disease Registry, <https://svi.svi.cdc.gov/map.html>, 2018



Language

Language barriers contribute to patient and provider communication and can result in poor health outcomes. A national study in the *Journal of General Internal Medicine* showed that individuals with Limited-English Proficiency (LEP) who don't receive additional services (such as an interpreter) were less likely to be aware of medical implications and were less satisfied overall about their medical care.

The table below reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well" by race alone in the report area.

Limited English Proficiency by Race (percent)							
	White	African American	American Indian or Alaska Native	Asia	Asian, Native Hawaiian or Pacific Islander	Other	Multiple Races
Kansas counties							
Douglas	1.30	0.00	0.03	1.83	0.00	0.30	0.05
Johnson	2.56	0.29	0.01	1.60	0.01	0.50	0.10
Sedgwick	2.93	0.23	0.06	2.18	0.01	1.30	0.12
Shawnee	1.83	0.06	0.02	0.67	0.00	0.96	0.06
Wyandotte	11.36	0.67	0.06	4.49	0.32	7.84	0.22
Missouri counties							
Jackson	2.03	0.65	0.00	1.04	0.02	1.95	0.08
Total Community	2.86	0.36	0.02	1.68	0.03	1.52	0.10
Kansas	2.83	0.20	0.03	1.25	0.02	1.08	0.08
Missouri	1.24	0.21	0.01	0.76	0.02	0.37	0.07
United States	5.75	0.54	0.09	2.49	0.03	2.36	0.26

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Vulnerable populations often experience high rates of chronic illness and poor health outcomes, leading to health disparities between various demographic groups.

Income and Employment

The table below displays the Per Capita Income for the community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Per Capita Income is an important determinant in an individual's health. People with above-average income typically have health insurance, reliable transportation, and the financial means to pay out-of-pocket expenses. In addition, those with higher income are more likely to practice healthy lifestyle choices such as exercising, eating nutritional foods, and abstaining from tobacco use.

Source: <https://www.cdc.gov/socialdeterminants/>

The Per Capita Income in the following exhibits show the average (mean) income computed for every man, woman, and child in the specified area.

Per Capita Income		
	Aggregate Household Income	Per Capita Income
Kansas counties		
Douglas	\$3,768,229,000	\$32,281
Johnson	\$27,068,833,100	\$46,517
Sedgwick	\$14,783,754,100	\$29,530
Shawnee	\$5,371,143,400	\$30,974
Wyandotte	\$3,510,208,300	\$22,335
Missouri counties		
Jackson	\$21,434,218,300	\$31,480
Total Community	\$12,656,064,367	\$32,186
Kansas	\$2,910,652	\$31,814
Missouri	\$6,104,910	\$30,810
United States	\$324,697,795	\$34,103

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

Unemployment Rate

The table below displays the average annual unemployment rates for the selected Counties in Kansas and Missouri, and compares the county rates to the respective states and the United States. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Average Annual Unemployment Rate (percent)											
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Kansas counties											
Douglas	5.6	5.1	4.8	4.1	3.7	3.5	3.2	3.0	2.9	6.1	n/d
Johnson	5.3	4.6	4.3	3.8	3.4	3.2	3.0	2.8	2.8	5.1	n/d
Sedgwick	7.8	6.9	6.1	5.3	4.8	4.6	4.2	3.7	3.5	8.7	n/d
Shawnee	6.7	6.2	5.8	4.7	4.2	4.0	3.7	3.4	3.3	5.9	n/d
Wyandotte	9.3	8.4	7.9	6.8	6.0	5.5	5.2	4.8	4.3	7.8	n/d
Missouri counties											
Jackson	9.7	8.0	7.7	7.1	6.0	5.1	4.4	3.8	3.7	7.1	n/d
Total Community	7.6	6.5	6.1	5.4	4.7	4.3	3.9	3.5	3.4	6.8	n/d
Kansas	6.4	5.7	5.3	4.5	4.2	4.0	3.6	3.3	3.7	7.1	n/d
Missouri	8.6	7.2	6.8	6.2	5.1	4.5	3.7	3.2	3.1	6.1	4.4
United States	9.0	8.1	7.4	6.2	5.3	4.9	4.4	3.9	3.7	8.1	5.4

Source: U.S. Department of Labor, Bureau of Labor Statistics. February 2022

Poverty

The following table displays the percentage of total population and children under age 18 below 100 percent Federal Poverty Level (FPL) for counties in Kansas and Missouri, states, and the nation. The FPL is a measurement of the minimum amount of income that is needed for individuals and families to pay for essentials. The guidelines are used to establish eligibility for Medicaid and other federal programs.

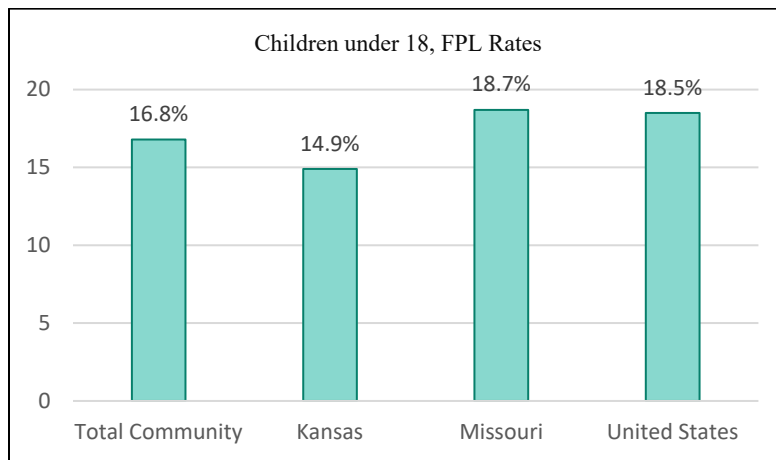
Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

Low-income residents may delay or avoid pursuing medical attention until issues reach a critical stage, creating a greater demand on the community's medical resources. This may include dependence on emergency rooms for what should be routine primary care. In addition, uninsured or low-income individuals' inability to pay for services places strain on the community's medical system. These individuals have limited transportation options and lack the ability to travel outside their local community for medical services.

Population Below 100% FPL				
	Population for whom Poverty Status is Determined	Percent Population in Poverty	Children under 18 in Poverty	Percent Children under 18 in Poverty
Kansas counties				
Douglas	112,036	18.0	2,657	12.2
Johnson	585,678	5.4	8,979	6.2
Sedgwick	506,720	13.7	24,284	18.5
Shawnee	173,158	11.4	5,740	13.9
Wyandotte	163,000	19.2	12,498	27.7
Missouri counties				
Jackson	684,855	14.7	35,983	22.2
Total Community	2,225,447	12.2	90,141	16.8
Kansas	2,826,056	12.0	104,280	14.9
Missouri	5,922,570	13.7	252,071	18.7
United States	316,715,051	13.4	13,377,778	18.5

Source: US Census Bureau, American Community Survey. 2016-2020



Insurance

The table below reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Uninsured Children			
	Total Population Under Age 19	Under Age 19 without Medical Insurance	Percent Under Age 19 without Medical Insurance
Kansas counties			
Douglas	25,430	1,040	4.1
Johnson	152,859	5,903	3.9
Sedgwick	139,441	8,250	5.9
Shawnee	44,149	1,678	3.8
Wyandotte	47,815	4,123	8.6
Missouri counties			
Jackson	171,890	11,762	6.8
Total Community	581,584	32,756	5.6
Kansas	751,193	39,286	5.2
Missouri	1,456,547	81,097	5.6
United States	77,712,965	3,945,906	5.1

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

Education

The following table shows the estimated educational attainment with a High School diploma or higher. This is relevant because educational attainment has been linked to positive health outcomes. Attainment shows the distribution of the highest level of education achieved and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health.

Educational Attainment – Population Age 25 and Older			
	Percent with High School Diploma	Percent with Bachelor's Degree	Percent with Graduate or Professional Degree
Kansas counties			
Douglas	95.3	25.9	23.7
Johnson	96.0	34.6	21.3
Sedgwick	90.0	19.7	11.2
Shawnee	92.2	19.9	11.0
Wyandotte	78.9	12.2	5.9
Missouri counties			
Jackson	90.6	20.0	11.6
Total Community	90.5	22.5	14.2
Kansas	90.5	21.1	12.3
Missouri	89.9	18.0	11.2
United States	88.0	19.8	12.4

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County

Transportation

Transportation is a critical social determinant of health. The American Hospital Association says that each year, more than 3.5 million people do not receive adequate medical care due to transportation issues. These issues may include access to vehicles, long distances to needed services, and costs associated with travel. Transportation issues can be worse in rural communities where individuals may live long distances from providers.

This indicator reports 1) the percentage of the population, 16 years or older, that commutes to work on a daily basis using a motor vehicle where they were the only occupant of the vehicle, and 2) the percentage of the population that commutes to work for over 60 minutes each direction.

This information highlights not only how vital the transportation network is to people's daily routines, but also conveys information about the efficiency of the public transportation network and the availability of carpool opportunities.

Driving Alone to Work			Long Commute	
	Population Commuting to Work Alone in Car	Percent Commuting to Work Alone in Car	Population Commuting more than 60 Minutes	Percent Commuting more than 60 Minutes
Kansas counties				
Douglas	52,083	77.74	2,281	3.56
Johnson	268,368	84.57	6,408	2.16
Sedgwick	209,585	84.29	6,004	2.50
Shawnee	70,215	82.88	2,522	3.08
Wyandotte	61,491	81.77	1,912	2.61
Missouri counties				
Jackson	288,267	83.47	11,394	3.47
Total Community	950,009	83.46	30,521	2.82
Kansas	1,181,623	82.32	46,135	3.37
Missouri	2,364,888	81.97	148,396	5.41
United States	116,584,507	76.33	13,541,097	9.35

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

HEALTH CARE RESOURCES

The availability of health resources is a critical component to the health of a community's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services.

A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section addresses the availability of health care resources to the residents in the community.

Hospitals and Health Centers

The table below lists the acute care hospitals available to the residents of Kansas and Missouri.

Summary of Acute Care Hospitals				
Facility	Address	State	Bed Size	Facility Type
Providence Medical Center	8929 Parallel Parkway, Kansas City, KS 66112	Kansas	171	Short Term /Acute
Saint Luke's Northland Hospital	5830 NW Barry Rd., Kansas City, KS 64154	Kansas	113	Short Term /Acute
North Kansas City Hospital	2800 Clay Edwards Dr., North Kansas City, MO 64116	Missouri	363	Short Term /Acute
Children's Mercy Hospital & Clinic	2401 Gillham Rd., Kansas City, MO 64108	Missouri	301	Children's
Truman Medical Center	2301 Holmes St., Kansas City, MO 64108	Missouri	238	Short Term /Acute
Center for Behavioral Medicine	1000 East 24th St., Kansas City, MO 64108	Missouri	65	Psychiatric
University of Kansas Hospital	4000 Cambridge St., Kansas City, KS 66160	Kansas	831	Short Term /Acute
Saint Luke's Hospital	4401 Wornall Rd., Kansas City, MO 64111	Missouri	446	Short Term /Acute
Advent Health	9100 West 74th St., Shawnee Mission, KS 66204	Kansas	353	Short Term /Acute
Research Medical Center	6601 Rockhill Rd., Kansas City, MO 64131	Missouri	334	Short Term /Acute

* Includes subprovider beds, excludes skilled nursing facility beds

Source: Costreportdata.com, U.S. Hospital Finder

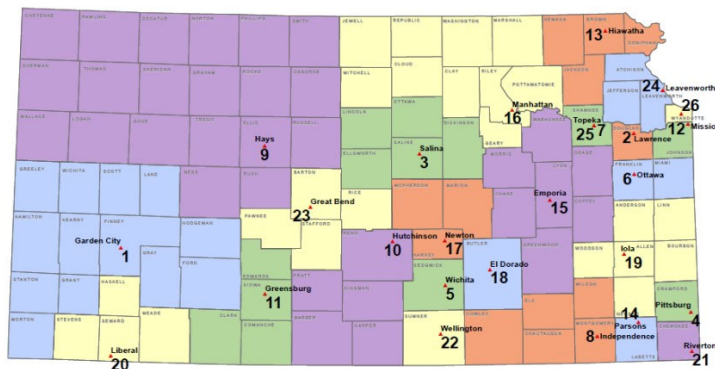
Inpatient Treatment Facilities			
Name	Type of Facility	Patients Served	State
Cottonwood Springs	Inpatient Psychiatric Hospital	Adults	Kansas
Crittenton	Inpatient Psychiatric Hospital	Children and Adolescents	Missouri
Heartland Hospital	Inpatient Psychiatric Hospital	Children and Adolescents	Missouri
KVC Hospitals, Inc. Kansas City	Inpatient Psychiatric Hospital	Children and Adolescents	Kansas
KVC Hospitals, Inc. Wichita	Inpatient Psychiatric Hospital	Children and Adolescents	Kansas
University of Kansas Health System, Marillac Campus	Inpatient Psychiatric Hospital	Children and Adolescents	Kansas
Research Psychiatric Center	Inpatient Psychiatric Hospital	Adolescents and Adults	Missouri
Stormont Vail Behavioral Health Center	Inpatient Psychiatric Hospital	Children, Adolescents and Adults	Kansas

Source: KVC Hospitals Kansas City

COMMUNITY MENTAL HEALTH CENTERS

Under Kansas Statutes Annotated (KSA) 19-4001 et. seq., and KSA 65-211 et. seq., 26 licensed Community Mental Health Centers (CMHCs) currently operate in the state. These centers have a combined staff of over 4,000 providing mental health services in every county of the state in over 120 locations. Together they form an integral part of the total mental health system in Kansas. The independent, locally owned centers are dedicated to fostering a quality, free standing system of services and programs for the benefit of citizens needing mental health care and treatment.

The map below shows CMCH sites throughout the state of Kansas.



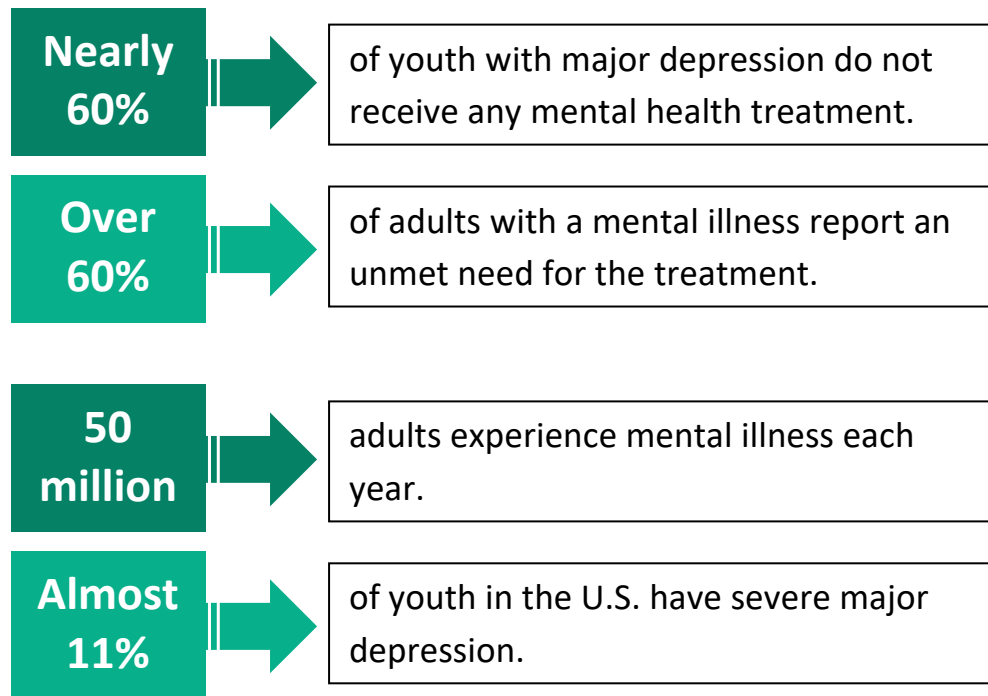
Map from <http://www.acmhck.org/wp-content/uploads/2018/01/CommunityMentalHealthCentersofKS-Revised-1-10-18.pdf>

CMCHs provide mental health services to rural and urban populations throughout Kansas. More information can be found at www.acmhck.org

HEALTH OUTCOMES AND FACTORS

Mental Health Information

According to the National Institute of Mental Health (NIMH) nearly one in five adults live with some form of mental illness. The 2022 State of Mental Health in America brought to light several concerning results:



The report ranked the prevalence of mental illness among all U.S. states and the District of Columbia. They used a variety of measures, including Adults with Any Mental Illness (AMI), Adults with Substance Abuse Disorder, Adults with Serious Thoughts of Suicide, Youth with at least one major depressive episode, Youth with severe MDE, Adults with cognitive disability, mental health workforce availability, and several other factors.

A low score or ranking indicates less prevalence of mental illness, whereas ranking between 39-51 indicates a higher prevalence of mental illness and lower rates of access to care.

2022 Adult Mental Health Ranking	2022 Youth Mental Health Ranking
Kansas – ranked 42 out of 51	Kansas – ranked 33 out of 51
Missouri – ranked 44 out of 51	Missouri – ranked 22 out of 51

Source <https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf>

Both Kansas and Missouri have declined in their overall ranking over the past year.

2021 Overall Mental Health Ranking	2022 Overall Mental Health Ranking
Kansas – ranked 29 out of 51	Kansas – ranked 41 out of 51
Missouri – ranked 38 out of 51	Missouri – ranked 40 out of 51

Source <https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf>

Impact of the COVID-19 Pandemic on Youth Mental Health

The COVID-19 pandemic presented mental health challenges to nearly all segments of society. The mental health of children and adolescents was significantly impacted by COVID-19. Nationwide lockdowns, school closures, parental and family stress, and fear of the pandemic all contributed negatively to the mental health and well-being of children and adolescents. Young people could continue to feel the impact of COVID-19 on their mental health and well-being for many years to come.

According to a 2021 survey of parents to children 0-17 years old conducted by the National Alliance on Mental Illness (NAMI), 44% of parents are very or somewhat concerned about their child's mental health.

This survey also revealed that 41% of parents said their child(ren) spend more time on screens each day when compared to pre-pandemic (prior to March 2020) levels.

PARENT PERSPECTIVES on Kids' Mental Health Amid COVID-19

A recent survey by NAMI asked parents about their own mental health and that of their children (17 years and younger).



77%

of parents surveyed are often or sometimes thinking about their child's mental health



44%

of parents are very or somewhat concerned about their child's mental health

Parents noted their kids felt an increase in these feelings during the pandemic:

20%
Anxious

19%
Irritated

14%
Sad

13%

Unable to Concentrate

12%

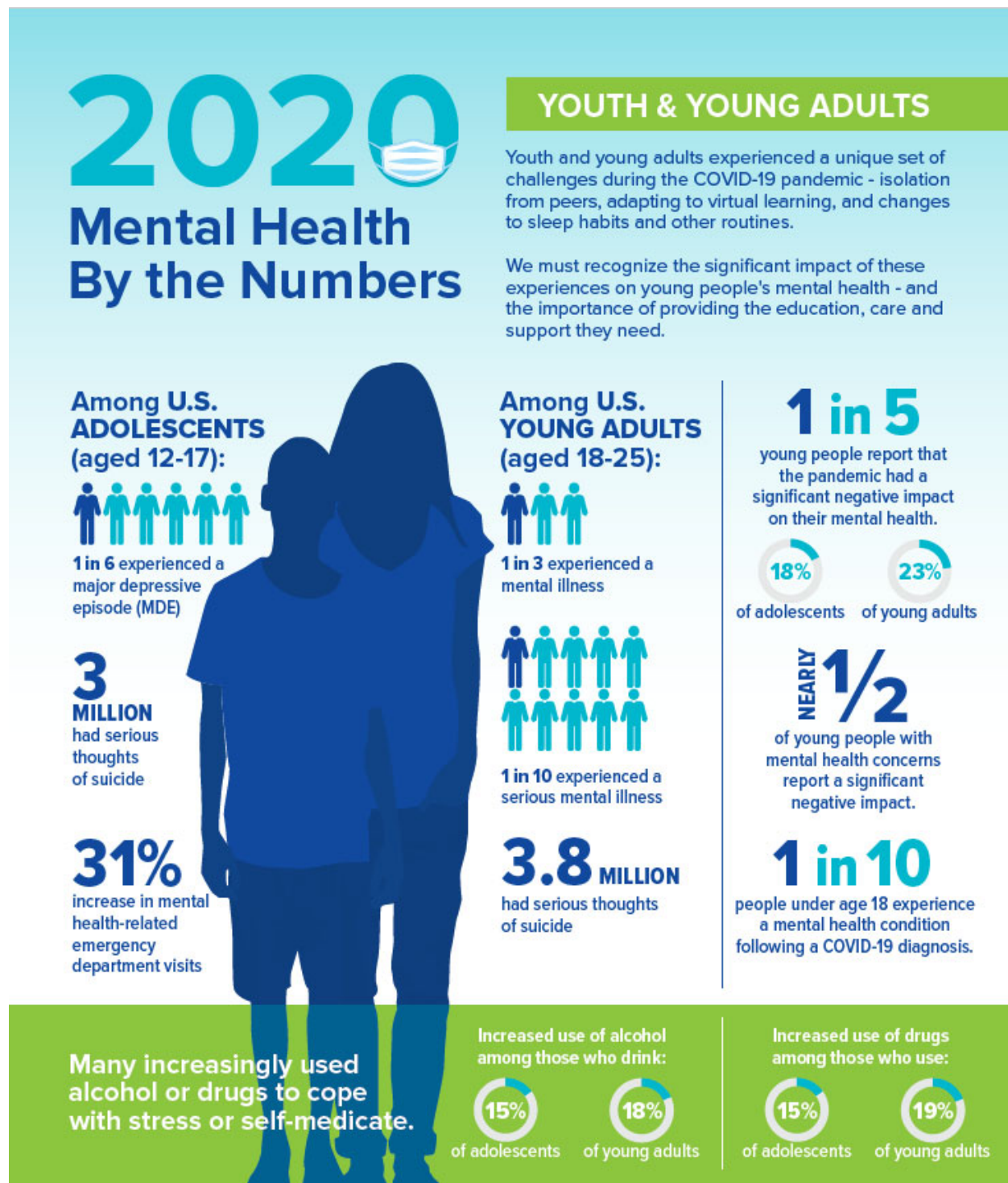
Less Interested in Social Activities

10%

Out of Control

[https://www.nami.org/Support-Education/Publications-Reports/Survey-Reports/Poll-of-Parents-Amid-the-COVID-19-Pandemic-\(2021\)/NAMI_ParentsPerspective_Infographic_2021](https://www.nami.org/Support-Education/Publications-Reports/Survey-Reports/Poll-of-Parents-Amid-the-COVID-19-Pandemic-(2021)/NAMI_ParentsPerspective_Infographic_2021)

As reported by the National Alliance on Mental Illness, nationwide 1 in 6 adolescents (ages 12-17) experienced a major depressive episode during 2020. NAMI research indicates young people may be more vulnerable to mental illness/may experience a mental health condition following a COVID-19 diagnosis.



NAMI; <https://www.nami.org/mhstats2020>

KEY STAKEHOLDER INTERVIEWS

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, nonprofit hospitals were mandated to conduct a community-based needs assessment every three years. As a part of the process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge or expertise around public health and underserved populations.

Methodology

Interviews were held with various professionals representing a cross-section of industries and organizations within the community's population. Stakeholders were determined based on their a) specialized knowledge or expertise in behavioral health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations. Individuals chosen for these included:

- Sandra Berg, Executive Director, United Behavioral Health, KanCare
- Randy Callstrom, President/CEO, Wyandot Inc.
- Gary Henault, Director of Youth Services, Kansas Department for Aging and Disability Services (KDADS)
- Kenneth (K.C.) Johnson, Chief Executive, HealthSource
- Janne Robinson, Director of Institutional Relations, Blue Cross
- Lisa Southern, Executive Director, Compass Behavioral Health
- Iryna Yeromenko, Director of Operations and Program Management, Kansas Department for Aging and Disability Services (KDADS)

The main objective of the interviews was to receive feedback on community health and wellness attributes, strengths, and challenges. Topics included questions about 1) Health and quality of life, 2) Underserved and underrepresented populations, 3) Barriers, and 4) COVID-19.

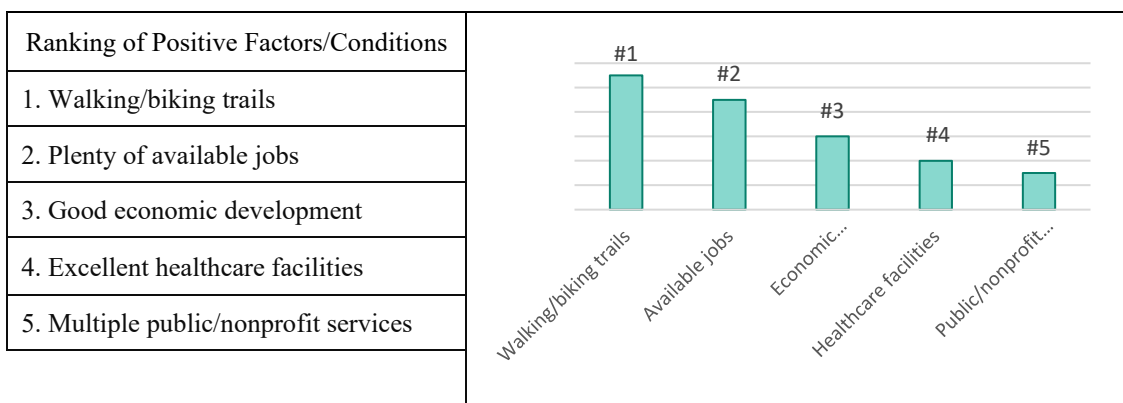
Key Stakeholder General Observations and Comments

Participants were asked to rate their own health and quality of life. Using a scale of 1-10 (1 being the worst and 10 being the best), nearly all felt they had above-average health and a high quality of life. The self-reported average was 7.2 out of 10.

When asked about the health and quality of life of the broader community, informants provided a much lower score of 4.8 out of 10. The majority (71.4%) felt the community's level of health and quality of life had declined over the past three years, while the remaining group said that conditions have remained the same. No one believed the community's level of health had improved.

Positive Factors and Conditions

Respondents were asked to list specific factors and conditions that are positive about the community's health and quality of life. There were many references to the community's abundant outdoor resources such as parks, walking/hiking trails, and water activities in nearby rivers and lakes.



Interview comments:

“Leaders have done a great job of creating accessible exercise/outdoor opportunities.”

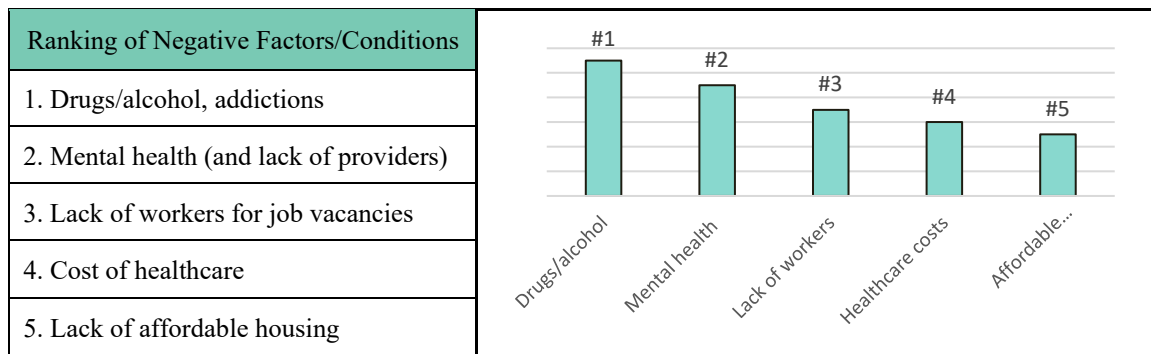
“The healthcare industry offers plenty of jobs, and most have great pay and benefits.”

Negative Factors and Conditions

Respondents were asked to list specific factors and conditions that have a negative impact on the community's health and quality of life. Ongoing issues with drugs and alcohol were a common theme, with several references to Heroin and Fentanyl and the Opioid crisis.

Declining mental health was listed as an important issue among people of different ages and backgrounds.

Many stakeholders noted the negative impact of the COVID-19 pandemic, both on mental and physical health of the community.



Interview comments:

“There’s a big gap for services for youth needing residential treatment.”

“Growing abuse of substances – the age of patients abusing substances has gotten younger and the severity of the drugs they are abusing has increased.”

“The cost of housing has skyrocketed and is just out of reach for many residents.”

Recommendations for Improvement

As a result of the interviews, the following suggestions were provided to help improve the community’s health and quality.

- Add outpatient and inpatient drug treatment centers.
- Launch programs in schools to help struggling kids.
- Providers need to expand to less populated areas so those in rural communities don’t have to drive hours to get help.
- Offer programs to address youth violence.

COVID-19

Key stakeholders were asked to describe how the COVID-19 pandemic has impacted them personally and how they feel it affected the overall community.

Respondents felt the pandemic had a profound impact on individuals and the broader community. However, most stated that they were able to work remotely and that, apart from the isolation, were not greatly impacted.

Their view of the broader community was different. From lost jobs to increased anxiety, fear, struggling to support children learning remotely, they felt the community suffered greatly and is still coping with the aftermath.

Some stakeholders felt the pandemic had been politicized, which they believe led to strong divisions and disagreements on vaccinations and mandated masking.

Interview comments:

“Many did not like being mandated to vaccinate and wear masks.”

“COVID has rattled people’s mental health, increased depression and anxiety. It has forever changed how society interacts and functions.”

“COVID-19 has been difficult on children. Increased stressors and anxiety may not be immediately noticeable but will have significant negative effects over time.”

“Adults have low level depression and anxiety lingering from pandemic. Many had never sought help before, but are now seeking help.”

Underserved Populations

Key stakeholders were asked to describe how or if there are certain racial, cultural, or socioeconomic groups within the community that may lack access to affordable health care services or essential resources.

Most described how Hispanics and African Americans may face the greatest barriers. Immigrants and refugees were listed as groups that are frequently uninsured, but cannot go to most healthcare providers.

Those living in poverty and the elderly were other segments of the community often lacking adequate care.

Interview comments:

“Elderly living in nursing homes, due to supply and staffing issues, lack healthcare and are not receiving services needed.”

“Some undocumented immigrants use cultural remedies that are native to their region, which are not effective.”

Specific Barriers

Stakeholders provided input on specific barriers faced by underserved individuals and groups in the community.

Top Barriers:

1. Language
2. Transportation
3. Awareness/understanding
4. Racism/discrimination

Interview comments:

“Systemic racism in area has created fear and doubt. Progress has been made, but it is still present. Many have had bad experiences with outside groups that don’t understand or respect a group’s culture.”

“We don’t have enough interpreters. Zoom and other services have helped, but it’s not enough.”

“Our bus system is inadequate for those outside city limits.”

“There is a general lack of awareness on what services exist and how to navigate the system.”

“We need to make sure service providers are culturally appropriate (language, customs, etc.). Their impact will be much more significant.”

“We need increased funding to address the increasing mental health needs of the community.”

How barriers are being addressed

Stakeholders provided input on ways the community is responding to barriers faced by underserved individuals and groups in the community.

- Most of our services were reactive, geared for help when things go wrong. We are investing into services that are more preventive, focusing on ongoing assistance. Being more proactive.
- Barriers are diminishing as people are now using Zoom and telehealth.
- “There has been elevated communication regarding what services are offered and where to find them.”

Feedback on KVC Hospitals Kansas City

Key stakeholders were asked to grade the Hospital’s efforts to address community needs and improve health quality. Most respondents gave the Hospital positive reviews for their programs and services.

“KVC does a very good job, working hard to meet needs throughout the state.”

“KVC hospitals serve patients from all over Kansas and Missouri. They are a respected provider and work well with school district in developing practices.”

“They are phenomenal. They try not to say ‘no’ to any kids in need.”

“Their administrative staff are very willing to work with the state and other providers, keeping each other apprised of issues.”

“Kansas is lucky to have KVC. They are an example of an organization that is making a difference.”

Those interviewed were asked to comment on the Hospital’s effort to address community health concerns.

“They are very community-oriented, with lots of outreach.”

“All of their services meet people with high barriers. They take people no other providers will take.”

INFORMATION GAPS

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be several medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

Priority setting is a required step in the community health needs assessment process. The IRS regulations indicate that the needs assessment must provide a prioritized description of the community health needs identified through the assessment, and include a description of the process and criteria used in prioritizing the health needs.

The mental health needs of children and adolescents are increasing in Kansas and across the country. Addressing these needs is important to the communities. Based on the data from the assessment, the following community mental/behavioral health needs for children and adolescents were identified:

Secondary Data

- Poor mental health days
- Youth anxiety and depression
- Poor physical health

Primary Data

Health needs identified through key stakeholder interviews were included as health needs. Needs for vulnerable populations are included in the analysis in order to facilitate the prioritization process. Many of the following needs were included in the Hospital's 2019 CHNA report; however, while progress has been made the needs of the community remain.

- Lack of funding for mental health services and preventive programs
- Substance abuse and addiction
- Negative effects of COVID-19 pandemic on mental health (*e.g.* isolation, stress, unhealthy coping)
- Lack of community-based services (transportation barrier)
- Lack of appropriate resources (*e.g.* insurance coverage, providers and/or treatment facilities)
- Coordination with other systems of care (*e.g.* school, local non-profit agencies, health facilities)
- Access to services (cost, availability)
- Lack of health knowledge regarding the impact of trauma on mental health/lack of trauma treatment
- Increase in children with a mental health condition
- High cost of healthcare
- Need for increased integration between primary care and mental health services
- Racism/discrimination

Management's Prioritization Process

For the health needs prioritization process, the Hospital prioritized the needs identified above based on the following factors:

- Current area of hospital focus
- How many people are affected by the issue or size of the issue
- What are the consequences of not addressing this problem
- The impact of the issue on vulnerable populations
- Organizational capacity, existing infrastructure and community partners available to address the health need

After analyzing primary causes for inpatient hospitalization as well as reviewing health needs identified through key stakeholder interviews, the following mental and behavioral health needs for the KVC Hospitals Kansas City were identified:

1. Need for increased integration/coordination between primary care and mental health services
2. Need for increased community education/awareness regarding available mental health services
3. Access to services (cost, availability)
4. Coordination with other systems of care (e.g. school, local non-profit agencies, health facilities)

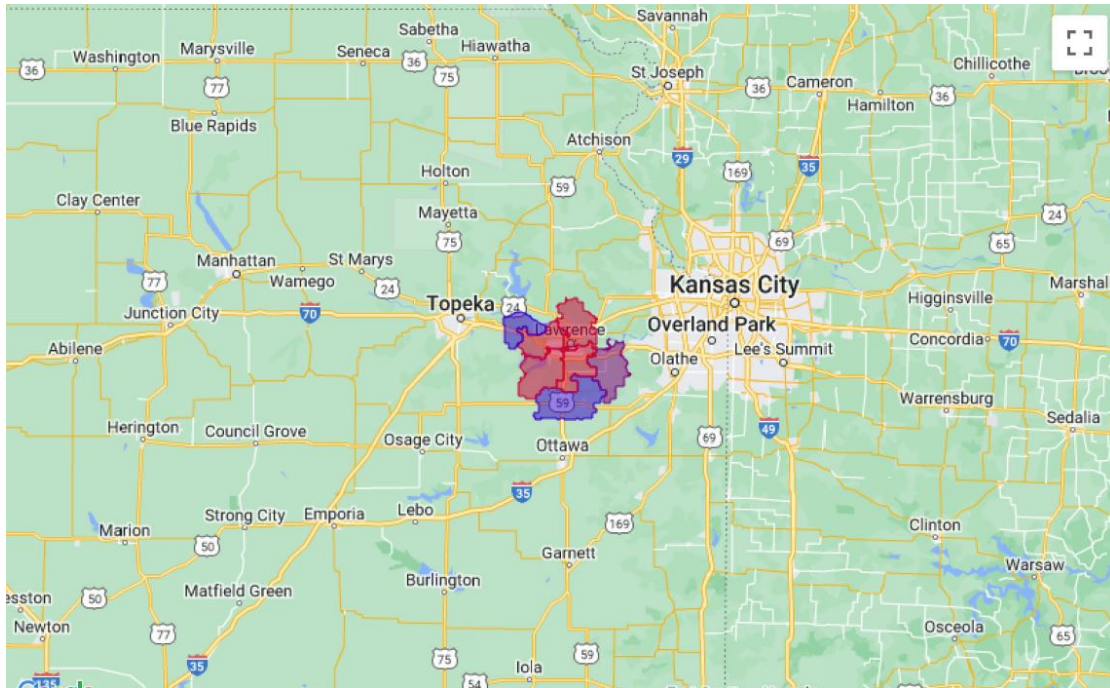
Some of the priorities above were also included in the Hospital's 2019 CHNA report. Progress has been made on these priorities, as described previously in the *Evaluation of Prior Implementation Strategy* section; however, the needs of the community remain.

The Hospital's next steps include developing an implementation strategy to address these priority areas.

Appendices

Dignity Health Community Need Index Reports

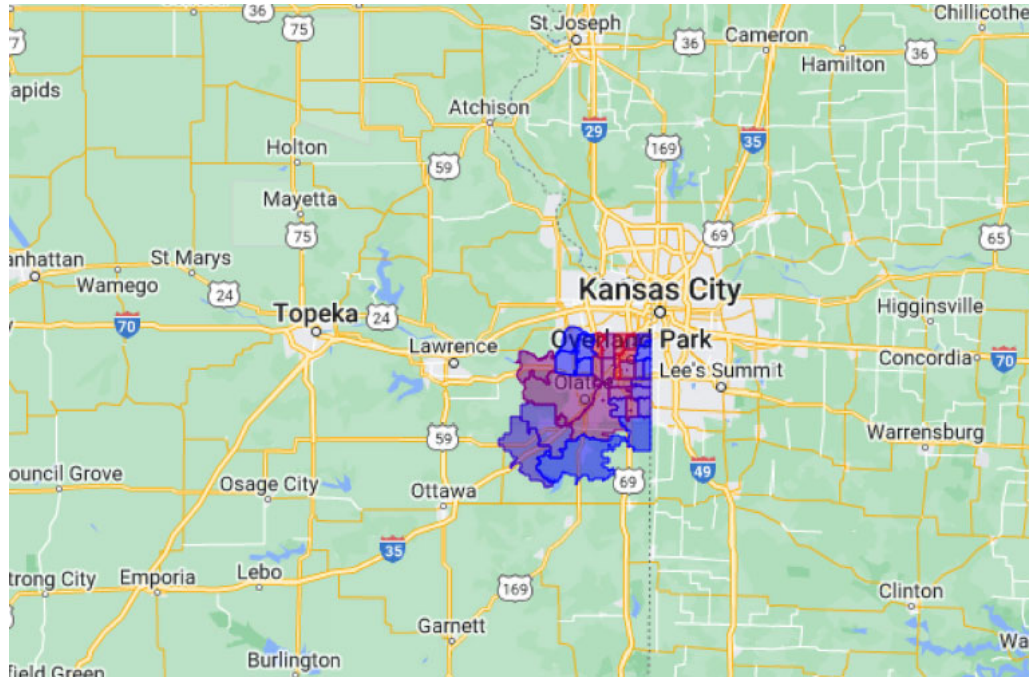
Douglas County, KS



CNI Scale				
Highest Need 4.2-5	2 nd Highest 3.4-4.1	Medium Need 2.6-3.3	2 nd Lowest 1.8-2.5	Lowest Need 1-1.7

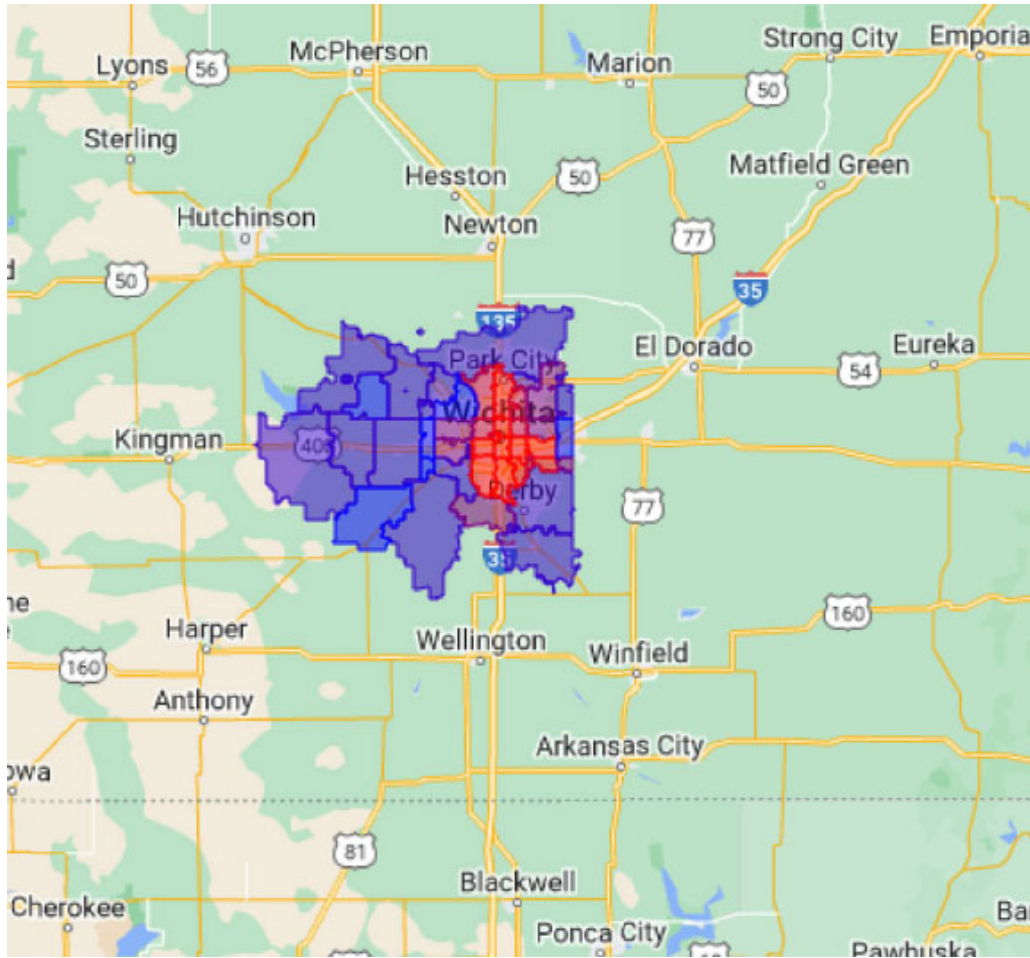
Zip		CNI Score	City	County
66006		2.4	Baldwin city	Douglas
66025		2.6	Eudora	Douglas
66044		3.6	Lawrence	Douglas
66045		4.0	Lawrence	Douglas
66046		3.6	Lawrence	Douglas
66047		3.4	Lawrence	Douglas
66049		3.4	Lawrence	Douglas
66050		2.4	Lecompton	Douglas

Johnson County, KS



Zip		CNI Score	City	County	Zip		CNI Score	City	County
66018		3.0	De Soto	Johnson	66210		2.6	Overland Park	Johnson
66021		1.8	Edgerton	Johnson	66211		1.8	Leawood	Johnson
66030		2.4	Gardner	Johnson	66212		2.8	Overland Park	Johnson
66031		3.2	New Century	Johnson	66213		2.6	Overland Park	Johnson
66061		3.2	Olathe	Johnson	66214		3.6	Overland Park	Johnson
66062		2.6	Olathe	Johnson	66215		3.2	Lenexa	Johnson
66083		1.6	Spring Hill	Johnson	66216		2.8	Shawnee	Johnson
66085		1.4	Stilwell	Johnson	66217		3.4	Shawnee	Johnson
66202		3.2	Mission	Johnson	66218		1.4	Shawnee	Johnson
66203		3.8	Shawnee	Johnson	66219		2.6	Lenexa	Johnson
66204		3.4	Overland Park	Johnson	66220		1.4	Lenexa	Johnson
66205		2.2	Mission	Johnson	66221		1.8	Overland Park	Johnson
66206		1.2	Leawood	Johnson	66223		2.6	Overland Park	Johnson
66207		2.2	Overland Park	Johnson	66224		1.8	Overland Park	Johnson
66208		1.4	Prairie Village	Johnson	66226		1.4	Shawnee	Johnson
66209		1.4	Leawood	Johnson	66227		1.4	Lenexa	Johnson

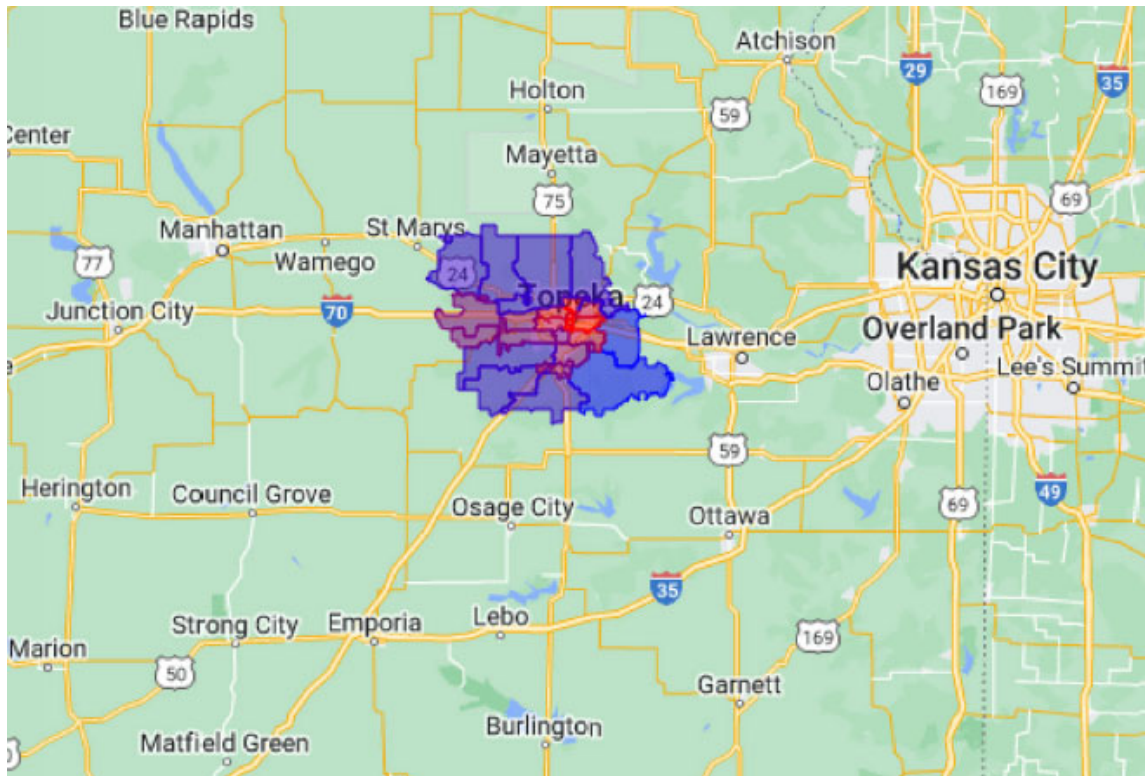
Sedgwick County, KS

























Zip		CNI Score	City	County
67001	■	1.6	Andale	Sedgwick
67016	■	2.2	Bentley	Sedgwick
67025	■	2.2	Cheney	Sedgwick
67026	■	2.4	Clearwater	Sedgwick
67030	■	2.0	Colwich	Sedgwick
67037	■	2.4	Derby	Sedgwick
67050	■	2.0	Garden Plain	Sedgwick
67052	■	1.8	Goddard	Sedgwick
67055	■	1.8	Greenwich	Sedgwick
67060	■	2.8	Haysville	Sedgwick
67067	■	2.0	Kechi	Sedgwick

67101		2.0	Maize	Sedgwick
67108		2.4	Mount Hope	Sedgwick
67110		2.2	Mulvane	Sedgwick
67147		2.2	Valley Center	Sedgwick
67149		1.4	Viola	Sedgwick
67202		4.6	Wichita	Sedgwick
67203		4.0	Wichita	Sedgwick
67204		4.0	Wichita	Sedgwick
67205		1.4	Wichita	Sedgwick
67206		2.6	Wichita	Sedgwick
67207		4.2	Wichita	Sedgwick
67208		4.0	Wichita	Sedgwick
67209		2.8	Wichita	Sedgwick
67210		4.8	Wichita	Sedgwick
67211		4.8	Wichita	Sedgwick
67212		3.2	Wichita	Sedgwick
67213		4.6	Wichita	Sedgwick
67214		4.8	Wichita	Sedgwick
67215		2.0	Wichita	Sedgwick
67216		4.8	Wichita	Sedgwick
67217		4.2	Wichita	Sedgwick
67218		4.6	Wichita	Sedgwick
67219		4.2	Wichita	Sedgwick
67220		4.0	Wichita	Sedgwick
67221		3.4	McConnell AFB	Sedgwick
67223		1.8	Wichita	Sedgwick
67226		3.0	Wichita	Sedgwick
67227		1.4	Wichita	Sedgwick
67228		2.0	Wichita	Sedgwick
67230		1.6	Wichita	Sedgwick
67232		2.8	Wichita	Sedgwick
67235		1.4	Wichita	Sedgwick

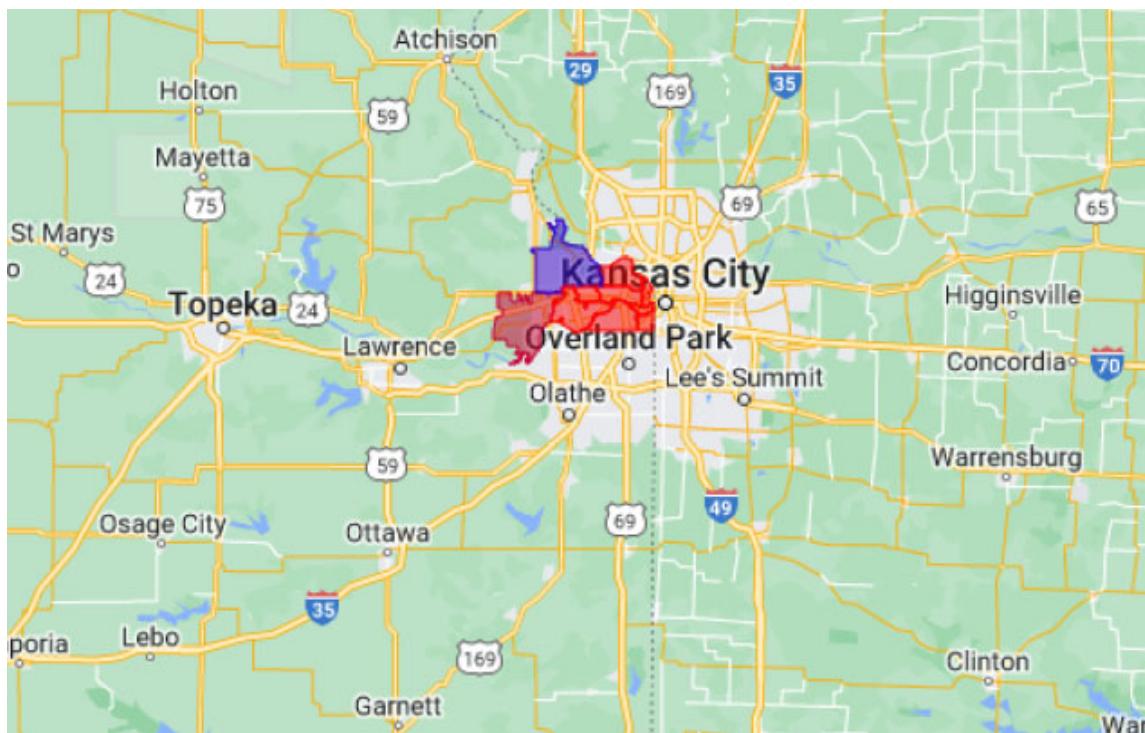
Shawnee County, KS













Zip		CNI Score	City	County
66402		2.4	Auburn	Shawnee
66409		1.6	Berryton	Shawnee
66533		2.4	Rossville	Shawnee
66539		2.2	Silver Lake	Shawnee
66542		1.4	Tecumseh	Shawnee
66546		2.4	Topeka	Shawnee
66603		4.8	Topeka	Shawnee
66604		4.0	Topeka	Shawnee
66605		3.8	Topeka	Shawnee
66606		4.0	Topeka	Shawnee
66607		4.8	Topeka	Shawnee
66608		4.2	Topeka	Shawnee
66609		3.2	Topeka	Shawnee
66610		2.0	Topeka	Shawnee

66611		3.2	Topeka	Shawnee
66612		4.6	Topeka	Shawnee
66614		3.2	Topeka	Shawnee
66615		2.8	Topeka	Shawnee
66616		3.8	Topeka	Shawnee
66617		2.0	Topeka	Shawnee
66618		1.8	Topeka	Shawnee
66619		3.2	Topeka	Shawnee

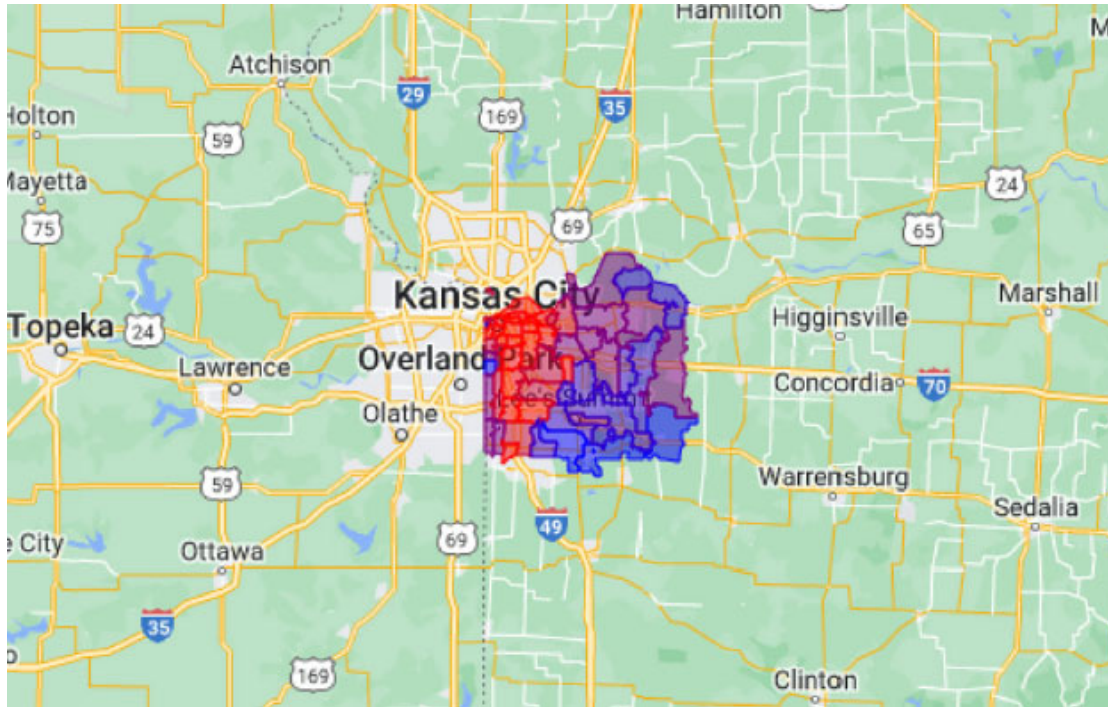
Wyandotte County, KS














































Zip		CNI Score	City	County
66012		3.4	Bonner Springs	Kansas
66101		5.0	Kansas City	Kansas
66102		4.8	Kansas City	Kansas
66103		5.0	Kansas City	Kansas
66104		4.6	Kansas City	Kansas
66105		5.0	Kansas City	Kansas












66106		4.4	Kansas City	Kansas
66109		2.0	Kansas City	Kansas
66111		4.2	Kansas City	Kansas
66112		4.4	Kansas City	Kansas

Jackson County, MO



Zip		CNI Score	City	County
64014		2.2	Blue Springs	Jackson
64015		2.6	Blue Springs	Jackson
64016		3.0	Buckner	Jackson
64029		2.4	Grain Valley	Jackson
64030		4.0	Grandview	Jackson
64034		1.4	Greenwood	Jackson
64050		4.0	Independence	Jackson
64052		4.2	Independence	Jackson
64053		4.6	Independence	Jackson
64054		4.0	Independence	Jackson
64055		3.0	Independence	Jackson

64056		3.2	Independence	Jackson
64057		3.2	Independence	Jackson
64058		2.6	Independence	Jackson
64063		2.8	Lees Summit	Jackson
64064		1.8	Lees Summit	Jackson
64070		1.0	Lone Jack	Jackson
64075		2.6	Oak Grove	Jackson
64081		2.2	Lees Summit	Jackson
64082		1.6	Lees Summit	Jackson
64086		2.2	Lees Summit	Jackson
64088		2.2	Sibley	Jackson
64101		3.6	Kansas City	Jackson
64102		1.8	Kansas City	Jackson
64105		3.8	Kansas City	Jackson
64106		4.8	Kansas City	Jackson
64108		4.4	Kansas City	Jackson
64109		4.4	Kansas City	Jackson
64110		4.0	Kansas City	Jackson
64111		3.4	Kansas City	Jackson
64112		3.2	Kansas City	Jackson
64113		1.2	Kansas City	Jackson
64114		3.0	Kansas City	Jackson
64120		5.0	Kansas City	Jackson
64123		4.8	Kansas City	Jackson
64124		5.0	Kansas City	Jackson
64125		5.0	Kansas City	Jackson
64126		4.8	Kansas City	Jackson
64127		4.8	Kansas City	Jackson
64128		4.8	Kansas City	Jackson
64129		4.4	Kansas City	Jackson
64130		4.6	Kansas City	Jackson
64131		3.8	Kansas City	Jackson

64132		4.6	Kansas City	Jackson
64133		3.6	Kansas City	Jackson
64134		4.4	Kansas City	Jackson
64136		4.4	Kansas City	Jackson
64137		4.2	Kansas City	Jackson
64138		3.8	Kansas City	Jackson
64139		1.8	Kansas City	Jackson
64145		2.6	Kansas City	Jackson
64156		2.5	Kansas City	Jackson
64147		4.8	Kansas City	Jackson
64149		2.2	Kansas City	Jackson

Key Stakeholder Interview Questions

KVC Hospitals are generating data as part of developing a plan to improve health and quality of life in the communities it serves. Community input is essential to the process and we believe you are an important part of our community whose feedback will help us enhance services. Some of the following questions are open-ended. In these instances, we are trying to gather your thoughts and opinions. There are no right or wrong answers.

1. Please provide your name and email address
 - a. Names
 - b. Company
 - c. Email Address
2. Please select which hospital or hospitals you are providing input for.
 - a. KVC Hospitals – Kansas City (previously Prairie Ridge)
 - b. KVC Hospitals – Wichita
 - c. Both KVC Hospitals Kansas City and Wichita
3. With the pandemic in mind over the last couple years how would you rate the mental and behavioral health needs of the community served by the KVC Hospital(s) for which you are providing input? On the sliding scale, a 10 would represent perfect health.
4. With the pandemic in mind, have the mental and behavioral needs increased, decreased, or stayed the same over the past 3 years?
5. Please describe what factors influence your answer on questions 3 and 4 above.
6. Are there populations whose mental and/or behavioral health needs may be greater than others? Populations identified in the previous assessment were children in foster care, persons with significant trauma or abusive histories, uninsured children/youth, and juvenile offenders.
7. What barriers, if any, exist to improving mental and behavioral health services for children and youth?

-Shortage of Providers	-Stigma Associated with obtaining these services
-Lack of funding	-Transportation
-Lack of insurance	-Social Isolation
-School Disruption	-Lack of education of available services among parents and schools
8. What are the most critical mental/behavioral health issues for children and families of children requiring treatment?
9. In your opinion, what should be done to address the issues identified in the previous question?
10. Please provide any additional input regarding treatment of children's mental and behavioral health needs at KVC Hospital.

County Health Rankings – Health Factors

Information for the tables below comes from the Robert Wood Foundation, retrieved through www.countyhealthrankings.org.

Douglas County, Kansas

Health Behaviors	Douglas County 2018	Douglas County 2021		Kansas 2021	Top US Performers 2021
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	15.0%	16.0%	↑	18.0%	16.0%
Adult obesity - Percent of adults that report a BMI >= 30	26.0%	28.0%	↑	33.0%	26.0
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.3	7.9	↑	6.7	8.7
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	18.0%	16.0%	↓	24.0%	19.0
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	90.0%	91.0%	↑	80.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	22.0%	19.0%	↓	18.0%	15.0%
Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement	30.0%	38.0%	↑	20.0%	11.0%
Sexually transmitted infections - Chlamydia rate per 100K population	557.5	678.8	↑	488.5	161.2
Teen births - female population, ages 15-19	10.0	8.0	↓	24	12

Clinical Care	Douglas County 2018	Douglas County 2021		Kansas 2021	Top US Performers 2021
Uninsured adults - Percent of population under age 65 without health insurance	10.0%	8.0%	↓	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,180	1,110	↓	1,280	1,030
Dentists - Number of population for every one dentist	1,710	1,700	↓	1,660	1,210
Mental health providers - Number of population for every one mental health provider	370	330	↓	490	270
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	69.0%	49.0%	↓	45.0%	51.0%

Social and Economic Factors	Douglas County 2018	Douglas County 2021		Kansas 2021	Top US Performers 2021
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	84.0%	84.0%	—	91.0%	94.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	82.0%	83.0%	↑	70.0%	73.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	3.6%	2.9%	↓	3.2%	2.6%

Children in poverty - Percent of children under age 18 in poverty	12.0%	12.0%	—	14.0%	10.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	5.2	5.1	↓	4.3	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	28.0%	19.0%	↓	21.0%	14.0%
Social associations [^] - Number of membership associations per 10,000 population	10.6	9.1	↓	13.6	18.2
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	313	225	↓	365	63
Injury deaths - Number of deaths due to injury per 100,000 population	53	57	↑	76	59

Physical Environment	Douglas County 2018	Douglas County 2021		Kansas 2021	Top US Performers 2021
Air pollution - particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter	9.8	7.6	↓	6.7	5.2
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	21.0%	20.0%	↓	13.0%	9.0%
Driving alone to work - Percentage of workforce that drives alone to work	78.0%	78.0%	—	82.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	27.0%	28.0%	↑	21.0%	16.0%

Johnson County, Kansas

Health Behaviors	Johnson County 2018	Johnson County 2021		Kansas 2021	Top US Performers 2021
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	12.0%	13.0%	↑	18.0%	16.0%
Adult obesity - Percent of adults that report a BMI >= 30	27.0%	26.0%	↓	33.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.6	8.8	↑	6.7	8.7
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	18.0%	17.0%	↓	24.0%	19.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	95.0%	95.0%	—	80.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	20.0%	20.0%	—	18.0%	15.0%
Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement	30.0%	22.0%	↓	20.0%	11.0%
Sexually transmitted infections - Chlamydia rate per 100K population	290.5	362.0	↑	488.5	161.2
Teen births - female population, ages 15-19	12.0	9.0	↓	24	12

Clinical Care	Johnson County 2018	Johnson County 2021		Kansas 2021	Top US Performers 2021
Uninsured adults - Percent of population under age 65 without health insurance	6.0%	7.0%	↑	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	830	810	↓	1,280	1,030
Dentists - Number of population for every one dentist	1,230	1,150	↓	1,660	1,210
Mental health providers - Number of population for every one mental health provider	470	410	↓	490	270
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	68.0%	51.0%	↓	45.0%	51.0%

Social and Economic Factors	Johnson County 2018	Johnson County 2021		Kansas 2021	Top US Performers 2021
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	90.0%	94.0%	↑	91.0%	94.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	84.0%	84.0%	—	70.0%	73.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	3.3%	2.8%	↓	3.2%	2.6%
Children in poverty - Percent of children under age 18 in poverty	5.0%	6.0%	↑	14.0%	10.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.0	3.9	↓	4.3	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	21.0%	16.0%	↓	21.0%	14.0%
Social associations [^] - Number of membership associations per 10,000 population	8.4	8.6	↑	13.6	18.2
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	142	157	↑	365	63
Injury deaths - Number of deaths due to injury per 100,000 population	45	51	↑	76	59

Physical Environment	Johnson County 2018	Johnson County 2021		Kansas 2021	Top US Performers 2021
Air pollution - particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter	10.2	6.9	↓	6.7	5.2
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	12.0%	11.0%	↓	13.0%	9.0%
Driving alone to work - Percentage of workforce that drives alone to work	85.0%	85.0%	—	82.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	23.0%	24.0%	↑	21.0%	16.0%

Sedgwick County, Kansas

Health Behaviors	Sedgwick County 2018	Sedgwick County 2021		Kansas 2021	Top US Performers 2021
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	19.0%	19.0%	—	18.0%	16.0%
Adult obesity - Percent of adults that report a BMI \geq 30	34.0%	33.0%	↓	33.0%	26.0
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.2	7.3	↑	6.7	8.7
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	24.0%	25.0%	↑	24.0%	19.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	89.0%	85.0%	↓	80.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	16.0%	16.0%	—	18.0%	15.0%
Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement	22.0%	17.0%	↓	20.0%	11.0%
Sexually transmitted infections - Chlamydia rate per 100K population	520.2	630.7	↑	488.5	161.2
Teen births - female population, ages 15-19	40.0	30.0	↓	24	12

Clinical Care	Sedgwick County 2018	Sedgwick County 2021		Kansas 2021	Top US Performers 2021
Uninsured adults - Percent of population under age 65 without health insurance	14.0%	12.0%	↓	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,150	1,120	↓	1,280	1,030
Dentists - Number of population for every one dentist	1,700	1,520	↓	1,660	1,210
Mental health providers - Number of population for every one mental health provider	510	440	↓	490	270
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	61.0%	42.0%	↓	45.0%	51.0%

Social and Economic Factors	Sedgwick County 2018	Sedgwick County 2021		Kansas 2021	Top US Performers 2021
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	82.0%	82.0%	—	91.0%	94.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	67.0%	67.0%	—	70.0%	73.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	4.8%	3.5%	↓	3.2%	2.6%
Children in poverty - Percent of children under age 18 in poverty	18.0%	17.0%	↓	14.0%	10.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.6	4.5	↓	4.3	3.7

Children in single-parent households - Percent of children that live in household headed by single parent	35.0%	28.0%	↓	21.0%	14.0%
Social associations ^- Number of membership associations per 10,000 population	10.0	10.0	—	13.6	18.2
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	622	725	↑	365	63
Injury deaths - Number of deaths due to injury per 100,000 population	74	83	↑	76	59

Physical Environment	Sedgwick County 2018	Sedgwick County 2021		Kansas 2021	Top US Performers 2021
Air pollution - particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter	9.9	7.4	↓	6.7	5.2
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	14.0%	14.0%	—	13.0%	9.0%
Driving alone to work - Percentage of workforce that drives alone to work	85.0%	84.0%	↓	82.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	15.0%	16.0%	↑	21.0%	16.0%

Shawnee County, Kansas

Health Behaviors	Shawnee County 2018	Shawnee County 2021		Kansas 2021	Top US Performers 2021
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	16.0%	20.0%	↑	18.0%	16.0%
Adult obesity - Percent of adults that report a BMI >= 30	35.0%	37.0%	↑	33.0%	26.0%
Food environment index ^ - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.3	7.5	↑	6.7	8.7
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	24.0%	23.0%	↓	24.0%	19.0%
Access to exercise opportunities ^ - Percentage of population with adequate access to locations for physical activity	87.0%	93.0%	↑	80.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	15.0%	16.0%	↑	18.0%	15.0%
Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement	28.0%	22.0%	↓	20.0%	11.0%
Sexually transmitted infections - Chlamydia rate per 100K population	499.4	716.1	↑	488.5	161.2
Teen births - female population, ages 15-19	39.0	30.0	↓	24	12

Clinical Care	Shawnee County 2018	Shawnee County 2021		Kansas 2021	Top US Performers 2021
Uninsured adults - Percent of population under age 65 without health insurance	9.0%	9.0%	—	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,390	1,310	↓	1,280	1,030
Dentists - Number of population for every one dentist	1,650	1,510	↓	1,660	1,210
Mental health providers - Number of population for every one mental health provider	300	280	↓	490	270
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	68.0%	55.0%	↓	45.0%	51.0%

Social and Economic Factors	Shawnee County 2018	Shawnee County 2021		Kansas 2021	Top US Performers 2021
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	80.0%	86.0%	↑	91.0%	94.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	66.0%	67.0%	↑	70.0%	73.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	4.1%	3.3%	↓	3.2%	2.6%
Children in poverty - Percent of children under age 18 in poverty	14.0%	13.0%	↓	14.0%	10.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.3	4.1	↓	4.3	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	33.0%	22.0%	↓	21.0%	14.0%
Social associations [^] - Number of membership associations per 10,000 population	17.0	16.0	↓	13.6	18.2
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	440	444	↑	365	63
Injury deaths - Number of deaths due to injury per 100,000 population	77	93	↑	76	59

Physical Environment	Shawnee County 2018	Shawnee County 2021		Kansas 2021	Top US Performers 2021
Air pollution - particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter	9.6	7.1	↓	6.7	5.2
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	14.0%	13.0%	↓	13.0%	9.0%
Driving alone to work - Percentage of workforce that drives alone to work	83.0%	83.0%	—	82.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	12.0%	13.0%	↑	21.0%	16.0%

Wyandotte County, Kansas

Health Behaviors	Wyandotte County 2018	Wyandotte County 2021		Kansas 2021	Top US Performers 2021
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	23.0%	23.0%	—	18.0%	16.0%
Adult obesity - Percent of adults that report a BMI ≥ 30	37.0%	40.0%	↑	33.0%	26.0
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.5	6.5	—	6.7	8.7
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	31.0%	33.0%	↑	24.0%	19.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	91.0%	90.0%	↓	80.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	15.0%	16.0%	↑	18.0%	15.0%
Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement	34.0%	24.0%	↓	20.0%	11.0%
Sexually transmitted infections - Chlamydia rate per 100K population	725.1	896.9	↑	488.5	161.2
Teen births - female population, ages 15-19	60	47	↓	24	12

Clinical Care	Wyandotte County 2018	Wyandotte County 2021		Kansas 2021	Top US Performers 2021
Uninsured adults - Percent of population under age 65 without health insurance	17.0%	16.0%	↓	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	2,550	2,180	↓	1,280	1,030
Dentists - Number of population for every one dentist	2,370	2,470	↑	1,660	1,210
Mental health providers - Number of population for every one mental health provider	720	620	↓	490	270
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	56.0%	39.0%	↓	45.0%	51.0%

Social and Economic Factors	Wyandotte County 2018	Wyandotte County 2021		Kansas 2021	Top US Performers 2021
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	73.0%	77.0%	↑	87.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	47.0%	51.0%	↑	70.0%	73.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	5.7%	4.3%	↓	3.2%	2.6%
Children in poverty - Percent of children under age 18 in poverty	24.0%	31.0%	↑	14.0%	10.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.6	4.4	↓	4.3	3.7

Children in single-parent households - Percent of children that live in household headed by single parent	46.0%	32.0%	↓	21.0%	14.0%
Social associations [^] - Number of membership associations per 10,000 population	10.8	10.0	↓	13.6	18.2
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	603	704	↑	365	63
Injury deaths - Number of deaths due to injury per 100,000 population	71	81	↑	76	59

Physical Environment	Wyandotte County 2018	Wyandotte County 2021		Kansas 2021	Top US Performers 2021
Air pollution - particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter	10.8	8.5	↓	6.7	5.2
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	21.0%	19.0%	↓	13.0%	9.0%
Driving alone to work - Percentage of workforce that drives alone to work	81.0%	82.0%	↑	82.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	23.0%	23.0%	—	21.0%	16.0%

Jackson County, Missouri

Health Behaviors	Jackson County 2018	Jackson County 2021		Missouri 2021	Top US Performers 2021
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	20.0%	23.0%	↑	20.0%	16.0%
Adult obesity - Percent of adults that report a BMI >= 30	33.0%	39.0%	↑	33.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.8	7.5	↑	7.0	8.7
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	23.0%	34.0%	↑	26.0%	19.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	93.0%	83.0%	↓	77.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	20.0%	19.0%	↓	21.0%	15.0%
Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement	37.0%	33.0%	↓	27.0%	11.0%
Sexually transmitted infections - Chlamydia rate per 100K population	768.7	662.4	↓	568.1	161.2
Teen births - female population, ages 15-19	39	38	↓	24	12

Clinical Care	Jackson County 2018	Jackson County 2021		Missouri 2021	Top US Performers 2021
Uninsured adults - Percent of population under age 65 without health insurance	13.0%	12.0%	↓	11.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,300	1,640	↑	1,420	1,030
Dentists - Number of population for every one dentist	1,220	1,390	↑	1,670	1,210
Mental health providers - Number of population for every one mental health provider	460	550	↑	490	270
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	62.0%	43.0%	↓	44.0%	51.0%

Social and Economic Factors	Jackson County 2018	Jackson County 2021		Missouri 2021	Top US Performers 2021
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	86.0%	82.0%	↓	91.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	66.0%	55.0%	↓	67.0%	73.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	5.1%	3.1%	↓	3.3%	2.6%
Children in poverty - Percent of children under age 18 in poverty	23.0%	20.0%	↓	17.0%	10.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.8	4.4	↓	4.5	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	44.0%	28.0%	↓	25.0%	14.0%
Social associations [^] - Number of membership associations per 10,000 population	11.2	12.8	↑	11.6	18.2
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	823	463	↓	481	63
Injury deaths - Number of deaths due to injury per 100,000 population	82	72	↓	91	59

Physical Environment	Jackson County 2018	Jackson County 2021		Missouri 2021	Top US Performers 2021
Air pollution - particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter	10.9	8.4	↓	8.1	5.2
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	17.0%	14.0%	↓	13.0%	9.0%
Driving alone to work - Percentage of workforce that drives alone to work	82.0%	83.0%	↑	82.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	32.0%	13.0%	↓	32.0%	16.0%

[^]Opposite indicator signifying that an increase is a positive outcome, and a decrease is a negative outcome.

Source: [countyhealthrankings.org](https://www.countyhealthrankings.org)