

*Community Health Needs Assessment
Fiscal Year Ending June 30, 2019*



KVC[®] Hospitals

Children's Psychiatric Treatment

people matter



BKD
CPAs & Advisors

Contents

Consultants' Report	1
Introduction	2
Summary of Community Health Needs Assessment.....	3
General Description of Hospital	4
Evaluation of Prior Implementation Strategy	6
Lack of trauma-informed assessment and intervention strategies	6
Access to services.....	6
Need for increase integration of families into treatment and education of families, schools and others who interact with the client post-discharge.....	7
Community Served by the Hospital	9
Defined Community	9
Community Detail	10
Identification and Description of Geographical Community	10
Community Population and Demographics.....	10
Socioeconomic Characteristics of the Community	13
Income and Employment.....	13
Unemployment Rate.....	14
Poverty.....	15
Uninsured Children	16
Education.....	17
Clinical Care of the Community.....	18
Access to Primary Care	18
Health Outcomes and Factors	19
Mental Health Statistics.....	19
Leading Causes of Death.....	23
County Health Rankings.....	23
Improvements and Challenges.....	
Deaths of Despair.....	
Depression.....	30
Obesity.....	30
Poor Dental Health.....	31
Health Care Resources	32
Acute Care Hospitals.....	33
Inpatient Treatment Facilities.....	34
Community Health Centers	34

Key Stakeholder Survey	35
Methodology.....	35
Key Stakeholder Profiles	36
Key Stakeholder Survey Results	36
Health Issues of Vulnerable Population.....	39
Information Gaps.....	40
Prioritization of Identified Health Needs	41
Secondary Data.....	41
Primary Data.....	41
Appendices	
Acknowledgements	43
Sources	44
Key Stakeholders Survey Questions.....	46
Dignity Health CNI Reports.....	48
County Health Rankings.....	57

Consultants' Report

Mr. Ryan Speier
President
KVC Hospitals, Inc.
21350 W 153rd Street
Olathe, KS 66061

On behalf of KVC Hospitals Kansas City (Hospital), we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated March 19, 2019. The purpose of our engagement was to assist the Hospital in meeting the requirements of Internal Revenue Code §501(r)(3) and Regulations thereunder. We also relied on certain information provided by the Hospital, specifically certain utilization data, geographic HPSA information and existing community health care resources.

Based upon the assessment procedures performed, it appears the Hospital is in compliance with the provisions of §501(r)(3). Please note that we were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion.

We used and relied upon information furnished by the Hospital, its employees and representatives and on information available from generally recognized public sources. We are not responsible for the accuracy and completeness of the information and are not responsible to investigate or verify it.

These findings and recommendations are based on the facts as stated and existing laws and regulations as of the date of this report. Our assessment could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this report if such changes occur. Regulatory authorities may interpret circumstances differently than we do. Our services do not include interpretation of legal matters.

BKD, LLP

June 28, 2019

Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital, including those with special knowledge of or expertise in public health. The hospital must make the community health needs assessment widely available 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 (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 *process* involved:

- ✓ An evaluation of the implementation strategy from the previous needs assessment which was adopted by the Hospital Board of Directors in 2016.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic, health statistics and health care resources.
- ✓ A survey of persons who represent a) the community served by KVC Hospitals Kansas City b) populations of need or c) persons with specialized knowledge in children's behavioral health issues.

This *document* is a summary of all the available evidence collected during community health needs assessments conducted in fiscal year June 30, 2019. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

The purpose of the community health needs assessment is to understand the unique health needs of the community served by the Hospital and to document compliance with new federal laws outlined in *Introduction*.

The Hospital engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The community health needs assessment was conducted during 2019.

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 fiscal year June 30, 2016, 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 and outpatient data 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 (see references in *Appendices*). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by countyhealthrankings.org. Health factors with significant opportunity for improvement were noted.
- ✓ Community input was provided through a questionnaire distributed to key stakeholders. Results and findings are described in the *Key Stakeholder Survey* section of this report.
- ✓ Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs: 1) the size of the problem (How many people are affected by the issue), 2) the seriousness of the problem (What are the consequences of not addressing the issue), 3) the prevalence of common themes and 4) the alignment with the Hospital's resources.
- ✓ An inventory of health care facilities and other community resources potentially available to address the 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 is owned by KVC Hospitals, Inc. and offers Psychiatric Residential Treatment Facility (PRTF) Services designed to provide active treatment in a structured therapeutic environment for children and adolescents with severe emotional disturbances, substance abuse, or mental illness. KVC Hospitals Kansas City also serves as the state hospital alternative for children with psychiatric needs in Kansas, and serves children that other area hospitals cannot serve, will not serve, or those children whose treatment has been unsuccessful at other facilities. In this capacity the Hospital serves as the state wide safety-net for the most acute and at-risk population of children and adolescents. Based on its agency-wide history of accepting children with high-risk needs, the Hospital operates with a no-eject, no-reject philosophy for admitting children. No child is turned away due to the complexity and depth of his/her needs. The Hospital's services are provided with safety and treatment as priority focuses to help clients develop the skills to succeed in less restrictive, permanent settings. The Hospital's treatment program offers a behavioral management component in a safe environment and all services are delineated to meet the individual needs of the clients referred. KVC Hospitals Kansas City provides 24-hour admission, 7 days a week.

Youth admitted to the Hospital typically have attempted, or threatened, to harm themselves or others. These safety threats require intensive treatment, supervision, and care in a safe and secure setting. Youth are generally in an acute state of crisis and often also present with behaviors and special needs which negatively impact their home and school life, such as violence, psychosis and/or an inability to care for themselves. In addition to psychiatric diagnoses, the Hospital treats youth with concurrent medical conditions such as epilepsy, diabetes, multiple sclerosis, and physical limitations including speech and hearing impairments. It is common for children and youth to also present with significant chronic medical health needs. The Hospital assists in accessing necessary medical treatment services and blends the physical and mental health treatment plans to meet these special needs wherever possible.

Our mission is to enrich and enhance the quality of life of individuals, families and communities by providing comprehensive and compassionate trauma-focused behavioral and mental healthcare, education and medical services.

The Hospital's specialized treatment teams include psychiatrists, primary health physicians, therapists, case managers, nurses and behavioral healthcare technicians. When children come into the care of the Hospital, they receive:

- ✓ Nursing assessment within eight hours
- ✓ Psychiatric evaluation within 24 hours
- ✓ Medical assessment within 24 hours
- ✓ Psychosocial assessment within 72 hours
- ✓ Lab work as needed
- ✓ Nutritional assessment as needed

The treatment team meets regularly to review the plan and the child's progress and provide extensive services including:

- ✓ Psychiatric evaluations
- ✓ Psychological testing
- ✓ Medication management
- ✓ Recreational activities
- ✓ Individual, family and group therapies

KVC Hospital's treatment teams collaborate with clients, their families and community members to guarantee safe and healthy discharge. We have established relationships with numerous hospital liaisons and community mental health centers, 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 successful reintegration of youth into their homes and the long-term wellness of the family system.

KVC's psychiatric hospitals embrace family-centered practice in which parents or guardians drive all aspects of the treatment plans, including therapy, the development of the discharge plan and aftercare planning. KVC Hospital's staff support and encourage input and participation from family throughout the entire course of treatment.

KVC Hospital's Residential Treatment Programs serve vulnerable and at-risk youth, many of whom struggle with Major Depressive Disorder, Bipolar Mood Disorder, Post-traumatic Stress Disorder, ADHD and other psychotic disorders. The Residential Treatment Programs provide children and adolescents the opportunity to receive intensive clinical services in a structured environment while attending an accredited educational center and living within the Hospital's residential program. The residential setting allows children and adolescents to engage in treatment and learn new skills through individual and family therapy in a safe and supportive environment. The Residential Treatment Programs offer psychiatric services including assessment, development and implementation of treatment plans, and monitoring of psychotropic medications.

Recreation and leisure activities include an indoor gym and outdoor recreation areas.

Group therapies cover a wide range of issues, including topics such as anger management, boundaries, resilience, and grief and loss, among others.

In addition, Milieu groups focus on the activities of daily living, and every activity is structured with the intent of the client learning. Milieu groups include:

- ✓ Emotion regulation training
- ✓ Community meetings
- ✓ Goals group and review
- ✓ Current events
- ✓ Social skills

KVC Hospitals, Inc., a subsidiary of KVC Health Systems, is a private, not-for-profit organization providing a continuum of medical and behavioral healthcare, education, and social services to children and families. KVC Health Systems is the most comprehensive behavioral healthcare network in Kansas, providing one of the most extensive continuums of care for at-risk children. KVC Health Systems began in 1970 as Wyandotte House a single group home for boys and it has grown into an organization that touches the lives of more than 63,000 children and families per year. KVC's success in improving the lives of children and families stems from the philosophies of innovation, adaptability and creativity. When KVC sees a need for children, we work toward a solution.

Evaluation of Prior Implementation Strategy

The Hospital made progress in each of the priority areas during the last three years. Goals and strategies for each priority area are summarized below.

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

KVC Hospitals Hays and KVC Hospitals Kansas City have partnered with the KVC Institute of Health Systems Innovations (KVC Institute) to conduct Trauma-Informed Research and Development to provide outreach education and training opportunities for the community KVC serves. The staff of KVC Hospitals Hays and KVC Hospitals Kansas City has continued to collaborate with staff of the KVC Institute to research and provide helpful information and tools to educate and support Trauma Informed Practices and Care. Since July of 2016, staff members from both KVC Hospitals Kansas City and KVC Hospitals Hays have presented or trained at numerous events, conferences and forums in the identified areas of need in Kansas.

PRIORITY 2: Access to services

Goal: Focus on first maintaining services to those who have limited access due to costs and acuity. Then add other creative ways through technology for better access for parents to engage more in their child's treatment.

Strategies:

- ✓ 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.
- ✓ Continue to enhance tele-psychiatry options to provide ease of access for parents/guardians to participate in treatment with their child, especially in central and western Kansas.
- ✓ Prioritize expansion into programs which have been identified as having shortages and difficult to access.

Actions on Strategies:

- ✓ KVC Hospitals has maintained the state hospital alternative programs at KVC Hospitals Kansas City and KVC Hospitals Hays that are coordinated with the Kansas Department of Aging and Disabilities (KDADS) with a “No Reject, No Eject” philosophy to provide a safety net for all of Kansas. This can be accessed on our website to review at <https://hospitals.kvc.org/how-we-help/services/state-hospital-alternative-program/>
- ✓ In 2018, tele psychiatry and tele medicine equipment was added to provide additional services as needed at both KVC Hospitals, Inc. Hays & Kansas City.
- ✓ 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:
 - In 2018 KVC opened a Youth Residential Center (YRC) in Kansas City, KS within six miles of KVC Hospitals Kansas City
 - Expansion of KVC Hospitals Hays to add six additional hospital and 20 PRTF beds projected to be completed by August 2019.
 - The projected opening of a children’s psychiatric in Wichita, Kansas with 54 acute beds projected for July 2019.

PRIORITY 3: Need for increase integration of families into treatment and education of families, schools and others who interact with the client post-discharge

Goal 1: Enhance processes to better integrate families and other support systems into the treatment pre and post discharge.

Strategies:

- ✓ Implement a “Hospital to Home” process for hospital staff to integrate families and community supports in the treatment pre and post discharge.
- ✓ Continue to work closely with designated providers like Foster Care Contractors, and Community Mental Health Center to educate and coordinate appropriate treatment.

Actions on Strategies:

- ✓ KVC Hospitals has presented the “Hospital to Home” model to various funders to support this underfunded service and have not had any progress. But the new state KanCare Request for Proposals (RFPs) with Management Care Organizations (MCOs) have something similar to this with new purposed health home requirements which will assist with coordinated care transition.
- ✓ The staff of KVC Hospitals Kansas City has worked closely with the KVC– Kansas (Eastern Kansas Foster Care Contractor), Wyandotte, 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 Hays staff members have worked closely with Saint Francis Community Services (Western Kansas Foster Care Contractor), High Plains Mental Health Center (Ellis County), ComCare (Sedgwick County) and other CMHCs in Central, Western and Southwest Kansas to educate on treatment and coordinate transition of patients back into the community patient after their hospital stay.

Goal 2: Provide educational treatment resources for families, schools and other community supports to access post discharge.

Strategies:

- ✓ Educate parents to connect to the patient electronic health record portal to access their child’s treatment history post discharge.
- ✓ Connect to a health information exchange (HIE) to better coordinate and move over care plans to an integrated care network of community providers.
- ✓ Provide treatment educational resources on KVC Hospitals and Health Systems website to support providers post discharge.

Actions on Strategies:

- ✓ KVC Hospitals Kansas City and KVC Hospitals Hays have staff that created a patient portal MyHealthPointe for parents and/or guardians to access care information from their hospital stay.
- ✓ The Kansas KHN statewide network has been set up to connect all hospitals to be able to exchange approved health information. This network is currently primarily set up to share primary/medical health information. Mental health provider's connectivity is still limited. In 2016, KVC Hospitals had an administrative staff member who has elected to serve on the Governors Behavioral Health Planning Council Childrens' Subcommittee. One of these subcommittee's initiatives is to research and recommend integrated health Information databases to the Kansas State Mental Health Council that would serve as statewide health information exchange for all Kansas health providers (primary and mental health).
- ✓ Since 2016, Both KVC Hospitals Kansas City and KVC Hospitals Hays staff have added resources and tools on both of their websites to support parents and their children on post discharge. This can be accessed at our website at <https://hospitals.kvc.org/resourcelibrary/>

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 2018 clients were admitted from 77 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.

Defined 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 pediatric psychiatric services. For this reason, the utilization of hospital services provides the clearest definition of the Community.

Based on the patient origin of acute care discharges from July 1, 2017, through June 30, 2018, management has identified the community to include the corresponding Counties listed in *Exhibit 1*, with discharge percent of total greater than 4 percent.

Exhibit 1
KVC Hospitals Kansas City
Summary of Inpatient Discharges by County
July 1, 2017 – June 30, 2018

State	County	Discharges	Percent of Total
Kansas:			
	Douglas	66	4.5%
	Johnson	126	8.6%
	Sedgwick	200	13.7%
	Shawnee	116	7.9%
	Wyandotte	340	23.3%
Missouri:			
	Jackson	59	4.0%
Total Community		907	62.1%
All others outside community		553	37.9%
Total		1,460	100%

Source: KVC Hospitals Kansas City

Community Detail

Identification and Description of Geographical Community

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. Bureau of Census has compiled population and demographic data. *Exhibit 2* below illustrates the total population of the CHNA community as well as the population of those under age 18. The relative age of the community population can impact community health needs. The percentage of people in the community ages 0-17 make up 16.7% of the total population in the CHNA community.

Exhibit 2
KVC Hospitals Kansas City
Demographic Snapshot

State	County	Total	0-17 Years	0-17 Percentage	Male	Female
Kansas:						
	Douglas	117,806	22,266	4.0%	49.5%	50.5%
	Johnson	578,797	145,540	26.2%	49.0%	51.0%
	Sedgwick	510,484	134,122	24.1%	49.4%	50.6%
	Shawnee	178,392	43,150	7.8%	48.5%	51.5%
	Wyandotte	163,227	45,836	8.2%	49.3%	50.7%
Missouri:						
	Jackson	688,554	164,888	29.7%	48.4%	51.6%
Total Community		2,237,260	555,802	16.7%	49.0%	51.0%
Kansas		2,903,820	718,274	24.7%	49.8%	50.2%
Missouri		6,075,300	1,389,409	22.9%	49.1%	50.9%
United States		321,004,407	73,601,279	22.9%	49.2%	50.8%

Source: US Census Bureau, American Community Survey (2013-2017)

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. *Exhibit 2.1* shows the population of the CHNA community by race and illustrates different categories of race such as, White, African American, Asian, other and multiple races. White makes up over 76% of the community while African American make up approximately 13% of the CHNA community.

Exhibit 2.1
KVC Hospitals Kansas City
Ethnicity and Race Snapshot

State	County	White	African American	American Indian/Alaskan Native	Asian, Native Hawaiian & Other Pacific Islander	Other	Multiple Races
Kansas:							
	Douglas	83.0%	4.1%	2.3%	4.9%	1.1%	4.6%
	Johnson	86.5%	4.6%	0.3%	4.8%	0.9%	2.9%
	Sedgwick	79.1%	9.0%	0.9%	4.4%	2.6%	3.9%
	Shawnee	82.9%	7.9%	0.7%	1.3%	2.3%	4.8%
	Wyandotte	60.4%	23.1%	0.5%	4.0%	7.6%	4.4%
Missouri:							
	Jackson	66.6%	23.6%	0.4%	2.1%	4.2%	3.0%
Total Community		76.3%	13.1%	0.6%	3.5%	2.9%	3.5%
Kansas		84.9%	5.8%	0.8%	2.8%	2.2%	3.4%
Missouri		82.4%	11.6%	0.4%	2.0%	1.2%	2.5%
United States		73.0%	12.7%	0.8%	5.5%	4.8%	3.1%

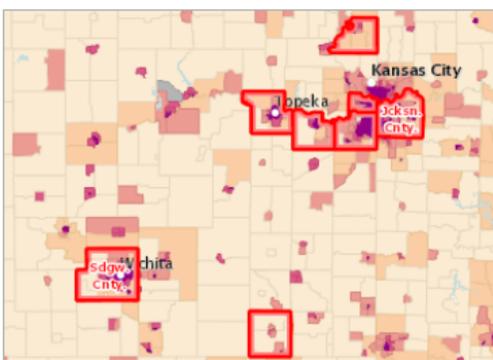
Source: US Census Bureau, American Community Survey (2013-2017)

While the relative age, ethnicity and race of the community population can influence community health needs, so can the access to care. *Exhibit 2.2* illustrates the percentage of population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table could help to understand why transportation, although not a high need, may be considered a need within the community, especially within the rural and outlying populations.

Exhibit 2.2
KVC Hospitals Kansas City
Urban/Rural Population

State	County	Urban Population	Rural Population	Percent Urban	Percent Rural
Kansas:					
	Douglas	98,621	12,205	89.0%	11.0%
	Johnson	523,317	20,862	96.2%	3.8%
	Sedgwick	460,197	38,168	92.3%	7.7%
	Shawnee	149,777	28,157	84.2%	15.8%
	Wyandotte	147,956	9,549	93.9%	6.1%
Missouri:					
	Jackson	648,291	25,867	96.2%	3.8%
Total Community		2,028,159	134,808	93.8%	6.2%
Kansas		2,116,961	736,157	74.2%	25.8%
Missouri		4,218,371	1,770,556	70.4%	29.6%
United States		249,253,271	59,492,267	80.7%	19.3%

Data Source: US Census Bureau, Decennial Census, 2010.
**Populations might not match between Demographic charts due to ACS 5 year data vs. Decennial data*



Urban Population, Percent by Tract, US Census 2010

- 100% Rural Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Rural Population
- No Data or Data Suppressed
- Report Location

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way clients access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes economic indicators, employment rates, insured status and educational attainment for the community served by the Hospital. These standard measures will be used to compare the socioeconomic status of the county internally as well as to the state. Rates or percentages shaded red compare negatively to state rates. Rates or percentages shaded green are favorable to state rates.

Income and Employment

Exhibit 3 presents 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. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. Only Johnson County and Jackson County have a per capita income above the respective states and United States amounts.

Exhibit 3
KVC Hospitals Kansas City
Per Capital Income

State	County	Total Population	Aggregate Household Income	Per Capita Income (\$)
Kansas:				
	Douglas	117,806	\$ 3,309,432,700	\$ 29,438
	Johnson	578,797	24,514,844,200	43,061
	Sedgwick	510,484	13,674,692,500	27,583
	Shawnee	178,392	4,974,827,700	28,584
	Wyandotte	163,227	3,153,825,900	20,192
Missouri:				
	Jackson	688,554	19,326,887,800	28,965
Provider Service Area		2,237,260	\$ 11,492,418,467	\$ 29,637
Kansas		2,903,820	\$ 83,734,036,100	\$ 29,600
Missouri		6,075,300	\$ 167,377,874,100	\$ 28,282
United States		321,004,407	\$ 9,658,475,311,300	\$ 31,177

Source: US Census Bureau, American Community Survey (2013-2017)

Unemployment Rate

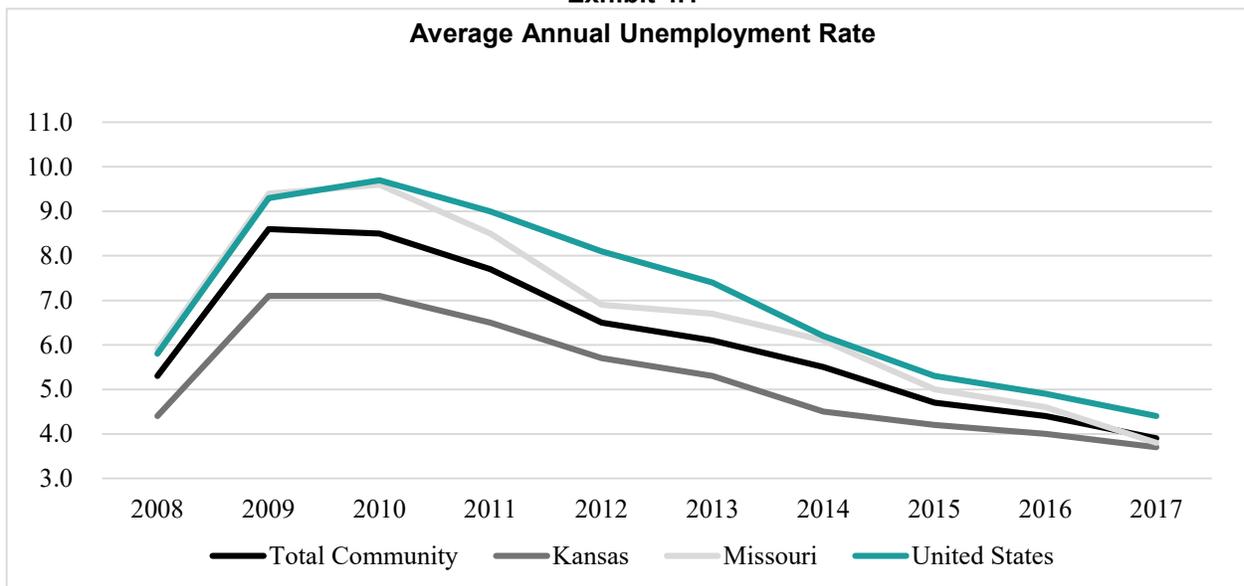
Exhibit 4 and 4.1 present the average annual unemployment rates for the selected Counties in Kansas and Missouri, and compares the county rates to the respective states and the United States. The unemployment rate in a community is a key factor in overall health, including mental health, as generally higher unemployment rates have a negative impact on the overall community. As both exhibits illustrate, unemployment rates peaked in 2010 and have been improving in recent years. Sedgwick and Wyandotte Counties' unemployment rates are consistently higher than the State of Kansas and the United States. In addition, Jackson County unemployment rates are consistently higher than the State of Missouri and United States.

Exhibit 4
KVC Hospitals Kansas City
Average Annual Unemployment Rate

State	County	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Kansas:											
	Douglas	4.0	6.0	5.9	5.7	5.1	4.8	4.1	3.7	3.5	3.2
	Johnson	4.4	6.8	6.1	5.4	4.6	4.3	3.8	3.4	3.3	3.0
	Sedgwick	4.3	8.7	8.8	8.0	6.9	6.1	5.4	4.8	4.6	4.2
	Shawnee	4.8	6.8	7.0	6.8	6.2	5.8	4.8	4.2	4.0	3.7
	Wyandotte	7.7	11.1	10.1	9.5	8.4	7.9	6.9	6.0	5.6	5.2
Missouri:											
	Jackson	6.7	10.3	10.7	9.5	7.8	7.6	7.1	5.9	5.1	4.4
Total Community		5.3	8.6	8.5	7.7	6.5	6.1	5.5	4.7	4.4	3.9
Kansas		4.4	7.1	7.1	6.5	5.7	5.3	4.5	4.2	4.0	3.7
Missouri		5.9	9.4	9.6	8.5	6.9	6.7	6.1	5.0	4.6	3.8
United States		5.8	9.3	9.7	9.0	8.1	7.4	6.2	5.3	4.9	4.4

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - March

Exhibit 4.1
Average Annual Unemployment Rate



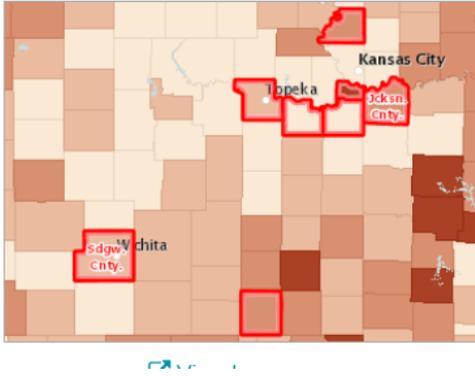
Poverty

Low-income residents often postpone seeking mental health treatment until health problems become aggravated, creating a greater demand on a given community's medical resources. This includes reliance upon emergency room services for otherwise routine care. Often uninsured, the low-income demographics' inability to pay for services further strains the medical network. Low-income residents are also less mobile, requiring mental health services in localized population centers, placing additional pressure on those providers already in high demand. According to U.S. National Library of Medicine – National Institutes of Health, low levels of household income are associated with several lifetime mental disorders and suicide attempts. In addition, a reduction of household income is associated with increased risk for incident mental disorders.

Exhibit 5 presents the percentage of total population below 100 percent of the Federal Poverty Level (FPL) for the counties in the community, Kansas, and the United States. As described above, poverty is a key driver of health status, including mental health, and is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status. In addition, *Exhibit 5* presents the percentage of children under 18 years old in poverty for the respective areas.

Exhibit 5
KVC Hospitals Kansas City
Population Below 100% FPL

State	County	Population (for Whom Poverty Status is Determined)	Population in Poverty	Percent in Poverty	# of Children under 18 in Poverty	Percent of Children under 18 in Poverty
Kansas:						
	Douglas	109,199	20,437	18.7%	2,780	12.8%
	Johnson	573,135	32,267	5.6%	9,353	6.5%
	Sedgwick	503,490	73,900	14.7%	27,074	20.5%
	Shawnee	173,828	22,898	13.2%	7,177	17.0%
	Wyandotte	161,559	34,641	21.4%	14,026	31.0%
Missouri:						
	Jackson	677,650	108,026	15.9%	38,467	23.8%
Provider Service Area		2,198,861	292,169	13.3%	98,877	18.6%
Kansas		2,820,265	361,285	12.8%	116,136	16.4%
Missouri		5,891,760	861,679	14.6%	271,999	20.0%
United States		313,048,563	45,650,345	14.6%	14,710,485	20.3%



Population Below the Poverty Level, Children (Age 0-17), Percentage by County, ACS 2013-17



Uninsured Children

Exhibit 6 reports the percentage of children under the age of 19 without health insurance coverage for each county versus the states of Kansas, Missouri, and the United States. Lack of health insurance is considered a key factor in the health status for a community. Lack of insurance is a major barrier to healthcare access for regular primary care, specialty care, mental health and other health services. As illustrated in Exhibit 6, Sedgwick and Wyandotte Counties have a higher percent of children under age 19 without medical insurance than the State of Kansas and the United States. In addition, Jackson County’s uninsured children rate is higher than the State of Missouri and United States.

Exhibit 6
KVC Hospitals Kansas City
Uninsured Children

State	County	Total Population Under Age 19	Children Under Age 19 Without Medical Insurance	Percent of Children Under Age 19 Without Medical Insurance
Kansas:				
	Douglas	25,490	1,114	4.4%
	Johnson	152,410	5,612	3.7%
	Sedgwick	140,383	8,124	5.8%
	Shawnee	44,778	2,189	4.9%
	Wyandotte	47,497	4,649	9.8%
Missouri:				
	Jackson	172,082	12,743	7.4%
Provider Service Area		582,640	34,431	5.9%
Kansas		757,801	41,203	5.4%
Missouri		1,464,928	89,999	6.1%
United States		77,884,552	4,434,876	5.7%

Source: US Census Bureau, American Community Survey (2013-2017)

Education

Exhibit 7 presents the percentage of population over the age of 25 with a high school diploma or higher and the percentage with less than 9th grade education for the counties in the community, Kansas, Missouri and the United States. This is relevant because educational attainment has been linked to positive health outcomes, including mental health. Wyandotte County's percentages are significantly worse in overall educational attainment than the other counties presented, Kansas and the United States.

Exhibit 7
KVC Hospitals Kansas City
Educational Attainment of Population Age 25 and Older

State	County	Total Population Age 25 and Older	Percent With High School Diploma or Higher	Percent With Less Than 9th Grade
Kansas:				
	Douglas	67,159	95.30%	1.30%
	Johnson	388,234	95.70%	1.80%
	Sedgwick	328,321	89.10%	3.90%
	Shawnee	120,131	91.60%	2.70%
	Wyandotte	102,821	78.80%	9.40%
Missouri:				
	Jackson	464,577	89.90%	3.30%
Provider Service Area		1,471,243	90.07%	3.73%
Kansas		1,886,741	90.5%	3.7%
Missouri		4,100,209	89.2%	3.4%
United States		216,271,644	87.3%	5.4%

Source: US Census Bureau, American Community Survey (2013-2017)

Clinical Care of the Community

Access to Primary Care

Exhibit 8 reports the number of primary care physicians per 100,000-population. Doctors classified as “primary care physicians” by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This is relevant because a shortage of health professionals contributes to access and mental health status issues.

Exhibit 8
KVC Hospitals Kansas City
Access to Primary Care

State	County	Total Population	Primary Care Physicians	Primary Care Physicians Rate per 100,000
Kansas:				
	Douglas	116,585	109	93.5
	Johnson	574,272	739	128.7
	Sedgwick	508,803	557	109.5
	Shawnee	178,406	128	71.7
	Wyandotte	161,636	134	82.9
Missouri:				
	Jackson	683,191	721	105.5
Total Community		2,222,893	2,388	107.4
Kansas		2,904,021	2,457	84.6
Missouri		6,063,589	5,072	83.6
United States		318,857,056	279,871	87.8

Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.

Health Outcomes and Factors

Mental Health Statistics

This section of the assessment reviews the mental health status of Kansas residents who utilize KVC Hospitals Hays's services. As in the previous section, comparisons are provided with the state of Kansas and the United States.

According to the National Institute of Mental Health (NIMH), in 2017 nearly one in five U.S. adults lived with a mental illness. Further, as seen from *Exhibit 9* below, one-half of all chronic mental illness begins by the age of 14; three quarters by the age of 24.

Exhibit 9



Source: National Institute of Mental Health, National Alliance on Mental Illness

Good mental health can be defined as a state of successful performance of mental function. This includes fulfilling relationships with people, ability to adapt to change and contributing in a positive manner to the community. According to Healthy People 2020 the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

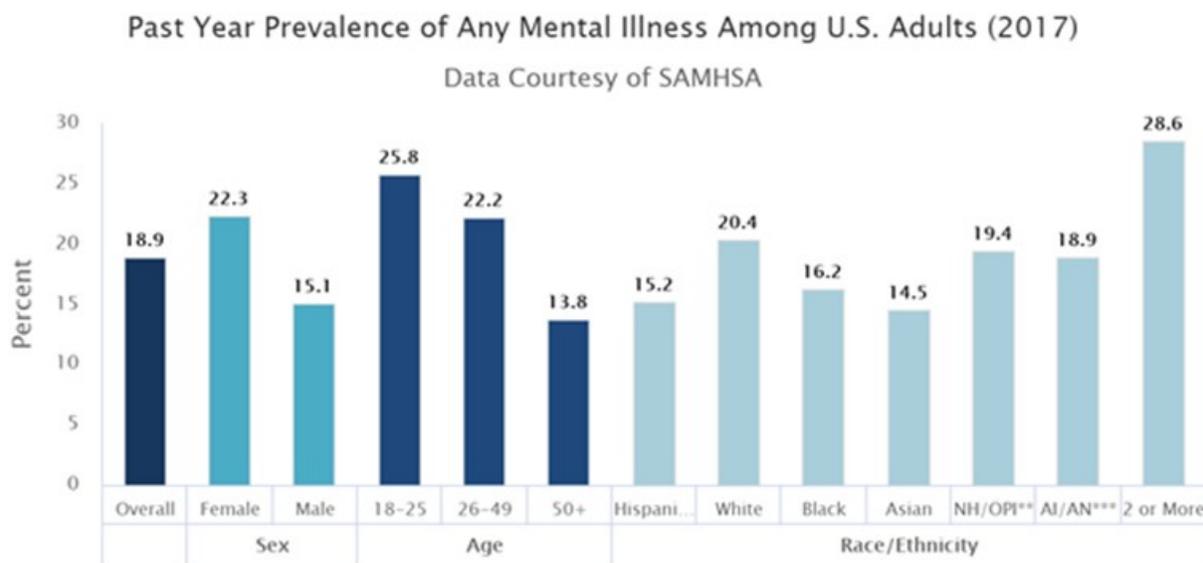
Numerous factors have a significant impact on an individual's mental health status. According to Healthy People 2020, mental health and physical health are inextricably related. Good mental health allows individuals to maintain good physical health. However, problems with physical health can have a direct impact on one's mental health and ability to participate in healthy behaviors. Evidence has shown that mental health disorders—most often depression—are strongly associated with the risk, occurrence, management, progression, and outcome of serious chronic diseases and health conditions, including diabetes, hypertension, stroke, heart disease, and cancer. This association appears to be caused by mental health disorders that precede chronic disease; chronic disease can intensify the symptoms of mental health disorders—in effect creating a cycle of poor health. This cycle decreases a person's ability to participate in the treatment of and recovery from mental health disorders and chronic disease. Therefore, while efforts are underway to reduce the burden of death and disability caused by chronic disease in the United States, simultaneously improving mental health nationwide is critical to improving the health of all Americans.

The interrelationship among lifestyle/behavior, personal health attitude, and poor health status is gaining recognition and understanding by both the general public and health care providers. The prevention of mental, emotional and behavioral disorders can come from a variety of strategies and can decrease the development of chronic diseases due to poor mental health.

Mental health is important to overall health. Mental disorders can be chronic health conditions that continue through the lifespan. Mental disorders in children that go undiagnosed can lead to problems at home, school, and social life.

The National Institute of Mental Health reports the prevalence of any mental illness (AMI) among the population. In 2017, there were an estimated 46.6 million adults age 18 or older in the United States with AMI. *Exhibit 10* below shows the percentage of prevalence per the population.

Exhibit 10



Data source: National Institute of Mental Health

The National Institute of Mental Health also provides that an estimated 49.5% of adolescents have any mental disorder. Of the adolescents that have an AMI, an estimated 22.2% have a severe impairment.

Mental Health America (MHA), formerly known as the National Mental Health Association was founded in 1909 and has been dedicated to helping all Americans achieve wellness by living mentally healthier lives. An analysis of various health outcomes and factors for a particular community can, if improved, help make the community a healthier place to live, learn, work and play. And a better understanding of the factors that affect the mental health of the community will assist in developing strategies to improve the community's habits, culture, and environment.

The State of Mental Health in America 2018 report collected data from all 50 states and the District of Columbia. The goal was to provide a snapshot of the mental health status for adults and youth across the nation. In *Exhibit 10.1*, a summary is provided to explain the report findings.

Exhibit 10.1

ENCOURAGING DECREASES

in the amount of American adults who have mental health and substance use problems.



ALARMING INCREASES

in adult suicidal ideation and major depressive episodes in youth.



Since the release of last year's State of Mental Health in America report:

The difference between youth experiencing a major depressive episode is



becoming more pronounced between the highest and lowest ranked states.

Data source: National Institute of Mental Health

In addition, according to The State of Mental Health in America 2018 report, youth mental health is worsening and access to care is limited.

Exhibit 11



Data source: National Institute of Mental Health

Key findings from the MHA report include the following:

- ✓ Over 44 million American adults have a mental health condition
- ✓ 1 in 5, or 9 million, adults have an unmet need
- ✓ Nearly half have a co-occurring substance abuse disorder
- ✓ In a five year period, rates of severe youth depression have increased
- ✓ Over 1.7 million youth with major depressive issues do not receive treatment
- ✓ Kansas was ranked 13th for overall for prevalence of mental illness and access to care*

*States that rank 1-10 have lower rates of mental health and substance use problems compared to states that ranked 42-51

According to Healthy People 2020, nearly one in five children in the United States live with a mental illness. In addition, people, including children and adolescents, with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide—the 11th leading cause of death in the United States for all age groups and the second leading cause of death among people age 25 to 34.

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in the community, along with the state of Kansas. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

Exhibit 12 reflects the leading causes of death for county residents and compares the rates, per hundred thousand, to Kansas, Missouri and United States average rates, per hundred thousand. As illustrated in *Exhibit 12*, all counties reported have higher rates of suicide than the national average. In addition, drug overdose rates for Sedgwick and Shawnee Counties are higher than the Kansas average.

Exhibit 12
KVC Hospitals Kansas City
Selected Causes of Resident Deaths: Crude Death Rate (Per 100,000 Population)

Case of Death	Douglas	Johnson	Sedgwick	Shawnee	Wyandotte	Jackson	Kansas	Missouri	United States
Cancer	126.1	142.2	176.6	225.8	190.9	198.9	189.5	213.2	185.3
Coronary Heart Disease	59.7	61.1	99.1	105.5	86.8	94.9	105.1	140.0	115.3
Drug Overdose	10.3	8.8	15.2	12.5	9.2	17.0	11.2	18.1	15.6
Heart Disease	119.6	119.8	179.5	211.5	161.1	200.1	189.7	236.1	194.2
Lung Disease	35.8	31.9	57.3	73.3	47.9	57.8	57.9	63.0	47.0
Stroke	24.4	34.7	41.4	52.1	39.6	44.7	46.6	49.7	42.2
Suicide	14.3	14.6	16.8	20.4	15.3	17.1	16.4	16.8	13.4

** Data is suppressed due to insufficient source data*

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.

County Health Rankings

This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors – rankings are based on weighted scores of four types of factors:
 - Health behaviors (six measures)
 - Clinical care (five measures)
 - Social and economic (seven measures)
 - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, the six counties that comprise the community will be used to compare the relative health status of each county to the respective state as well as to a national benchmark as seen in *Exhibits 13*. The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture and environment.

Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. The following tables show Johnson, Sedgwick, Shawnee, Wyandotte and Jackson Counties’ mortality and morbidity outcomes have had mixed results in comparison with the prior community health needs assessment while Douglas County outcomes have mostly declined.

Exhibit 13
KVC Hospitals Kansas City
Douglas County Health Rankings – Health Outcomes

	Douglas County 2015	Douglas County 2018		KS 2018	Top US Performers 2018
Mortality	*	5	6		
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement		27%	30%	↑	25% 13%
Morbidity	*	31	68		
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		2.7	3.4	↑	3.1 3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		2.6	3.6	↑	3.3 3.1
Mental health providers – Number of population for every one mental health provider		407	370	↓	560 330
Children in poverty – Percent of children under age 18 in poverty		15.0%	12.0%	↓	14.0% 12.0%

* Rank out of 101 Kansas counties in 2015 and 103 Kansas counties in 2018.

Source: Countyhealthrankings.org

Exhibit 13a
KVC Hospitals Kansas City
Johnson County Health Rankings – Health Outcomes

		Johnson County 2015	Johnson County 2018		KS 2018	Top US Performers 2018
Mortality	*	2	1	↓		
Violent Crime Rate – Violent crime rate per 100,000 population (age-adjusted)		165	142	↓	348	62
Morbidity	*	16	1	↓		
Uninsured adults – Percent of adults under age 65 without insurance		10%	6%	↓	10%	6%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		18%	20%	↑	17%	13%
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		2.4	2.7	↑	3.3	3.1
Physical inactivity – Percent of adults aged 20 and over reporting no leisure time physical activity		17.0%	18.0%	↑	25.0%	20.0%

* Rank out of 101 Kansas counties in 2015 and 103 Kansas counties in 2018.
Source: Countyhealthrankings.org

Exhibit 13b
KVC Hospitals Kansas City
Sedgwick County Health Rankings – Health Outcomes

		Sedgwick County 2015	Sedgwick County 2018		KS 2018	Top US Performers 2018
Mortality	*	45	43	↓		
Violent Crime Rate – Violent crime rate per 100,000 population (age-adjusted)		648	622	↑	348	62
Morbidity	*	81	82	↑		
Adult obesity – Percent of adults that report a BMI >= 30		29%	34%	↑	32%	26%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		3.2	3.2	—	3.1	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.2	3.5	↑	3.3	3.1
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		15.0%	16.0%	↑	17.0%	13.0%

* Rank out of 101 Kansas counties in 2015 and 103 Kansas counties in 2018.
Source: Countyhealthrankings.org

Exhibit 13c
KVC Hospitals Kansas City
Shawnee County Health Rankings – Health Outcomes

		Shawnee County 2015	Shawnee County 2018		KS 2018	Top US Performers 2018
Mortality	*	49	47	↓		
Violent Crime Rate – Violent crime rate per 100,000 population (age-adjusted)		455	440	↓	348	62
Morbidity	*	64	72	↑		
Adult obesity – Percent of adults that report a BMI >= 30		33%	35%	↑	32%	26%
Access to exercise opportunities - Percentage of population with adequate access to locations for physical activity		85%	87%	↑	81%	91%
Mental health providers – Number of population for every one mental health provider		347	300	↓	560	330
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		15.0%	15.0%	—	17.0%	13.0%

* Rank out of 101 Kansas counties in 2015 and 103 Kansas counties in 2018.
Source: Countyhealthrankings.org

Exhibit 13d
KVC Hospitals Kansas City
Wyandotte County Health Rankings – Health Outcomes

		Wyandotte County 2015	Wyandotte County 2018		KS 2018	Top US Performers 2018
Mortality	*	88	88	—		
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement		31%	34%	↑	25%	13%
Morbidity	*	99	103	↑		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)		21%	21%	—	15%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		4.1	3.7	↓	3.1	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		4.0	3.7	↓	3.3	3.1
Adult obesity – Percent of adults that report a BMI >= 30		39.0%	37.0%	↓	32.0%	26.0%

* Rank out of 101 Kansas counties in 2015 and 103 Kansas counties in 2018.
Source: Countyhealthrankings.org

Exhibit 13e
KVC Hospitals Kansas City
Jackson County Health Rankings – Health Outcomes

		Jackson County 2015	Jackson County 2018		MO 2018	Top US Performers 2018
Mortality	*	66	60	↓		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)		8,566	8,300	↓	7,800	5,300
Morbidity	*	67	48	↓		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)		15%	17%	↑	19%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		3.6	4.1	↑	4.2	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.8	4.4	↑	4.4	3.1
Adult obesity – Percent of adults that report a BMI >= 30		32.0%	33.0%	↑	32.0%	26.0%

* Rank out of 114 Missouri counties in 2015 and 115 Missouri Counties in 2018
Source: Countyhealthrankings.org

Improvement and Challenges

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from the prior community health needs assessment to current year and challenges faced by each county in the Hospital's community. The improvements/challenges shown below in *Exhibits 14* were determined using a process of comparing the rankings of each County's health outcomes in the current year to the rankings in the prior community health needs assessment. See the *Appendix* for the full list of health factor findings and comparisons between the prior needs assessment information and current year information.

Exhibit 14
KVC Hospitals Kansas City
Douglas County Improvements and Challenges

Improvements	Challenges
Adult Smoking – percent decreased from 16% to 15%	Premature Death – number increased from 4,826 to 5,400
Unemployment – percent decreased from 5.1% to 3.6%	Excessive Drinking – percent increased from 19% to 22%
Uninsured Adults – percent decreased from 15% to 10%	High School Graduation – percent decreased from 88% to 84%
Violent Crime Rate – rate decreased from 387 to 313	Alcohol-Impaired Driving Deaths – percent increased from 27% to 30%

Exhibit 14a
KVC Hospitals Kansas City
Johnson County Improvements and Challenges

Improvements	Challenges
Adult Smoking – percent decreased from 13% to 12%	Poor or Fair Health – percent increased from 8% to 9%
Uninsured Adults – percent decreased from 10% to 6%	Excessive Drinking – percent increased from 18% to 20%
Alcohol-Impaired Driving Deaths – percent decreased from 43% to 30%	Sexually Transmitted Infections – rate increased from 262 to 290
Violent Crime Rate – rate decreased from 165 to 142	High School Graduation – percent decreased from 93% to 90%

Exhibit 14b
KVC Hospitals Kansas City
Sedgwick County Improvements and Challenges

Improvements	Challenges
Access to Exercise Opportunities – percent increased from 81% to 89%	Adult Obesity – percent increased from 29% to 34%
Alcohol-Impaired Driving Deaths – percent decreased from 35% to 22%	Poor or Fair Health – percent increased from 13% to 15%
Unemployment – percent decreased from 6.4% to 4.8%	Excessive Drinking – percentage increased from 15% to 16%
Children in Poverty – percent decreased from 22% to 18%	Children in Single-Parent Households – percent increased from 34% to 35%

Exhibit 14c
KVC Hospitals Kansas City
Shawnee County Improvements and Challenges

Improvements	Challenges
Adult Smoking – percent decreased from 19% to 16%	Adult Obesity – percent increased from 33% to 35%
Uninsured Adults – percent decreased from 14% to 9%	Poor or Fair Health – percent increased from 13% to 15%
Unemployment – percent decreased from 5.9% to 4.1%	Sexually Transmitted Infections – rate increased from 450 to 499.4
Children in Poverty – percent decreased from 22% to 14%	Injury Deaths – rate increased from 71 to 77

Exhibit 14d
KVC Hospitals Kansas City
Wyandotte County Improvements and Challenges

Improvements	Challenges
Access to Exercise Opportunities – percent increased from 86% to 91%	Population Per Physician – rate increased from 1,829 to 2,550
Adult Obesity – percent decreased from 39% to 37%	Alcohol-Impaired Driving Deaths – percent increased from 31% to 34%
Uninsured Adults – percent decreased from 21% to 17%	Violent Crime Rate – rate increased from 592 to 603
Premature Death – rate decreased from 9,644 to 9,200	Severe Housing Problems – percent increased from 20% to 21%

Exhibit 14e
KVC Hospitals Kansas City
Jackson County Improvements and Challenges

Improvements	Challenges
Alcohol-Impaired Driving Deaths – percentage decreased from 43% to 37%	Poor or Fair Health – percent increased from 15% to 17%
Uninsured Adults – percent decreased from 18% to 13%	Excessive Drinking – percent increased from 15% to 20%
Unemployment – percent decreased from 7.5% to 5.1%	Children in Single-Parent Households – percent increased from 43% to 44%
High School Graduation – percent decreased from 79% to 86%	Violent Crime Rate – rate increased from 115 to 823

As can be seen from the summarized tables above, there are numerous areas that have room for improvement when compared to the state statistics. However, there are also significant improvements made within each county from the prior community health needs assessment.

The following exhibits show a more detailed view of certain health outcomes and factors for the community, Kansas, Missouri and the United States.

Deaths of Despair Rate

Exhibit 15 reports the rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses per 100,000 population. This indicator is relevant because suicide is an indicator of poor mental health. Douglas, Sedgwick, Shawnee, Wyandotte and Jackson Counties have rates higher than the respective state and United States averages.

Exhibit 15
KVC Hospitals Kansas City
Deaths of Despair Rate

State	County	Total Population	Suicide & Drug Overdose Deaths *
Kansas:			
	Douglas	114,807	39.7
	Johnson	566,854	28.9
	Sedgwick	506,151	40.7
	Shawnee	178,779	45.7
	Wyandotte	160,548	38.6
Missouri:			
	Jackson	680,909	41.9
Total Community		2,208,048	39.2
Kansas		2,893,352	34.8
Missouri		6,044,822	40.2
United States		316,382,134	36.4

** Age-adjusted Rate*
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System.

Depression

Exhibit 16 reports the percentage of the Medicare fee-for-service population with depression.

Exhibit 16
KVC Hospitals Kansas City
Depression (Medicare Population)

State	County	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Depression	Percent with Depression
Kansas:				
	Douglas	13,143	2,347	17.9%
	Johnson	54,272	9,258	17.1%
	Sedgwick	61,578	11,376	18.5%
	Shawnee	31,833	7,366	23.1%
	Wyandotte	15,486	2,926	18.9%
Missouri:				
	Jackson	70,037	13,317	19.0%
Total Community		246,349	46,590	18.9%
Kansas		402,096	71,709	17.8%
Missouri		767,306	153,690	20.0%
United States		34,118,227	5,695,629	16.7%

Data Source: Centers for Medicare and Medicaid Services. 2015

Obesity

Exhibit 17 reports the percentage of adults aged 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. This is relevant because excess weight and depression frequently influence each other.

Exhibit 17
KVC Hospitals Kansas City
Population with Obesity

County	County	Total Population Age 20 and Older	Population with BMI > 30.0 (Obese)	Percent* with BMI > 30.0 (Obese)
Kansas:				
	Douglas	88,678	24,564	28%
	Johnson	420,095	114,266	27%
	Sedgwick	364,095	121,972	33%
	Shawnee	131,158	47,086	36%
	Wyandotte	113,350	43,980	39%
Missouri:				
	Jackson	506,378	166,092	33%
Total Community		1,623,754	517,960	32%
Kansas		2,106,148	699,363	33%
Missouri		4,530,175	1,456,902	32%
United States		238,842,519	67,983,276	28%

* Age-adjusted Rate

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.

Poor Dental Health

Exhibit 18 reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Exhibit 18
KVC Hospitals Kansas City
Population with Poor Dental Health

County	County	Total Population Age 18 and Older	Population with Poor Dental Health	Percent with Poor Dental Health
Kansas:				
	Douglas	88,220	7,361	8.3%
	Johnson	391,123	29,716	7.6%
	Sedgwick	353,600	44,661	12.6%
	Shawnee	132,186	19,007	14.4%
	Wyandotte	111,568	21,199	19.0%
Missouri:				
	Jackson	501,513	88,618	17.7%
Total Community		1,578,210	210,562	13.3%
Kansas		2,112,400	303,584	14.4%
Missouri		4,532,155	915,359	20.2%
United States		235,375,690	36,842,620	15.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.

Health Care Resources

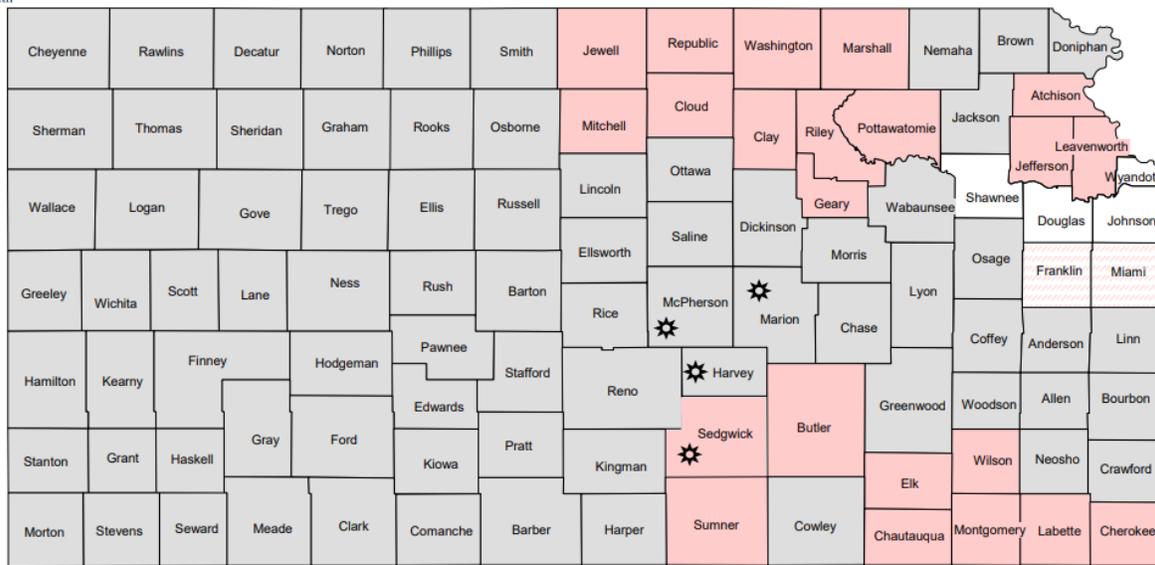
The availability of health resources is a critical component to the health of a community's clients and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer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

Nearly every county in Kansas is designated as a Health Provider Shortage Area (HPSA) for mental health. Below is a snapshot of the Mental Health HPSA's in the state as of September 2018.

Exhibit 19



Mental Health Professional Shortage Areas
September 2018



- Counties with Mental Health HPSA Score of 15 or higher
 - Counties with Mental Health HPSA Score of 14 or lower
 - Counties Submitted for Score Update, Pending HRSA Approval
 - Counties not eligible for Mental Health HPSA Designation
 - ✳ Counties with Population Mental Health HPSA Designation
- Data Source: Health Resources & Services Administration Data Warehouse, September 2018
- Data Note: HPSA scores shown are listed in Data Warehouse as of September 2018. Updates to HPSAs made after this date are not reflected.

Acute Care Hospitals

Exhibit 20 lists the acute care hospitals available to the residents of Kansas and Missouri.

Exhibit 20
KVC Hospitals Kansas City
Summary of Acute Care Hospitals

Facility Name	Address	State	Miles from Prairie Ridge	Bed Size*	Facility Type
Providence Medical Center	8929 Parallel Parkway, Kansas City, KS 66112	Kansas	4.8	171	Short Term/Acute
Saint Luke's Northland Hospital	5830 NW Barry Rd., Kansas City, KS 64154	Kansas	6.6	113	Short Term/Acute
North Kansas City Hospital	2800 Clay Edwards Dr., North Kansas City, MO 64116	Missouri	8.5	363	Short Term/Acute
Children's Mercy Hospital & Clinic	2401 Gillham Rd., Kansas City, MO 64108	Missouri	9.0	301	Children's Short
Truman Medical Center	2301 Holmes St., Kansas City, MO 64108	Missouri	9.0	238	Term/Acute Short
Center for Behavioral Medicine	1000 East 24th St., Kansas City, MO 64108	Missouri	9.1	65	Psychiatric Short
University of Kansas Hospital	4000 Cambridge St., Kansas City, KS 66160	Kansas	9.1	831	Term/Acute Short
Saint Luke's Hospital	4401 Wornall Rd., Kansas City, MO 64111	Missouri	10.4	446	Short Term/Acute
Advent Health	9100 West 74th St., Shawnee Mission, KS 66204	Kansas	11.8	353	Short Term/Acute
Research Medical Center	6601 Rockhill Rd., Kansas City, MO 64131	Missouri	12.9	334	Short Term/Acute

* Includes subprovider beds, excludes skilled nursing facility beds
 Source: Costreportdata.com, U.S. Hospital Finder

Inpatient Treatment Facilities

Exhibit 21 lists inpatient facilities available to the residents of Kansas and Missouri.

**Exhibit 21
KVC Hospitals Kansas City
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. Hays	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 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.

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

Key Stakeholder Survey

Surveying key stakeholders is a technique employed to assess perceptions of the community's health status and unmet needs. These surveys are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about the behavioral health concerns in the community.

Methodology

Surveys with six key stakeholders were conducted between May 15th and June 15th. 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.

A representative from KVC Hospitals Kansas City contacted all individuals selected to participate in the survey. Their knowledge of the community and the personal relationships held with the potential interviewees added validity to the data collection process. If the respective key stakeholder agreed to participate in the survey, a web-based survey was sent to gather their input.

A standard questionnaire was used. A copy of the survey instrument is included in the *Appendices*. A summary of their opinions is reported without judging the truthfulness or accuracy of their remarks.

Community leaders provided comments on the following issues:

- Opinions regarding the important mental/behavioral health issues that affect clients of the primary community and the types of services that are important for addressing these issues, including vulnerable populations
- Barriers to improving mental health/behavioral health for clients of the primary community
- Delineation of the most important mental/behavioral health care issues or services discussed and actions necessary for addressing those issues

A web-based survey tool, Survey Monkey, was utilized to conduct an electronic survey. Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. Key Stakeholders were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, quotes included in the report may have been altered slightly to preserve confidentiality.

This technique does not provide a quantitative analysis of the leaders' opinions but reveals some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Stakeholder Profiles

Key stakeholders from the community worked for the following types of organizations and agencies:

- Social service agencies
- Public health agencies
- Medical providers and insurers

These health care and non-health care professionals provided insight into the mental and behavioral health needs of the CHNA Community through an 11-question survey (refer to *Appendices*).

Key Stakeholder Survey Results

As stated earlier, the survey questions for each key stakeholder were identical. The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding mental/behavioral health
2. Underserved populations and communities of need
3. Barriers to improving mental/health for children and youth
4. Most critical mental/behavioral health issues for children and families

The following is a summary of the stakeholders' responses by each of these categories. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are used to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. General opinions regarding mental and behavioral health

The key stakeholders were asked to provide their opinion whether the mental health and behavioral health needs of the community increased, decreased or stayed the same over the past few years. They were also asked to provide support for their answers.

All of the key stakeholders thought the mental and behavioral health needs of the community have increased over the past several years. Lack of funding for mental health services and limited resources were the primary reasons stakeholders attributed to increased mental health needs. Multiple stakeholders cited Federal and State policies that have cut funding for a variety of mental health services as a contributing factor.

Stakeholders noted there are a record number of kids in foster care, and that significant gaps in care for youth and long wait lists to access psychiatric residential treatment facilities for children have impacted the mental and behavioral health needs of the community. Rising youth suicide rates and more young people in crisis has increased the mental and behavioral health needs of the community.

One stakeholder noted that social media has a significant influence on children and mental health. School protocols for suicide have increased and there is significant untreated and undiagnosed need that has been uncovered by the school mental health pilot.

“Continued State and Federal policies that reduce funding for outpatient services for Mental Health and other protective services have drastically reduced the services available to individuals in the community”

“At this point in time, we seem to be moving towards crisis management only in our community”

2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose mental and/or behavioral health was not as good as others. Key stakeholders were also asked to provide their opinions as to why they thought these populations were underserved or in need.

Key stakeholders provided a variety of answers to this question. Stakeholders indicated that the following persons in the following groups are likely to have increased and/or more severe mental and behavioral health needs:

- Persons who have significant trauma or abusive histories
- Uninsured adults
- Juvenile offenders
- Children in foster care
- Children from families where finances are a stressor
- Single parent homes
- Homeless population
- LGBTQ population

Key stakeholders felt that these populations need more assistance than others because of things such as lack of resources, lack of transportation, and lack of education and awareness.

“There are gaps in care for juvenile offenders.”

“Trauma has a tremendous impact on the entire functioning of a child. Often our children have parents that have the same issues due to their trauma.”

3. Barriers

Key stakeholders were asked what barriers, if any, exist to improving mental and behavioral health services for children and youth. Responses from key stakeholders included lack of access to transportation, shortage of qualified providers, lack of a clear and coherent system of care, stigma associated with obtaining these services and a lack of funding/unstable future of funding.

Lack of access to transportation was noted by several key stakeholders. One stakeholder noted that the community is not built in a way where services are spread out strategically to make them accessible to all.

Lack of funding was noted by several key stakeholders. High needs children require experienced therapists who can manage dual diagnosis and multiple medications. In addition, increased education and collaboration with all systems working with children and their families is needed. A clear and coherent system of care is necessary to effectively treat these patients.

Key stakeholders noted that a lack of appropriate resources (insurance coverage, providers/treatment facilities), at the appropriate time, with the appropriate type of services is a barrier to improving mental and behavioral health services for children and youth. A perceived lack of education regarding available resources is also a barrier.

“Transportation barriers have been repeatedly reported in our community as one of the top two reasons why patients aren’t able to access appointments and services that might prevent the need to access higher levels of care.”

“These families need a clear and coherent system of care”

4. Most critical mental and behavioral health issues

Key stakeholders were asked to provide their opinion as to the most critical mental and behavioral health issues for children and the families of children requiring treatment by KVC Hospitals. The issues identified most frequently were:

1. Access to services, residential treatment, medication services and hospitalization resources
2. Depression and anxiety, limited coping skills paired with chronic and acute stress
3. Transgenerational trauma resulting in mental illness, anger, learning disabilities, aggression and poor interpersonal skills
4. Tools and resources to help educate and de-stigmatize mental health in our society

Recommendations on ways to address the issues identified above included increasing engagement with family members in the treatment process and treating the entire family, not just the child. It was recommended that mental health education should be as standard as physical education early on in schools. Other recommendations included increasing service availability and increasing expertise with dual diagnoses. Stakeholders mentioned the need to address gaps in the continuum of services and the need to thoroughly review the process for youth needing higher levels of care, and to create a more seamless system of access for these patients and their families.

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (see *Appendices*), the Hospital's community has a moderate-level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes in the community that have the highest need in the community are listed in *Exhibit 22*.

Exhibit 22

KVC Hospitals Kansas City

Zip Codes with Highest Community Need Index

Zip Code	CNI Score*	City	County
67211	5.0	Wichita	Sedgwick
67214	5.0	Wichita	Sedgwick
66603	5.0	Topeka	Shawnee
66607	5.0	Topeka	Shawnee
66612	5.0	Topeka	Shawnee
66101	5.0	Kansas City	Wyandotte
66102	5.0	Kansas City	Wyandotte
66103	5.0	Kansas City	Wyandotte
66105	5.0	Kansas City	Wyandotte
64106	5.0	Kansas City	Jackson
64120	5.0	Kansas City	Jackson
64123	5.0	Kansas City	Jackson
64124	5.0	Kansas City	Jackson
64125	5.0	Kansas City	Jackson
64125	5.0	Kansas City	Jackson
64126	5.0	Kansas City	Jackson
64127	5.0	Kansas City	Jackson
67210	4.8	Wichita	Sedgwick
67216	4.8	Wichita	Sedgwick
66104	4.8	Kansas City	Wyandotte
64053	4.8	Independence	Jackson
64108	4.8	Kansas City	Jackson
64109	4.8	Kansas City	Jackson
64128	4.8	Kansas City	Jackson
64129	4.8	Kansas City	Jackson
64130	4.8	Kansas City	Jackson
64132	4.8	Kansas City	Jackson
64147	4.8	Kansas City	Jackson
67204	4.6	Wichita	Sedgwick

* Scale of 1 (Lowest Need) to 5 (Highest Need)

Source: Dignity Health Community Need Index

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 a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically 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 surveys.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning 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. Addressing these needs is important to the communities. Based on the data from our assessment, the following community mental/behavioral health needs for children and adolescents were identified:

Secondary Data

- ✓ Poor mental health days (morbidity)
- ✓ Deaths of despair rate
- ✓ Poor physical health

Primary Data

Health needs identified through key stakeholder surveys were included as health needs. Needs for vulnerable populations were separately reported in the analysis in order to facilitate the prioritization process. Many of the following needs were included in the Hospital's 2016 CHNA report; however, while progress has been made the needs of the community remain.

- ✓ Lack of funding for mental health services and preventive programs*
- ✓ Increase in hospitalization wait times
- ✓ Lack of community-based services
- ✓ Lack of appropriate resources (*e.g.* insurance coverage, providers and/or treatment facilities)
- ✓ Coordination with other systems of care (*e.g.* school)
- ✓ Access to services (cost)*
- ✓ Lack of health knowledge regarding the impact of trauma on mental health/lack of trauma treatment
- ✓ Increase in children who self-harm or harm others
- ✓ Cost of medication
- ✓ Need for increased integration between primary care and mental health services
- ✓ Need for increased integration of families into treatment and education of families, schools and others who interact with the client post-discharge

**Impacts vulnerable populations*

To facilitate prioritization of identified health needs, KVC Hospitals' management prioritized the needs identified above based on the following four factors.

1. How many people are affected by the issue or size of the issue
2. What are the consequences of not addressing this problem
3. The impact of the issue on vulnerable populations
4. Whether or not the Hospital has existing programs to respond to the identified need

As a result, the top three mental and/or behavioral health needs for the KVC Hospitals Kansas City CHNA Community were determined.

1. Lack of trauma-informed assessment and intervention strategies
2. Access to services (cost)
3. Access to services (availability of acute & PRTF beds in the community)
4. Coordination with other systems of care

While the priorities above were also included in the Hospital's 2016 CHNA report, as described previous in the *Evaluation of Prior Implementation Strategy*, progress has been made; however, the needs of the community remain.

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

APPENDICES

ACKNOWLEDGEMENTS

Acknowledgements

The project Steering Committee was the convening body for this project. Many other individuals including community residents, key informants and community-based organizations contributed to this community health needs assessment.

Project Steering Committee

Special thanks to all of the following committee members for their time and commitment to this project:

Key Stakeholders

Thank you to the following individuals who participated in our key informant interview process:

Randy Callstrom

Vickie McArthur

Jason Scheck

Joan Tammany

Terry Cunningham

Derrick Hurst

SOURCES

Sources

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Eric Marley KVC Hospital	FY 2018
Community Details: Population & Demographics	American FactFinder via American Community Survey https://factfinder.census.gov/	2013-2017
Community Details: Urban/Rural Population	American FactFinder via American Community Survey https://factfinder.census.gov/	2010
Socioeconomic Characteristics: Income	American FactFinder via American Community Survey https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Employment by Major Industry	US Department of Labor , Bureau of Labor Statistics http://www.bls.gov/cew/datatoc.htm	2017
Socioeconomic Characteristics: Top Employers by County	Kentucky Cabinet for Economic Development http://www.thinkkentucky.com	2019
Socioeconomic Characteristics: Unemployment	Cares Engagement Network via US Department of Labor https://engagementnetwork.org/	2006-2017
Socioeconomic Characteristics: Poverty	American FactFinder via American Community Survey https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Uninsured	American FactFinder via American Community Survey https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Medicaid	Cares Engagement Network via American Community Survey https://engagementnetwork.org/	2012-2016
Socioeconomic Characteristics: Education	American FactFinder via American Community Survey https://factfinder.census.gov/	2013-2017
Physical Environment: Grocery Store Access	Cares Engagement Network via US Census Bureau https://engagementnetwork.org/	2016
Physical Environment: Food Access/Food Deserts	Cares Engagement Network via US Department of Agriculture https://engagementnetwork.org/	2015
Physical Environment: Recreation/Fitness Access	Cares Engagement Network via US Census Bureau https://engagementnetwork.org/	2010-2016
Clinical Care: Access to Primary Care	Cares Engagement Network via US Department of Health & Human Services https://engagementnetwork.org/	2014
Critical Care: Preventable Hospital Events	Cares Engagement Network via Dartmouth College Institute for Health Policy https://engagementnetwork.org/	2015

Sources (continued)

DATA TYPE	SOURCE	YEAR(S)
Leading Causes of Death	Cares Engagement Network via Centers for Disease Control and Prevention https://engagementnetwork.org/	2012-2016
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/	2015 & 2018
Zip Codes with Highest CNI	Dignity Health Community Needs Index http://cni.chw-interactive.org/	2018
Office of Disease Prevention and Health Promotion	https://www.healthypeople.gov/2020/topics-objectives	
US National Library of Medicine – National Institutes of Health	https://www.ncbi.nlm.nih.gov/pubmed/21464366	
National Institute of Mental Health	Mental Health Information Statistics https://www.nimh.nih.gov/health/statistics/mental-illness.shtml	2001-2017
Mental Health America	Mental Health in America – Youth Data http://www.mentalhealthamerica.net/issues/mental-health-america-youth-data	2014-2016
National Alliance on Mental Health	Mental Health By The Numbers https://www.nami.org/learn-more/mental-health-by-the-numbers	2001-2017

KEY STAKEHOLDER SURVEY QUESTIONS

**KVC Hospitals Kansas City
Community Health Needs Assessment
Key Stakeholder Survey Questions**

KVC Hospitals are generating data as part of developing a plan to improve health and quality of life in the community it serves. Community input is essential to the process. 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. Name
 - b. Company
 - c. Email Address

2. Please select which hospital or hospitals you are providing input for.
 - a. KVC Prairie Ridge (Kansas City)
 - b. KVC Wheatland (Hays)
 - c. Both KVC Prairie Ridge and KVC Wheatland

3. In general, 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. In your opinion, have the mental health and behavioral health needs increased, decreased, or stayed the same over the past 3 – 5 years?
 - a. Increased
 - b. Decreased
 - c. Stayed the same

5. Please describe what factors influence your answers on questions 3 and 4 above.

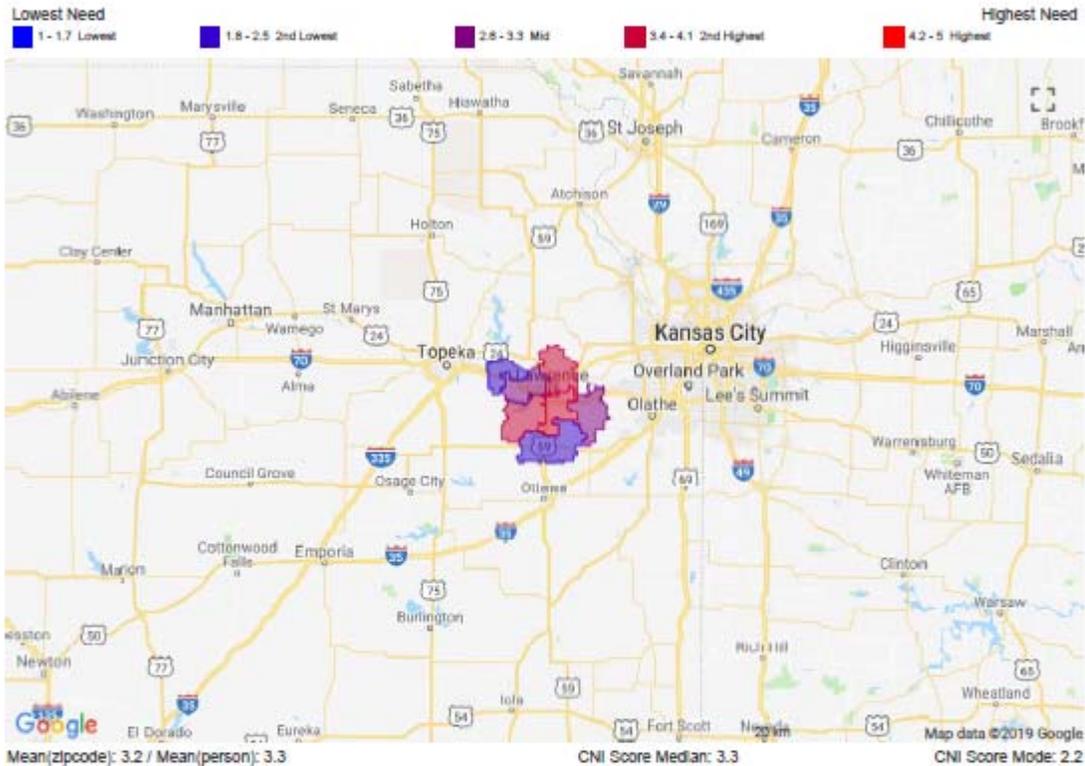
6. Are there populations of people whose mental and/or behavioral health needs may be more than others? Populations identified in the previous assessment were children in foster care, persons with significant trauma or abusive histories, uninsured adults, and juvenile offenders.

7. Please explain why the population that you identified in question 6 has greater health needs than others.

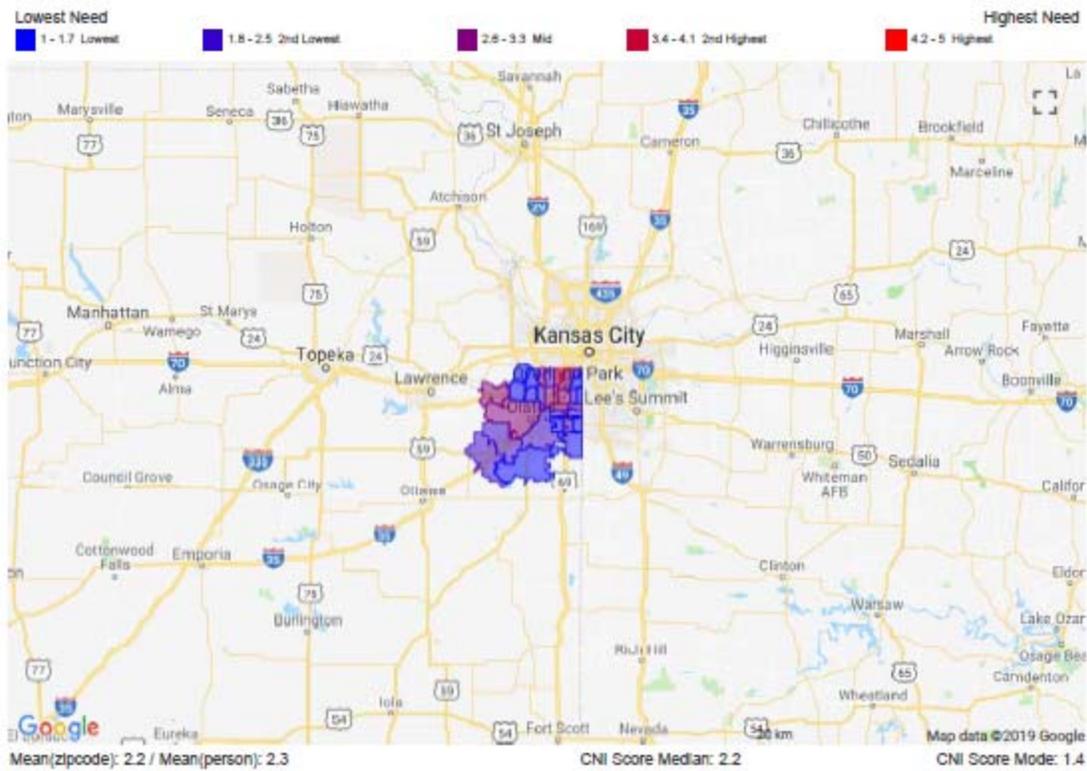


8. What barriers, if any, exist to improving mental and behavioral health services for children and youth?
 - Shortage of providers
 - Lack of funding
 - Lack of education of available services among parents and schools
 - Other (please specify)
 - Stigma associated with obtaining these services
 - Transportation
 - Lack of insurance
9. In your opinion, what are the most critical mental/behavioral health issues for children and families of children requiring treatment?
10. What do you feel should be done to address the issues identified in the previous question?
11. Please provide any additional input regarding treatment of children's mental and behavioral health needs at KVC Hospital.

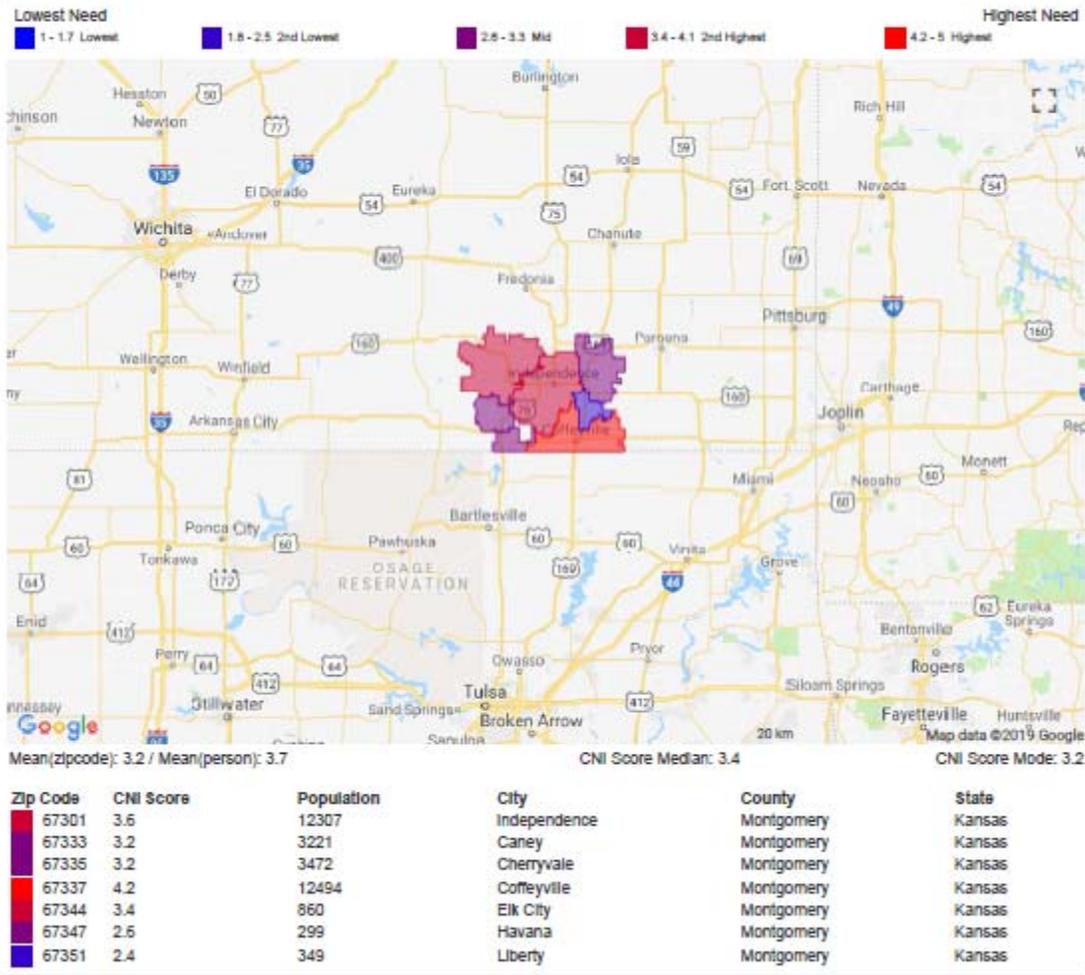
DIGNITY HEALTH COMMUNITY NEED INDEX REPORTS

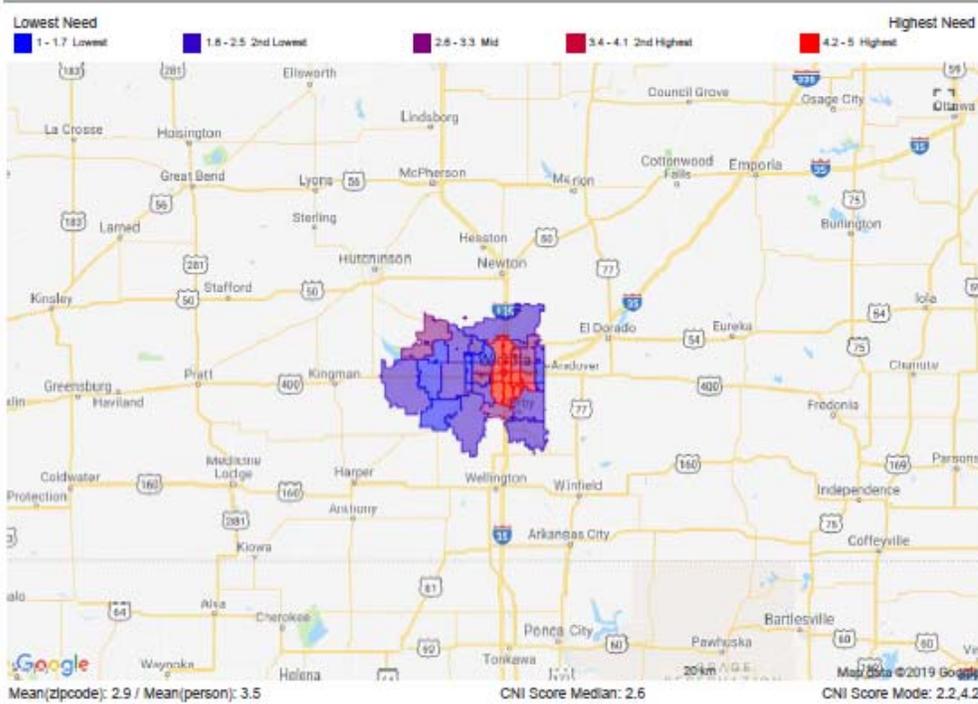


Zip Code	CNI Score	Population	City	County	State
66006	2.2	8134	Baldwin City	Douglas	Kansas
66025	2.8	8412	Eudora	Douglas	Kansas
66044	3.8	30163	Lawrence	Douglas	Kansas
66045	4	1952	Lawrence	Douglas	Kansas
66046	3.6	19416	Lawrence	Douglas	Kansas
66047	3.4	21045	Lawrence	Douglas	Kansas
66049	3.2	31104	Lawrence	Douglas	Kansas
66050	2.2	1850	Lecompton	Douglas	Kansas

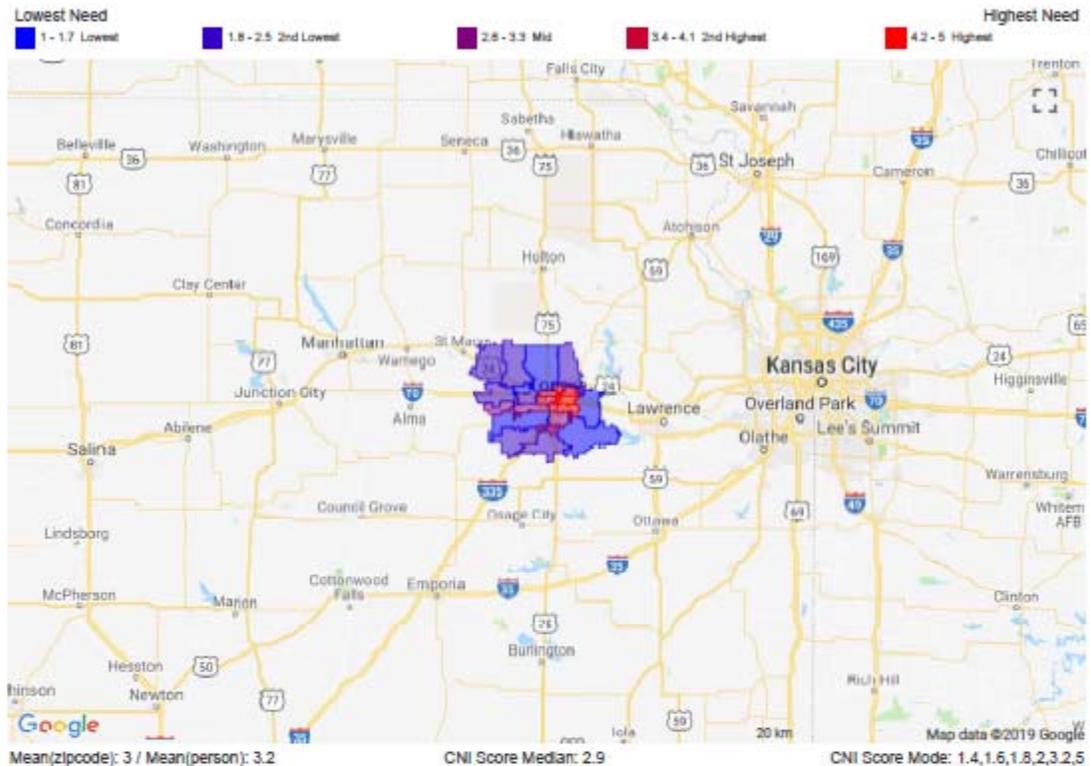


Zip Code	CNI Score	Population	City	County	State
66018	3	6519	De Soto	Johnson	Kansas
66021	2.2	2633	Edgerton	Johnson	Kansas
66030	2	24989	Gardner	Johnson	Kansas
66031	2.8	887	New Century	Johnson	Kansas
66061	3	62540	Olathe	Johnson	Kansas
66062	2.4	78799	Olathe	Johnson	Kansas
66083	1.6	9790	Spring Hill	Johnson	Kansas
66085	1.4	9293	Stilwell	Johnson	Kansas
66202	2.8	17093	Mission	Johnson	Kansas
66203	3.4	19395	Shawnee	Johnson	Kansas
66204	3.2	19098	Overland Park	Johnson	Kansas
66205	1.8	13246	Mission	Johnson	Kansas
66206	1.2	10184	Leawood	Johnson	Kansas
66207	1.6	12812	Overland Park	Johnson	Kansas
66208	1.2	20651	Prairie Village	Johnson	Kansas
66209	2	20229	Leawood	Johnson	Kansas
66218	1.4	9570	Shawnee	Johnson	Kansas
66219	2.4	12632	Lenexa	Johnson	Kansas
66220	1.4	8607	Lenexa	Johnson	Kansas
66221	1.6	22719	Overland Park	Johnson	Kansas
66223	2.2	26348	Overland Park	Johnson	Kansas
66224	1.6	14079	Overland Park	Johnson	Kansas
66226	1.4	14866	Shawnee	Johnson	Kansas
66227	1.4	6478	Lenexa	Johnson	Kansas

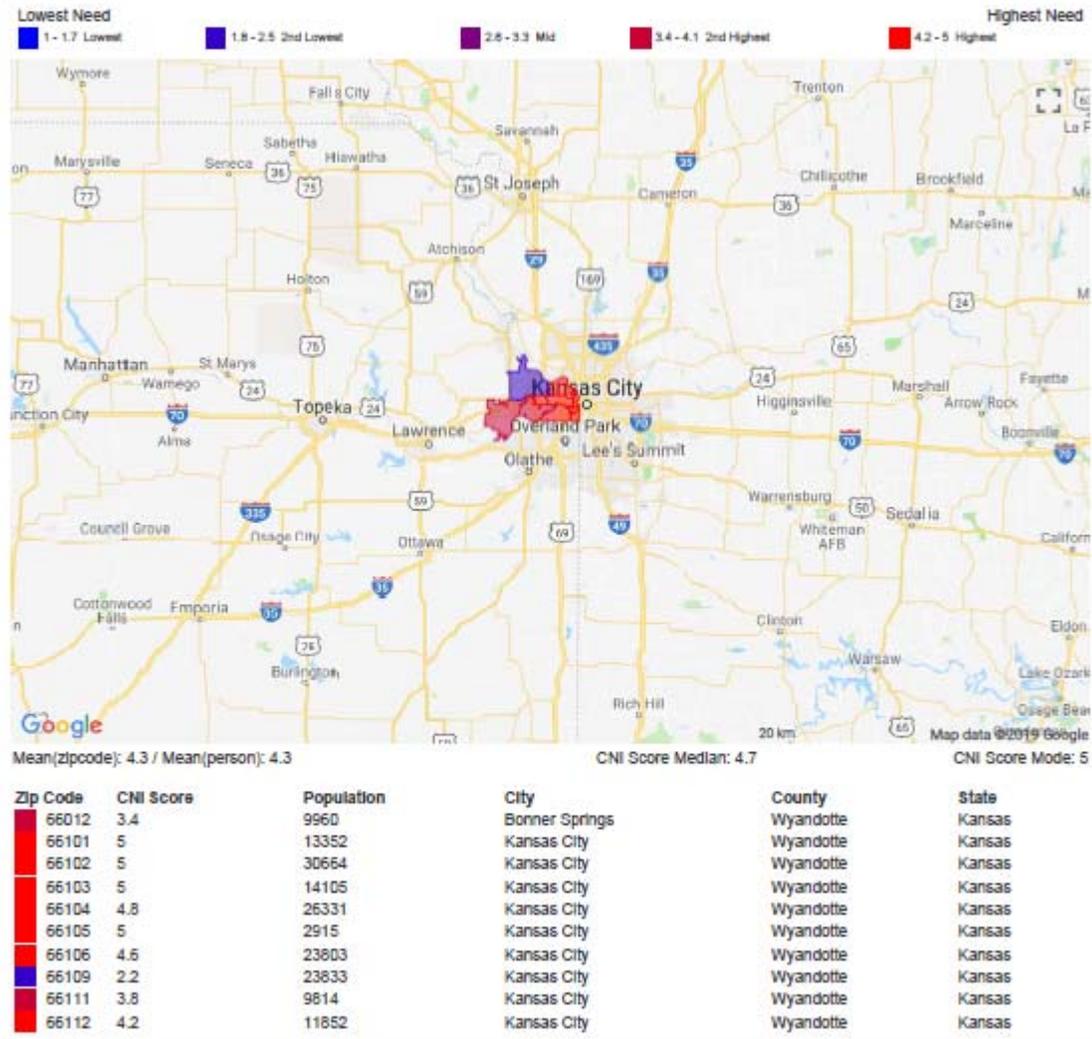


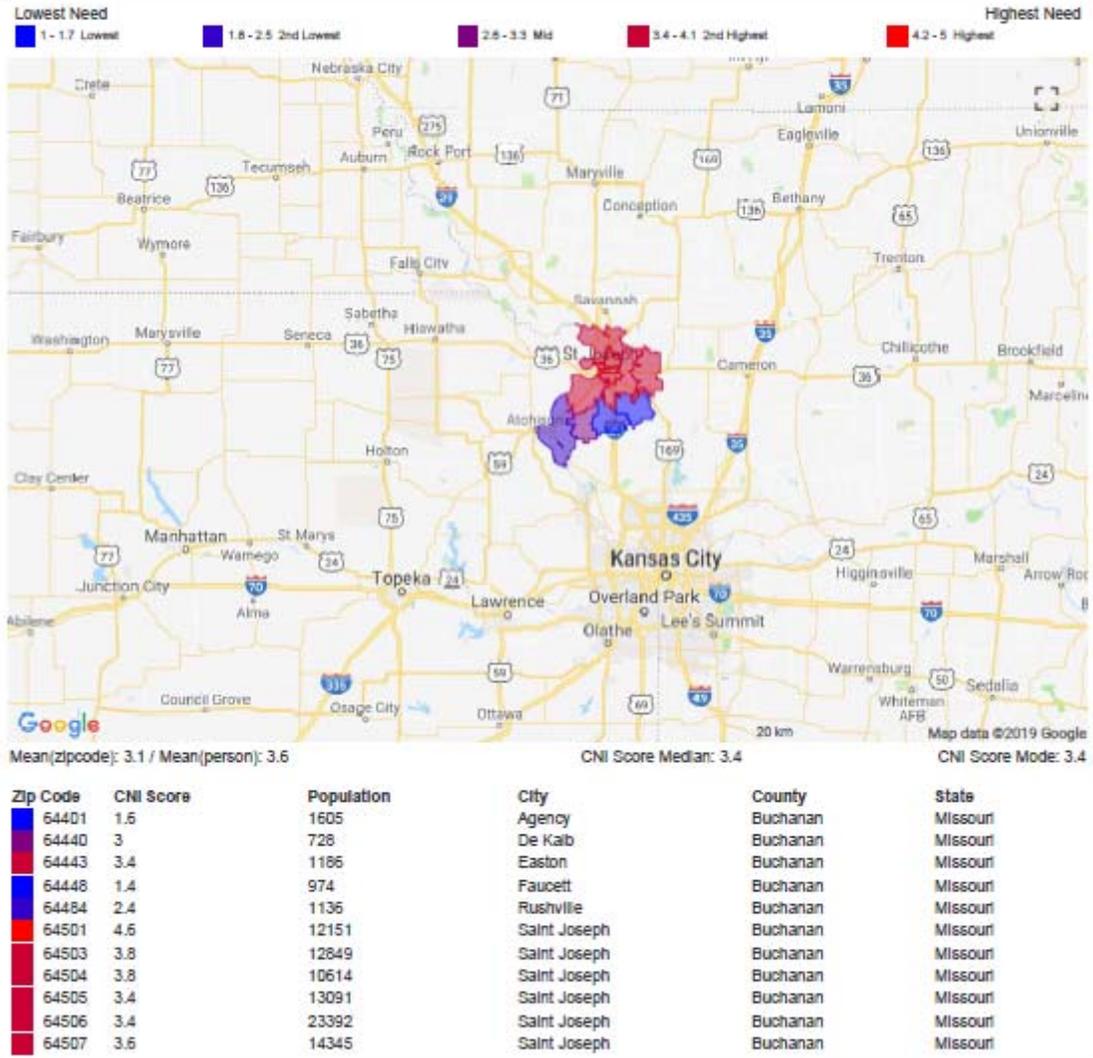


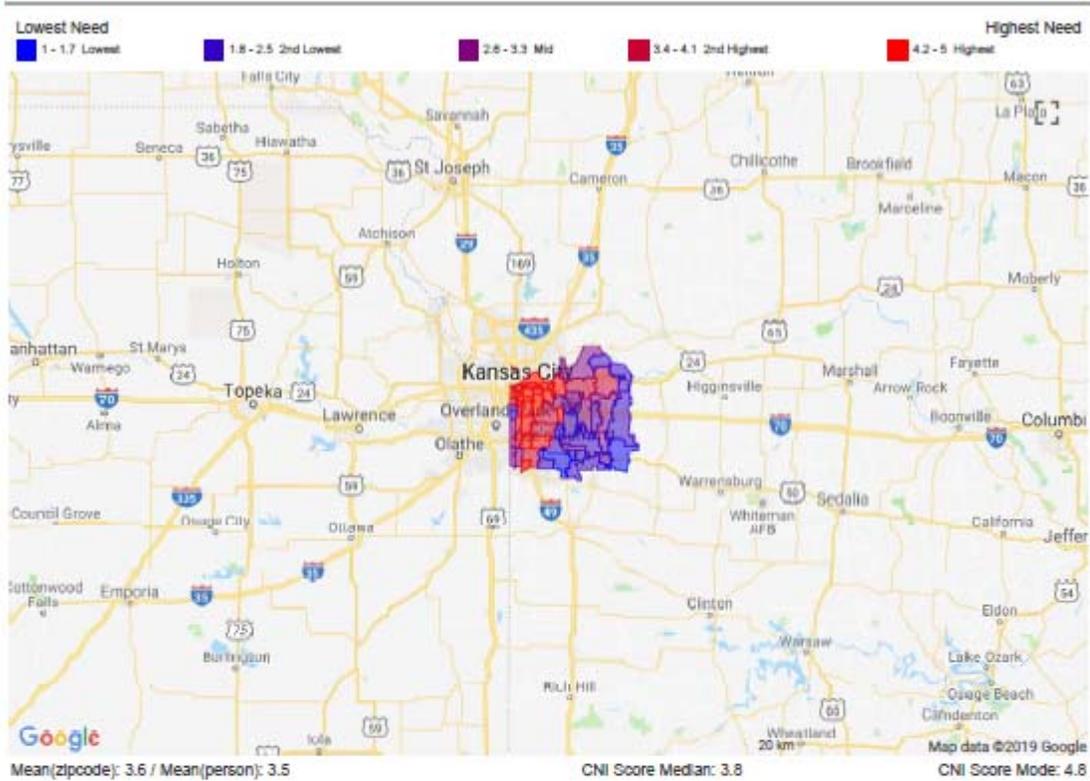
Zip Code	CNI Score	Population	City	County	State
67001	1.2	1866	Andale	Sedgwick	Kansas
67016	3	572	Bentley	Sedgwick	Kansas
67025	2	3950	Cheney	Sedgwick	Kansas
67026	2.4	5228	Cleanwater	Sedgwick	Kansas
67030	1.8	2759	Colwich	Sedgwick	Kansas
67037	2.4	28201	Derby	Sedgwick	Kansas
67050	1.6	1873	Garden Plain	Sedgwick	Kansas
67052	2.2	9767	Goddard	Sedgwick	Kansas
67055	1.8	80	Greenwich	Sedgwick	Kansas
67060	2.8	14126	Haysville	Sedgwick	Kansas
67067	1.8	1926	Kechi	Sedgwick	Kansas
67101	2.2	4197	Maize	Sedgwick	Kansas
67108	3	1573	Mount Hope	Sedgwick	Kansas
67110	2	8592	Mulvane	Sedgwick	Kansas
67147	2	10483	Valley Center	Sedgwick	Kansas
67149	1.6	1033	Viola	Sedgwick	Kansas
67202	4.2	1970	Wichita	Sedgwick	Kansas
67203	4.2	31107	Wichita	Sedgwick	Kansas
67204	4.6	20736	Wichita	Sedgwick	Kansas
67205	1.4	19730	Wichita	Sedgwick	Kansas
67210	4.8	10175	Wichita	Sedgwick	Kansas
67211	5	20053	Wichita	Sedgwick	Kansas
67212	3	43561	Wichita	Sedgwick	Kansas
67213	4.6	21107	Wichita	Sedgwick	Kansas
67214	5	16763	Wichita	Sedgwick	Kansas
67215	2.2	6426	Wichita	Sedgwick	Kansas
67216	4.8	23805	Wichita	Sedgwick	Kansas
67217	4.2	30242	Wichita	Sedgwick	Kansas
67218	4.6	21921	Wichita	Sedgwick	Kansas
67219	4.2	12534	Wichita	Sedgwick	Kansas
67220	3.8	15044	Wichita	Sedgwick	Kansas
67221	4.2	305	Wichita	Sedgwick	Kansas
67223	1.4	578	Wichita	Sedgwick	Kansas
67226	2.8	19176	Wichita	Sedgwick	Kansas
67227	2	347	Wichita	Sedgwick	Kansas
67228	2.2	2110	Wichita	Sedgwick	Kansas
67230	1.6	11227	Wichita	Sedgwick	Kansas
67232	2.2	306	Wichita	Sedgwick	Kansas
67235	1.4	13250	Wichita	Sedgwick	Kansas
67260	2.6	2	Wichita	Sedgwick	Kansas



Zip Code	CNI Score	Population	City	County	State
66402	2	3011	Auburn	Shawnee	Kansas
66409	1.4	2999	Berryton	Shawnee	Kansas
66533	2.4	1821	Rossville	Shawnee	Kansas
66539	2	2953	Silver Lake	Shawnee	Kansas
66542	1.6	3152	Tecumseh	Shawnee	Kansas
66546	1.8	1111	Wakarusa	Shawnee	Kansas
66603	5	1862	Topeka	Shawnee	Kansas
66604	3.8	22995	Topeka	Shawnee	Kansas
66605	4.4	19502	Topeka	Shawnee	Kansas
66606	4	11236	Topeka	Shawnee	Kansas
66607	5	10551	Topeka	Shawnee	Kansas
66608	4.6	5625	Topeka	Shawnee	Kansas
66609	3.2	7283	Topeka	Shawnee	Kansas
66610	1.6	9124	Topeka	Shawnee	Kansas
66611	3.6	9254	Topeka	Shawnee	Kansas
66612	5	2747	Topeka	Shawnee	Kansas
66614	2.6	32454	Topeka	Shawnee	Kansas
66615	2.2	2961	Topeka	Shawnee	Kansas
66616	4.2	5711	Topeka	Shawnee	Kansas
66617	1.8	9172	Topeka	Shawnee	Kansas
66618	1.4	9670	Topeka	Shawnee	Kansas
66619	3.2	3263	Topeka	Shawnee	Kansas







Zip Code	CNI Score	Population	City	County	State
64014	2.4	25646	Blue Springs	Jackson	Missouri
64015	2.8	32967	Blue Springs	Jackson	Missouri
64016	3.4	5058	Buckner	Jackson	Missouri
64029	2.8	19201	Grain Valley	Jackson	Missouri
64030	4	25065	Grandview	Jackson	Missouri
64034	1.8	8116	Greenwood	Jackson	Missouri
64050	4.2	22183	Independence	Jackson	Missouri
64052	4.6	20600	Independence	Jackson	Missouri
64053	4.8	5113	Independence	Jackson	Missouri
64054	4.2	3688	Independence	Jackson	Missouri
64055	3	34542	Independence	Jackson	Missouri
64056	3.8	17500	Independence	Jackson	Missouri
64057	3.2	15519	Independence	Jackson	Missouri
64058	2.6	7188	Independence	Jackson	Missouri
64063	3	20737	Lees Summit	Jackson	Missouri
64064	2	18852	Lees Summit	Jackson	Missouri
64070	1.2	3306	Lone Jack	Jackson	Missouri
64075	2.4	12599	Oak Grove	Jackson	Missouri
64081	2	25204	Lees Summit	Jackson	Missouri
64082	1.4	17152	Lees Summit	Jackson	Missouri
64086	2	23578	Lees Summit	Jackson	Missouri
64088	1.8	1443	Sibley	Jackson	Missouri
64101	3.6	274	Kansas City	Jackson	Missouri
64105	3.6	4396	Kansas City	Jackson	Missouri



64106	5	8543	Kansas City	Jackson	Missouri
64108	4.8	8884	Kansas City	Jackson	Missouri
64109	4.8	9602	Kansas City	Jackson	Missouri
64110	4.4	14677	Kansas City	Jackson	Missouri
64111	3.8	16820	Kansas City	Jackson	Missouri
64112	3	9040	Kansas City	Jackson	Missouri
64113	1.2	11265	Kansas City	Jackson	Missouri
64114	3	23020	Kansas City	Jackson	Missouri
64120	5	409	Kansas City	Jackson	Missouri
64123	5	10662	Kansas City	Jackson	Missouri
64124	5	12292	Kansas City	Jackson	Missouri
64125	5	2034	Kansas City	Jackson	Missouri
64126	5	6546	Kansas City	Jackson	Missouri
64127	5	16819	Kansas City	Jackson	Missouri
64128	4.8	11539	Kansas City	Jackson	Missouri
64129	4.8	9806	Kansas City	Jackson	Missouri
64130	4.8	19658	Kansas City	Jackson	Missouri
64131	4	22045	Kansas City	Jackson	Missouri
64132	4.8	13750	Kansas City	Jackson	Missouri
64133	3.6	33571	Kansas City	Jackson	Missouri
64134	4.4	22059	Kansas City	Jackson	Missouri
64136	4.4	2578	Kansas City	Jackson	Missouri
64137	4.2	10339	Kansas City	Jackson	Missouri
64138	3.8	25355	Kansas City	Jackson	Missouri
64139	2.2	1723	Kansas City	Jackson	Missouri
64145	3	5440	Kansas City	Jackson	Missouri
64146	3	1293	Kansas City	Jackson	Missouri
64147	4.8	791	Kansas City	Jackson	Missouri
64149	2	437	Kansas City	Jackson	Missouri

COUNTY HEALTH RANKINGS

DOUGLAS COUNTY
KVC Hospitals Kansas City
County Health Rankings - Health Factors

	Douglas County 2015	Douglas County 2018		KS 2018	Top US Performers 2018
<i>Health Behaviors</i>	*	2	12		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	16.0%	15.0%	↓	17.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	25.0%	26.0%	↑	32.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.0	7.3	↑	7.0	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	18.0%	18.0%	—	25.0%	20.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	91.0%	90.0%	↓	81.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	19.0%	22.0%	↑	17.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	27.0%	30.0%	↑	25.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	487.0	557.5	↑	394.8	145.1
Teen births - Female population, ages 15-19	13.0	10.0	↓	30.0	15.0
<i>Clinical Care</i>	*	6	5		
Uninsured adults - Percent of population under age 65 without health insurance	15.0%	10.0%	↓	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,140	1,180	↑	1,320	1,030
Dentists - Number of population for every one dentist	1,815	1,710	↓	1,760	1,280
Mental health providers - Number of population for every one mental health provider	407	370	↓	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	34.0	33.0	↓	51.0	35.0
Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	84.0%	85.0%	↑	86.0%	91.0%
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	69.1%	69.0%	↓	63.0%	71.0%
<i>Social & Economic Factors</i>	*	45	30		
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	88.0%	84.0%	↓	86.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	81.8%	82.0%	↑	69.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	5.1%	3.6%	↓	4.2%	3.2%
Children in poverty - Percent of children under age 18 in poverty	15.0%	12.0%	↓	14.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	5.2	5.2	—	4.4	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	28.0%	28.0%	—	29.0%	20.0%
Social associations [^] - Number of membership associations per 10,000 population	10.4	10.6	↑	13.7	22.1



DOUGLAS COUNTY

KVC Hospitals Kansas City

County Health Rankings - Health Factors (continued)

	Douglas County 2015	Douglas County 2018		KS 2018	Top US Performers 2018
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	387.0	313.0	↓	348.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	44.0	53.0	↑	70.0	55.0
<i>Physical Environment</i>	*	68	101	↑	
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	8.2	9.8	↑	8.5	6.7
Drinking Water Violations - Percentage of population getting water from a public water system with at least one health-based violation	0.0%	Yes	↑	N/A	N/A
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	22.0%	21.0%	↓	14.0%	9.0%
Driving alone to work - Percentage of the workforce that drives alone to work	76.0%	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	26.0%	27.0%	↑	20.0%	15.0%
* Rank out of 101 Kansas counties for 2015 and 103 Kansas counties for 2018					
^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.					
Note: N/A indicates unreliable or missing data					
Source: Countyhealthrankings.org					

JOHNSON COUNTY
KVC Hospitals Kansas City
County Health Rankings - Health Factors

	Johnson County 2015	Johnson County 2018		Kansas 2018	Top US Performers 2018
Health Behaviors					
	*	1	1	—	
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	13.0%	12.0%	↓	17.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	23.0%	27.0%	↑	32.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.3	8.6	↑	7.0	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	17.0%	18.0%	↑	25.0%	20.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	98.0%	95.0%	↓	81.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	18.0%	20.0%	↑	17.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	43.0%	30.0%	↓	25.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	262.0	290.5	↑	394.8	145.1
Teen births - Female population, ages 15-19	18.0	12.0	↓	30.0	15.0
Clinical Care					
	*	1	1	—	
Uninsured adults - Percent of population under age 65 without health insurance	10.0%	6.0%	↓	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	906	830	↓	1,320	1,030
Dentists - Number of population for every one dentist	1,277	1,230	↓	1,760	1,280
Mental health providers - Number of population for every one mental health provider	523	470	↓	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	51.0	46.0	↓	51.0	35.0
Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	88.0%	88.0%	—	86.0%	91.0%
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	68.8%	68.0%	↓	63.0%	71.0%
Social & Economic Factors					
	*	1	1	—	
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	93.0%	90.0%	↓	86.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	84.0%	84.0%	—	69.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	4.7%	3.3%	↓	4.2%	3.2%
Children in poverty - Percent of children under age 18 in poverty	7.0%	5.0%	↓	14.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	3.9	4.0	↑	4.4	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	22.0%	21.0%	↓	29.0%	20.0%
Social associations [^] - Number of membership associations per 10,000 population	8.6	8.4	↓	13.7	22.1



JOHNSON COUNTY
KVC Hospitals Kansas City

County Health Rankings - Health Factors (continued)

	Johnson County 2015	Johnson County 2018		Kansas 2018	Top US Performers 2018
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	165.0	142.0	↓	348.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	39.0	45.0	↑	70.0	55.0
<i>Physical Environment</i> *	44	86	↑		
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	8.5	10.2	↑	8.5	6.7
Drinking Water Violations - Percentage of population getting water from a public water system with at least one health-based violation	0.0%	No	↑	N/A	N/A
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	11.0%	12.0%	↑	14.0%	9.0%
Driving alone to work - Percentage of the 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	22.0%	23.0%	↑	20.0%	15.0%

* Rank out of 103 Kansas counties and 105 Kansas counties

^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

SEDGWICK COUNTY
KVC Hospitals Kansas City
County Health Rankings - Health Factors

	Sedgwick County 2015	Sedgwick County 2018		Kansas 2018	Top US Performers 2018
<i>Health Behaviors</i>	*	46	90	↑	
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	19.0%	19.0%	—	17.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	29.0%	34.0%	↑	32.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.8	7.2	↑	7.0	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	25.0%	24.0%	↓	25.0%	20.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	81.0%	89.0%	↑	81.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	15.0%	16.0%	↑	17.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	35.0%	22.0%	↓	25.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	564.0	520.2	↓	394.8	145.1
Teen births - Female population, ages 15-19	52.0	40.0	↓	30.0	15.0
<i>Clinical Care</i>	*	18	23	↑	
Uninsured adults - Percent of population under age 65 without health insurance	16.0%	14.0%	↓	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,175	1,150	↓	1,320	1,030
Dentists - Number of population for every one dentist	1,818	1,700	↓	1,760	1,280
Mental health providers - Number of population for every one mental health provider	576	510	↓	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	42.0	34.0	↓	51.0	35.0
Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	85.0%	87.0%	↑	86.0%	91.0%
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	63.9%	61.0%	↓	63.0%	71.0%
<i>Social & Economic Factors</i>	*	94	88	↓	
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	81.0%	82.0%	↑	86.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	66.3%	67.0%	↑	69.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	6.4%	4.8%	↓	4.2%	3.2%
Children in poverty - Percent of children under age 18 in poverty	22.0%	18.0%	↓	14.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.5	4.6	↑	4.4	3.7

SEDGWICK COUNTY
KVC Hospitals Kansas City
County Health Rankings - Health Factors (continued)

	Sedgwick County 2015	Sedgwick County 2018		Kansas 2018	Top US Performers 2018
Children in single-parent households - Percent of children that live in household headed by single parent	34.0%	35.0%	↑	29.0%	20.0%
Social associations[^] - Number of membership associations per 10,000 population	9.8	10.0	↑	13.7	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	648.0	622.0	↓	348.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	65.0	74.0	↑	70.0	55.0
<i>Physical Environment</i>	*	86	84	↓	
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	9.8	9.9	↑	8.5	6.7
Drinking Water Violations - Percentage of population getting water from a public water system with at least one health-based violation	4.0%	No	—	N/A	N/A
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%	—	14.0%	9.0%
Driving alone to work - Percentage of the workforce that drives alone to work	86.0%	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	15.0%	15.0%	—	20.0%	15.0%

* Rank out of 103 Kansas counties and 105 Kansas counties

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

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

SHAWNEE COUNTY
KVC Hospitals Kansas City
County Health Rankings - Health Factors

	Shawnee County 2015	Shawnee County 2018		Kansas 2018	Top US Performers 2018
<i>Health Behaviors</i>	*	55	63		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	19.0%	16.0%		17.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	33.0%	35.0%		32.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.8	7.3		7.0	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	24.0%	24.0%		25.0%	20.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	85.0%	87.0%		81.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	15.0%	15.0%		17.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	28.0%	28.0%		25.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	450.0	499.4		394.8	145.1
Teen births - Female population, ages 15-19	49.0	39.0		30.0	15.0
<i>Clinical Care</i>	*	5	4		
Uninsured adults - Percent of population under age 65 without health insurance	14.0%	9.0%		10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,366	1,390		1,320	1,030
Dentists - Number of population for every one dentist	1,671	1,650		1,760	1,280
Mental health providers - Number of population for every one mental health provider	347	300		560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	49.0	45.0		51.0	35.0
Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	89.0%	90.0%		86.0%	91.0%
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	69.0%	68.0%		63.0%	71.0%
<i>Social & Economic Factors</i>	*	87	70		
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	78.0%	80.0%		86.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	65.4%	66.0%		69.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	5.9%	4.1%		4.2%	3.2%
Children in poverty - Percent of children under age 18 in poverty	22.0%	14.0%		14.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.3		4.4	3.7



SHAWNEE COUNTY

KVC Hospitals Kansas City

County Health Rankings - Health Factors (continued)

	Shawnee County 2015	Shawnee County 2018		Kansas 2018	Top US Performers 2018
Children in single-parent households - Percent of children that live in household headed by single parent	37.0%	33.0%	↓	29.0%	20.0%
Social associations[^] - Number of membership associations per 10,000 population	17.1	17.0	↓	13.7	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	455.0	440.0	↓	348.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	71.0	77.0	↑	70.0	55.0
<i>Physical Environment</i>	*	35	95	↑	
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	8.4	9.6	↑	8.5	6.7
Drinking Water Violations - Percentage of population getting water from a public water system with at least one health-based violation	1.0%	Yes	↑	N/A	N/A
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%	—	14.0%	9.0%
Driving alone to work - Percentage of the 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%	12.0%	—	20.0%	15.0%

* Rank out of 103 Kansas counties and 105 Kansas counties

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

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

WYANDOTTE COUNTY
KVC Hospitals Kansas City
County Health Rankings - Health Factors

	Wyandotte County 2015	Wyandotte County 2018		Kansas 2018	Top US Performers 2018
<i>Health Behaviors</i>	*	101	103	↑	
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	25.0%	23.0%	↓	17.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	39.0%	37.0%	↓	32.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	5.5	6.5	↑	7.0	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	32.0%	31.0%	↓	25.0%	20.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	86.0%	91.0%	↑	81.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	15.0%	15.0%	—	17.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	31.0%	34.0%	↑	25.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	741.0	725.1	↓	394.8	145.1
Teen births - Female population, ages 15-19	77.0	60.0	↓	30.0	15.0
<i>Clinical Care</i>	*	93	93	—	
Uninsured adults - Percent of population under age 65 without health insurance	21.0%	17.0%	↓	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,829	2,550	↑	1,320	1,030
Dentists - Number of population for every one dentist	2,673	2,370	↓	1,760	1,280
Mental health providers - Number of population for every one mental health provider	922	720	↓	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	72.0	61.0	↓	51.0	35.0
Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	82.0%	84.0%	↑	86.0%	91.0%
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	55.4%	56.0%	↑	63.0%	71.0%
<i>Social & Economic Factors</i>	*	101	103	↑	
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	71.0%	73.0%	↑	86.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	47.4%	47.0%	↓	69.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	8.3%	5.7%	↓	4.2%	3.2%
Children in poverty - Percent of children under age 18 in poverty	38.0%	24.0%	↓	14.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.6	4.6	—	4.4	3.7

WYANDOTTE COUNTY

KVC Hospitals Kansas City

County Health Rankings - Health Factors (continued)

	Wyandotte County 2015	Wyandotte County 2018		Kansas 2018	Top US Performers 2018
Children in single-parent households - Percent of children that live in household headed by single parent	49.0%	46.0%	↓	29.0%	20.0%
Social associations[^] - Number of membership associations per 10,000 population	10.9	10.8	↓	13.7	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	592.0	603.0	↑	348.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	75.0	71.0	↓	70.0	55.0
<i>Physical Environment</i> *	84	99	↑		
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	8.6	10.8	↑	8.5	6.7
Drinking Water Violations - Percentage of population getting water from a public water system with at least one health-based violation	0.0%	No	—	N/A	N/A
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	20.0%	21.0%	↑	14.0%	9.0%
Driving alone to work - Percentage of the workforce that drives alone to work	81.0%	81.0%	—	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%	—	20.0%	15.0%

* Rank out of 103 Kansas counties and 105 Kansas counties

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

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org



JACKSON COUNTY
KVC Hospitals Kansas City
County Health Rankings - Health Factors

	Jackson County 2015	Jackson County 2018		Missouri 2018	Top US Performers 2018
<i>Health Behaviors</i>	*	57	65		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	22.0%	20.0%	↓	22.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	32.0%	33.0%	↑	32.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.5	6.8	↑	6.7	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	25.0%	23.0%	↓	26.0%	20.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	94.0%	93.0%	↓	77.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	15.0%	20.0%	↑	19.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	43.0%	37.0%	↓	30.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	815.0	768.7	↓	477.4	145.1
Teen births - Female population, ages 15-19	52.0	39.0	↓	30.0	15.0
<i>Clinical Care</i>	*	17	15		
Uninsured adults - Percent of population under age 65 without health insurance	18.0%	13.0%	↓	12.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,360	1,300	↓	1,420	1,030
Dentists - Number of population for every one dentist	1,288	1,220	↓	1,810	1,280
Mental health providers - Number of population for every one mental health provider	544	460	↓	590	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	59.0	55.0	↓	57.0	35.0
Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	86.0%	86.0%	—	86.0%	91.0%
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	62.3%	62.0%	↓	63.0%	71.0%
<i>Social & Economic Factors</i>	*	96	86		
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	79.0%	86.0%	↑	90.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	63.7%	66.0%	↑	66.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	7.5%	5.1%	↓	4.5%	3.2%
Children in poverty - Percent of children under age 18 in poverty	24.0%	23.0%	↓	19.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.8	4.8	—	4.6	3.7



JACKSON COUNTY

KVC Hospitals Kansas City

County Health Rankings - Health Factors (continued)

	Jackson County 2015	Jackson County 2018		Missouri 2018	Top US Performers 2018
Children in single-parent households - Percent of children that live in household headed by single parent	43.0%	44.0%	↑	34.0%	20.0%
Social associations [^] - Number of membership associations per 10,000 population	11.4	11.2	↓	11.6	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	815.0	823.0	↑	442.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	81.0	82.0	↑	79.0	55.0
Physical Environment *	61	113	↑		
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	8.9	10.9	↑	9.5	6.7
Drinking Water Violations - Percentage of population getting water from a public water system with at least one health-based violation	0.0%	Yes	—	N/A	N/A
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%	17.0%	—	15.0%	9.0%
Driving alone to work - Percentage of the workforce that drives alone to work	82.0%	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	31.0%	32.0%	↑	31.0%	15.0%

* Rank out of 103 Kansas counties and 105 Kansas counties

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

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org