

# Kansas City Orthopaedic Institute

*Community Health Needs Assessment*

2025



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### EXECUTIVE SUMMARY

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#### Introduction

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

KCOI is the area's first and only hospital dedicated exclusively to orthopedics. The hospital provides an array of orthopedic services including outpatient surgery, inpatient surgery (e.g., total knee and hip replacements), rehabilitation services, urgent care services, diagnostic imaging (MRIs and X-Ray), and interventional spine and pain management. Additional information about Kansas City Orthopaedic Institute is available at [About Our Orthopaedic Hospital | Orthopaedic Hospital In Kansas City](#).

KCOI is part of [Saint Luke's](#), a faith-based, not-for-profit, aligned health system committed to providing the highest levels of excellence in compassionate health care and health-related services. With 10 hospitals and campuses and more than 100 clinic locations across the Kansas City region, Saint Luke's cares for patients in 65 specialties across 67 counties in Missouri and Kansas.

Saint Luke's is the West Region of BJC Health System, one of the largest nonprofit health care organizations in the United States and the largest in the state of Missouri, serving urban, suburban, and rural communities across Missouri, southern Illinois, eastern Kansas, and the greater Midwest region. BJC operates as [BJC HealthCare](#) in its East Region.

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

#### Community Assessed

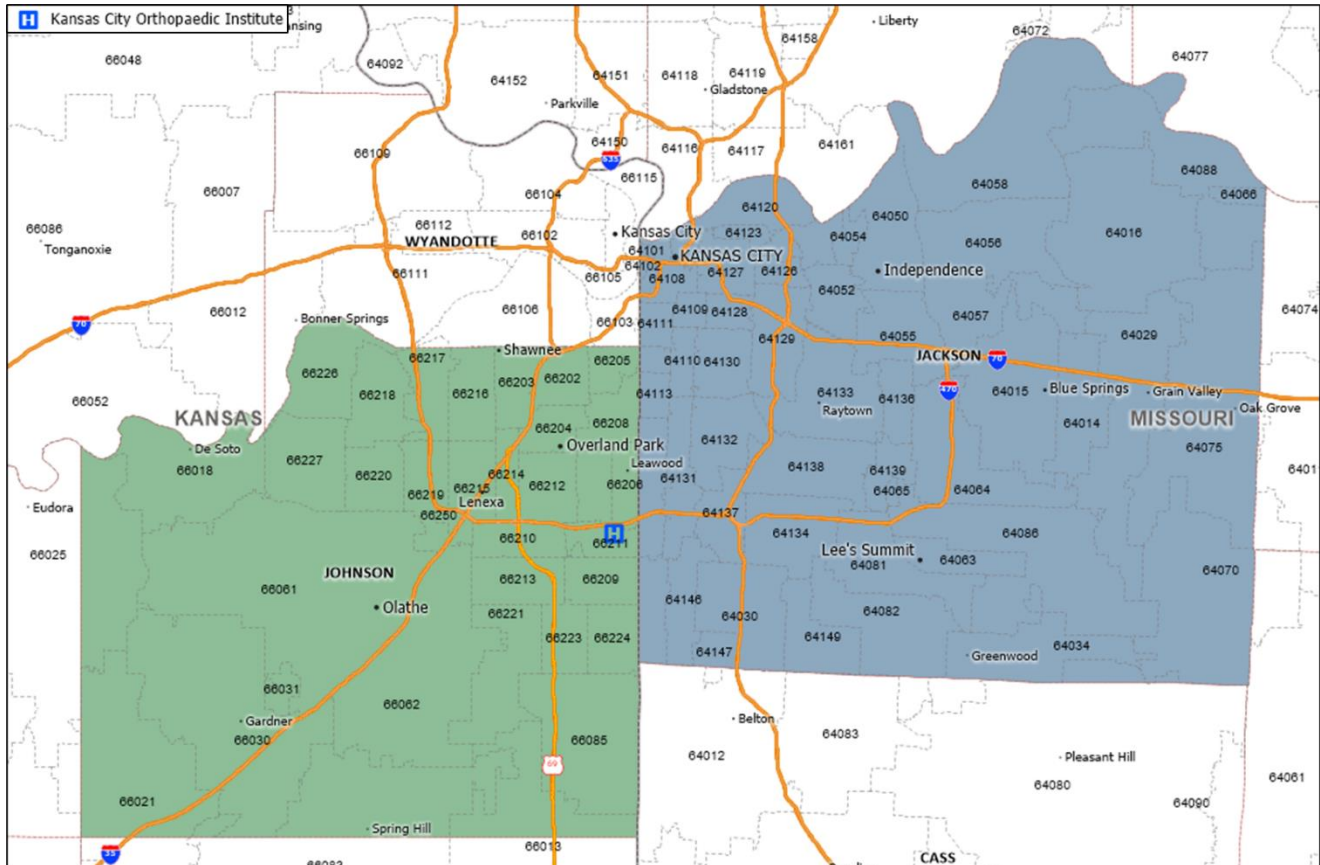
For purposes of this CHNA, KCOI's community is defined as a two-county area that includes Johnson County, Kansas and Jackson County, Missouri. In the calendar year 2024, these two counties accounted for approximately 70.0 percent of the hospital's surgeries (inpatient and outpatient).

The total population of the two counties in 2023 was approximately 1.3 million people (615,000 people in Johnson County and 717,000 in Jackson County).

## EXECUTIVE SUMMARY

The following map portrays the community assessed by KCOI and the location of the hospital campus in Leawood, Kansas.

**Map of Kansas City Orthopaedic Institute's Community**



Source: Caliper Maptitude, 2025.

### Significant Community Health Needs

As determined by analyses of quantitative and qualitative data, the significant health needs in the community served by Kansas City Orthopaedic Institute are (presented in alphabetical order):

- Access to Care
- Mental Health
- Needs of Older Adults
- Nutrition, Physical Activity, and Chronic Conditions
- Poverty and Social Determinants of Health

## EXECUTIVE SUMMARY

### Significant Community Health Needs: Discussion

#### Access to Care

Accessing health services is challenging for some members of the community, particularly residents who are uninsured or underinsured, have limited financial resources, have limited English proficiency, are living with a disability, and who are members of racial, ethnic, and other minority groups.

Secondary data indicate access to care as a significant community health need, including the following:

- The per capita supply of primary care physicians in Jackson County (1,185:1) was lower than peer counties (1,057:1) and Johnson County (842:1).
- A greater percentage of Jackson County residents (11.3 percent) were uninsured compared to Johnson County (5.1 percent), Kansas (8.9 percent), Missouri (9.2 percent), and the U.S. (8.6 percent).
- An anticipated growth of 42.1 percent in the 65 years and older cohort between 2020-2030 will likely lead to an increased demand for health services.
- Jackson County, Kansas, and Missouri had comparatively high proportions of male veteran population compared to national averages and Jackson County had a higher proportion of veteran population among age cohorts 35 years and older. According to NHIS, American veterans experience higher prevalence of pain and more severe pain than non-veterans.<sup>1</sup>
- Disability rates were higher than national rates in many of Jackson County ZIP Codes and more than 50 percent higher in numerous Independence and Kansas City ZIP Codes.
- The percentage of adults with “fair or poor self-rated health status” and “physical health not good for 14 days or more” exceeded national averages in most Jackson County ZIP Codes and were more than 50 percent worse in many Kansas City ZIP Codes.
- Length of life or years of potential life lost before age 75 per 100,000 population ranked in the bottom quartile in Jackson County (11,090) compared to peer counties (7,298).
- Federal designation of Medically Underserved Areas (MUAs) and Health Professional Shortage Areas (HPSAs).
- The Kansas City (MO) and Johnson County Community Health Improvement Plans (CHIPs) have prioritized increasing access to health services.

Community representatives who provided input into this CHNA indicated the following:

- Access to affordable health insurance and cost of medical care are significant concerns.
- Insurance is often not adequate to cover treatment costs and limitations and restrictions make it difficult to find providers.
- Primary care shortages are critical, causing long delays for appointments, especially for new patients establishing care.

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<sup>1</sup> NHIS – National Health Interview Survey; <https://www.ncbi.nlm.nih.gov/pubmed/27884688>



## EXECUTIVE SUMMARY

- Healthcare workforce shortages are a significant and growing concern, especially nursing shortages.
- Physical therapy and rehabilitative services are understaffed and under resourced and patients often have limited insurance coverage for these necessary services.
- Enhanced wrap-around financial and recovery support services for orthopedic procedures and surgeries are needed.

### **Mental Health**

Mental health concerns are widespread across all ages and demographics, and the supply of mental health providers and facilities is insufficient to meet the demand.

Secondary data indicate mental health is a significant community health need, including the following:

- The per capita supply of mental health providers in Johnson County (315:1), Jackson County (322:1), Kansas (395:1), and Missouri (382:1) were lower than the national average (300:1).
- Depression rates and “mental health not good for 14 days or more” were higher in almost every ZIP Code in Jackson County compared to national averages.
- The percentage of residents reporting social isolation was higher than national averages in most Jackson County ZIP Codes.
- In 2018-2023, suicide mortality rates were higher (per 100,000 population) in Johnson County (16.1), Jackson County (20.9), Kansas (19.0), and Missouri (19.0) compared to the U.S. average (14.5).
- The low-income population of Jackson County has been designated a Health Professional Shortage Areas (HPSA) for mental health care.
- Local county and city CHIPs have prioritized objectives related to mental health status, access to mental health care, suicide prevention, and trauma-informed care.

Community representatives who provided input into this CHNA indicated the following:

- The supply of counselors, therapists, and facilities is insufficient to meet the demand.
- Participants cited chronic, toxic stress related to financial insecurity, social isolation, discrimination, and employment issues as contributing factors.
- Veteran and unhoused populations were noted as having the greatest unmet needs.

### **Needs of Older Adults**

The number of older adults is growing at more than four times the rate of younger cohorts in the KCOI community. This change will likely contribute to greater demand for health services as older adults tend to utilize more services than younger people. This change may also have implications for healthcare delivery and operations as younger cohorts tend to comprise the workforce.

## EXECUTIVE SUMMARY

Secondary data indicates the needs of older adults as a significant community health concern, including the following:

- The population of adults 65 years of age and older in the KCOI community is projected to grow 42.1 percent between 2020 and 2030 compared to a 9.9 percent increase for the total population.
- Mortality rates due to falls among age cohorts 65 years and older were higher than the national average (62.6 per 100,000) in Johnson County (80.1 per 100,000), Jackson County (70.9 per 100,000), Kansas (85.4 per 100,000), and Missouri (68.1 per 100,000). According to the CDC, falls are the leading cause of fatal and nonfatal injuries among older adults and approximately 40 percent of those who fall reported an injury that required medical treatment or restricted activity for at least one day.<sup>2</sup>
- Preventable hospital stays for Medicare enrollees were higher in Jackson County (3,371 per 100,000) and Missouri (2,938 per 100,000) compared to the national rate (2,666 per 100,000).
- The percentage of adults 65 and older who have lost all teeth was significantly higher in many Jackson County ZIP Codes compared to state and national averages. Tooth loss can lead to malnutrition, low self-esteem, speech difficulty, and lower quality of life. Among older adults, chronic conditions such as diabetes, heart disease, and emphysema are associated with tooth loss.<sup>3</sup>
- Utilization of preventive services recommended for older adults, such as mammograms and colon cancer screening, was lower in many KCOI community ZIP Codes compared to national averages.

Community representatives who provided input into this CHNA indicated the following:

- Aging-in-place solutions and long-term care facilities are needed.
- Social support and assistance with activities of daily life are needed for older adults who are living longer and have multiple chronic conditions.
- High inflation and cost of living are having a significant impact on the older adult population.

### **Nutrition, Physical Activity, and Chronic Conditions**

Poor nutrition, physical inactivity, and related chronic conditions are prevalent throughout the community contributing to decreased quality of life and poor health outcomes.

Secondary data indicate nutrition, physical activity, and chronic conditions as significant community health needs, including the following:

- The percentage of adults who are obese was higher in Jackson County (38.8 percent), Kansas (36.5 percent), and Missouri (36.7 percent), compared to the national average (34.0 percent).

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<sup>2</sup> <https://www.cdc.gov/falls/data-research/index.html>

<sup>3</sup> <https://www.cdc.gov/oral-health/about/about-tooth-loss.html>



## EXECUTIVE SUMMARY

- In Jackson County, the percentage of adults who report no leisure-time physical activity was in the bottom half compared to peer counties and the percentage of the population with adequate access to exercise opportunities was in the bottom quartile.
- In 2024, health outcomes measures for cancer and high cholesterol were worse than U.S. averages in many Johnson County ZIP Codes.
- In 2024, health outcomes measures for chronic conditions including arthritis, cancer, COPD, asthma, diabetes, high blood pressure, high cholesterol, obesity, and stroke were worse than national averages in many Jackson County ZIP Codes, with rates more than 50 percent worse in numerous Kansas City ZIP Codes.
- In 2018-2023, mortality rates for heart disease, cancers, and kidney diseases were higher in Jackson County compared to Johnson County and national rates.

Community representatives who provided input into this CHNA indicated the following:

- Uncontrolled chronic diseases, such as hypertension, heart disease, kidney disease, and diabetes, lead to shortened life spans, loss of function, mobility issues, and increased homebound/isolated populations that experience a declining quality of life.
- Rising cancer incidence among younger populations is particularly concerning.
- Interventions targeted at health behaviors such as nutrition, tobacco and nicotine use, and physical activity are needed.

### Poverty and Social Determinants of Health

Social Determinants of Health (SDOH) are conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.<sup>4</sup> Social determinants of health play an important role in health equity.

Secondary data indicate SDOH as a significant community health need, including the following:

- Federally designated low-income census tracts were present in western parts of Jackson County, including Kansas City, and in Olathe and Lenexa in Johnson County.
- In 2019-2023, a higher proportion of Jackson County residents (13.8 percent) were living in poverty than Johnson County residents (5.3 percent), Kansas (11.5 percent), Missouri (12.6 percent), and the U.S. (12.4 percent).
- A higher percentage of Black and Hispanic (or Latino) residents were living in poverty than other cohorts in Jackson County, Kansas, and Missouri.
- Kansas and Missouri residents who identified as LGBT were more likely to be uninsured, food insecure, and have low-income compared to those who identified as non-LGBT (straight).
- The CDC's Social Vulnerability Index ranked ZIP Codes in Kansas City, Lee's Summit, Blue Springs, Oak Grove, Independence, Olathe, and Lenexa as having high levels of socioeconomic vulnerability.

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

## EXECUTIVE SUMMARY

- There was a high prevalence of food insecurity amongst Black and Hispanic residents compared to White populations and the national rate for all people.
- The food insecurity rate for children in Jackson County (21.1 percent) was more than 50 percent above the national rate for all people (13.5 percent).
- Census tracts federally designated as low-income and low access to healthy food were present in and around Kansas City, southwest Jackson County, Oak Grove, and Olathe (Johnson County).
- Rates of housing insecurity, lack of reliable transportation, food stamps receipt, and households facing utility shut off were higher than U.S. averages in many Jackson County ZIP Codes.

Community representatives who provided input into this CHNA indicated the following:

- Low income, housing insecurity, transportation challenges, and food insecurity compound to make health care and other services difficult to access.
- Social issues persist because of low wages relative to high costs of living, insufficient education, and lack of access to resources.
- Transportation challenges exist for patients in orthopedic recovery who require multiple follow-up appointments. Unreliable Medicaid transportation, declining bus services precipitated by driver shortages, and a lack of dependable public transportation are described as contributing factors.
- Racial and ethnic minority populations, residents with lower incomes, those with limited English proficiency, uninsured and underinsured individuals, and LGBTQ community members encounter cultural, linguistic, and financial barriers that impact access to quality care and responsiveness to treatment.

## DATA AND ANALYSIS

### Community Definition

The community assessed by KCOI was defined by considering the geographic origins of the hospital's inpatient admissions and outpatient visits during the 2024 calendar year.

On that basis, KCOI's community was defined as a two-county area that includes Johnson County, Kansas and Jackson County, Missouri. In calendar year 2024, patients living in these two counties accounted for over two-thirds of the hospital's inpatient and outpatient services (**Exhibit 1**).

**Exhibit 1A: KCOI Inpatient and Outpatient Surgeries, 2024**

Area		Surgeries			
County	State	Number Inpatient	Percent Inpatient	Number Outpatient	Percent Outpatient
Johnson	Kansas	466	54.1%	2,881	47.6%
Jackson	Missouri	137	15.9%	1,286	21.3%
<b>Community Total</b>		<b>603</b>	<b>70.0%</b>	<b>4,167</b>	<b>68.9%</b>
All Other Areas		259	30.0%	1,880	31.1%
<b>Hospital Total</b>		<b>862</b>	<b>100.0%</b>	<b>6,047</b>	<b>100.0%</b>

Source: Analysis of KCOI Patient Origin Data, 2024.

**Exhibit 1B: KCOI Outpatient Visits by Type, 2024**

Area		Outpatient Visits					
County	State	Number UC	Percent UC	Number Pain Mgmt	Percent Pain Mgmt	Number MRI	Percent MRI
Johnson	Kansas	4,845	64.9%	2,068	52.1%	2,681	62.9%
Jackson	Missouri	1,420	19.0%	866	21.8%	766	18.0%
<b>Community Total</b>		<b>6,265</b>	<b>83.9%</b>	<b>2,934</b>	<b>74.0%</b>	<b>3,447</b>	<b>80.9%</b>
All Other Areas		1,204	16.1%	1,033	26.0%	812	19.1%
<b>Hospital Total</b>		<b>7,469</b>	<b>100.0%</b>	<b>3,967</b>	<b>100.0%</b>	<b>4,259</b>	<b>100.0%</b>

Source: Analysis of KCOI Patient Origin Data, 2024.

The total population of the two counties in 2023 was approximately 1,300,000 people (**Exhibit 2**).

## DATA AND ANALYSIS

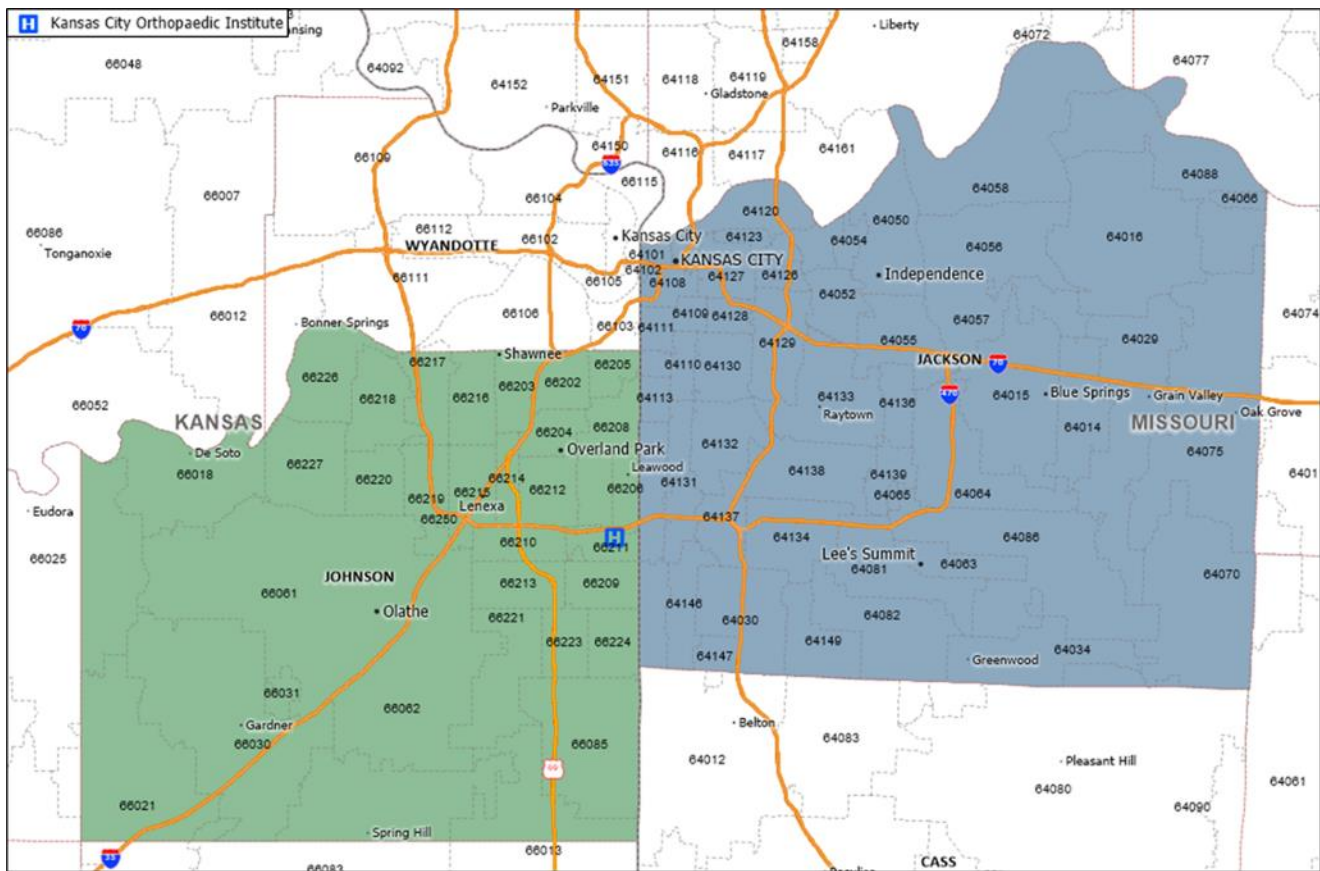
**Exhibit 2: Community Population by County, 2019-2023**

Area	Total Population	Percent Population
Johnson (KS)	614,764	46.2%
Jackson (MO)	717,021	53.8%
<b>Community Total</b>	<b>1,331,785</b>	<b>100.0%</b>

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates.

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

**Exhibit 3: Kansas City Orthopaedic Institute's Community**



Source: Caliper Maptitude, 2025.

### Secondary Data Summary

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

## DATA AND ANALYSIS

### Demographics

Population characteristics and changes influence health needs. In 2023, a total of 1.3 million people were estimated to reside in the KCOI community, approximately 615,000 residents in Johnson County, Kansas, and approximately 717,000 residents in Jackson County, Missouri.

KCOI's community population is expected to increase 9.9 percent between 2020 and 2030, representing an increase of 130,700 people. The aged 65 and older cohort is anticipated to have the fastest growth rate, 42.1 percent between 2020-2030. This change will likely contribute to greater demand for health services as older adults tend to utilize more services than younger people.

Demographic characteristics, such as age, race, ethnicity, education, and income levels, vary across the county.

Over 30.0 percent of residents in ZIP Codes 66217 (Shawnee), 64145 (Kansas City), and 66211 (Leawood) were age 65 or older in 2019-2023 while this proportion was under 10.0 percent in many ZIP Codes.

In 2019-2023, the proportion of the population identified as Black or African American was significantly higher in Jackson County, Missouri (22.5 percent) compared to Johnson County, Kansas (4.9 percent). At over 65.0 percent, Kansas City, Missouri ZIP Codes (64130, 64128, and 64132) had the highest proportions of residents identified as Black or African American, while in most KCOI community ZIP Codes this proportion was under 10.0 percent.

Overland Park ZIP Code 66251 had 100.0 percent of the population identified as Hispanic (or Latino) and several Kansas City, Missouri ZIP Codes (64125, 64126, 64123) had over 40.0 percent of the population identified as Hispanic (or Latino), while in most KCOI community ZIP Codes this proportion was under 10.0 percent.

Jackson County (12.7 percent), Kansas (12.9 percent), and Missouri (14.0 percent) had a higher percentage of male veteran population compared to the United States (11.9 percent). Jackson County had comparatively higher proportions of veteran population among age cohorts 35 years and older and state averages were higher than U.S. averages for all age cohorts 18 years and older. According to an analysis of the National Health Interview Survey (NHIS), American veterans experience higher prevalence of pain and more severe pain than non-veterans, with young and middle-aged veterans suffering the most and veterans are more likely to report back/neck problems compared to non-veterans and suffer longer years of musculoskeletal injury-related limitations.<sup>5</sup>

### Socioeconomic Indicators

Across the lifespan, people who live in impoverished communities have an increased risk for chronic diseases and illness, higher mortality, and lower life expectancy.<sup>6</sup>

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<sup>5</sup> <https://www.ncbi.nlm.nih.gov/pubmed/27884688>

<sup>6</sup> [www.odphp.health.gov/healthypeople](http://www.odphp.health.gov/healthypeople).

## DATA AND ANALYSIS

In 2019-2023, the percentage of Jackson County residents (8.3 percent) without a high school diploma was more than double Johnson County (3.6 percent). The percentage of residents without a high school diploma in Johnson County (3.6 percent), Jackson County (8.3 percent), Kansas (8.1 percent), and Missouri (8.4 percent) were well below the U.S. average of 10.6 percent. Jackson County and statewide averages were above U.S. rates for the percentage of residents with a disability, while Johnson County disability rates were well below national rates. The share of KCOI community residents reporting linguistic isolation (speaking English less than well) was significantly lower than national averages.

In 2019-2023, at 5.3 percent, Johnson County had a comparatively low poverty rate, while the percentage of Jackson County residents living in poverty (13.8 percent) was above Kansas (11.5 percent), Missouri (12.6 percent), and U.S. averages (12.4 percent).

Jackson County poverty rates for Black (23.8 percent) and Hispanic (19.6 percent) residents have been more than 50 percent above the U.S. average for people of all races and ethnicities (12.4 percent). Poverty rates were comparatively low for all racial and ethnic populations in Johnson County compared to state and national averages.

Census tracts in Jackson County (Kansas City, Lee's Summit, Independence, and Oak Grove) and Johnson County (Olathe, Gardner, Lenexa, and Overland Park) have been identified as "low-income" and as having an unfavorable Social Vulnerability Index. Census tracts throughout much of western Jackson County and Kansas City, Missouri were in the bottom quartile nationally for socioeconomic status vulnerability.

The Area Deprivation Index, published by the University of Wisconsin, School of Medicine and Public Health, identified neighborhoods in western Jackson County, Kansas City (MO), Independence, and Olathe and Gardner (Johnson County) as having high levels of socioeconomic disadvantage. This index ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality.

Disparities in socioeconomic indicators exist between the LGBT community and the non-LGBT community. In 2019, Kansas and Missouri residents who identified as LGBT were more likely to be unemployed, uninsured, food insecure, and experience low-income than residents who identified as non-LGBT.

Census tracts federally designated as low-income and low access to healthy and affordable food were present in western Jackson County, and Olathe in Johnson County. In 2023, the percentage of Black and Hispanic residents experiencing food insecurity was significantly higher in both counties compared to White residents and the national average for all people.

Unemployment rates rose sharply from 2019 through 2020 due to the COVID-19 pandemic. In 2023, unemployment rates throughout the community were lower than U.S. averages and pre-pandemic levels.



## DATA AND ANALYSIS

In 2019-2023, Jackson County had a higher percentage (11.3 percent) of the population without health insurance than Johnson County (5.1 percent), Kansas (8.9 percent), Missouri (9.2 percent), and the United States (8.6 percent).

In 2022-2023, Kansas City crime rates for all crime types (per 100,000 population) were more than 50 percent above U.S. averages. Crime rates for murder and motor vehicle theft in Missouri were more than 50 percent above national rates.

The percentage of households designated as rent burdened in Jackson (48.9 percent) and Johnson (41.0 percent) counties has been below the national average (50.4 percent). The percentage of households that are rent burdened was highest in ZIP Codes 66251 (Overland Park, Johnson County) and 64146, 64127, and 64147 (Kansas City, Jackson County), each over 65.0 percent.

### Other Local Health Status and Access Indicators

In the 2025 *County Health Rankings*, Johnson County compared unfavorably to the United States for 5 of the 33 County Health Rankings indicators and Jackson County compared unfavorably to the United States for 19 of the 33 indicators.

*Community Health Status Indicators* (CHSI) compares indicators for each county with those for peer counties across the United States. Each county is compared to 30 to 35 of its peers, which are selected based on socioeconomic characteristics such as population size, population density, percent elderly, per-capita income, and poverty rates.

In CHSI, Johnson County was assessed worse, compared to peer counties, for five indicators. Jackson County was assessed worse compared to peer counties for most CHSI indicators, and more than 50 percent worse for 17 of the 33 indicators.

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

An indicator is considered *significant* if it was found to vary materially from a benchmark statistic (e.g., an average value for Kansas or Missouri, for peer counties, or for the United States). For example, 15.8 percent of Jackson County's adults smoke; the average for peer counties is 12.6 percent. The last column of the exhibit identifies where information on data sources is in this report.

## DATA AND ANALYSIS

### Exhibit 4: Significant Indicators

Indicator	Area	Area Value	Benchmark Value	Benchmark Area	Exhibit
65+ population change, 2020-2030	Community total	42.1%	9.9%	Community total	9
Poverty rate, 2019-2023	Jackson County	13.8%	12.4%	United States	16
Poverty rate, Black, 2019-2023	Jackson County	23.8%	12.4%	US, all races/ethnicities	17
Poverty rate, Hispanic or Latino, 2019-2023	Jackson County	19.6%	12.4%	US, all races/ethnicities	17
Poverty rate, Asian, 2019-2023	Jackson County	14.1%	12.4%	US, all races/ethnicities	17
Food Insecurity, Black, 2023	Johnson County	28.0%	13.5%	US, all races/ethnicities	20
Food Insecurity, Black, 2023	Jackson County	33.0%	13.5%	US, all races/ethnicities	20
Food insecurity, Hispanic, 2023	Johnson County	19.0%	13.5%	US, all races/ethnicities	20
Food insecurity, Hispanic, 2023	Jackson County	21.0%	13.5%	US, all races/ethnicities	20
Food insecurity, <18 years	Jackson County	21.1%	13.5%	US, all races/ethnicities	20
% Uninsured, 2019-2023	Jackson County	11.3%	8.6%	United States	23
Violent Crime per 100,000, 2022-2023	Kansas City, MO	1,477.7	363.8	United States	24
Years of potential life lost <75, per 100,000	Jackson County	11090	8400	United States	32
Chlamydia rate, per 100,000 population	Jackson County	893.3	495.0	United States	32
Ave # of mentally unhealthy days past 30 days	Jackson County	6.0	5.3	Peer Counties	33
% live births with low birthweight (<2500 grams)	Jackson County	9.7%	8.2%	Peer Counties	33
% adults smoking >= 100 cigarettes/current use	Jackson County	15.8%	12.6%	Peer Counties	33
% of adults with a BMI >= 30	Jackson County	38.8%	34.0%	Peer Counties	33
% driving deaths with alcohol involvement	Jackson County	34.4%	26.7%	Peer Counties	33
Chlamydia rate, per 100,000 population	Jackson County	893.3	570.5	Peer Counties	33
Teen birth rate/ 1,000 female population, (15-19)	Jackson County	23.3	13.4	Peer Counties	33
Preventable hospital stays	Jackson County	3371	2425	Peer Counties	33
Per capita supply of mental health providers	Jackson County	322:1	211:1	Peer Counties	33
Per capita supply of primary care providers	Jackson County	1,185:1	1,057:1	Peer Counties	33
Injury mortality per 100,000	Jackson County	118.0	78.7	Peer Counties	33
Ave daily measure - fine particulate matter (PM2.5)	Jackson County	10.1	9.7	Peer Counties	33
Nephritis and nephrosis deaths per 100,000	Jackson County	24.6	16.3	United States	35
Assault (homicide) deaths per 100,000	Jackson County	24.9	6.9	United States	35
Deaths due to falls, 65+, per 100,000, 2016-2020	Johnson County	80.1	62.6	United States	36
Deaths due to falls, 65+, per 100,000, 2016-2020	Jackson County	70.9	62.6	United States	36
Death due to Poisoning, per 100,000, 2019-2023	Jackson County	35.2	30.6	United States	37

Source: Verité Analysis.

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

- Crime and violence
- Disability rates

## DATA AND ANALYSIS

- Educational attainment
- Food insecurity
- Health behaviors (binge drinking, smoking, physical activity, obesity)
- Health insurance rates
- Health-related social needs
- Poverty rates
- Quality of life (poor physical and mental health days)
- Rent burden and housing stability

### Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUAs and MUPs) are designated by the Health Resources and Services Administration based on an “Index of Medical Underservice.” Several census tracts in and proximate to Kansas City have been designated as medically underserved. No census tracts in Johnson County have been designated as MUAs.

### Health Professional Shortage Areas

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

### Findings of Other CHNAs

Local county and city health departments have conducted community needs assessments and developed community health improvement plans (CHIPs). This CHNA has integrated the findings of these works.

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

- Access to health care services
- Access to healthy food
- Access to quality educational opportunities
- Disability rates
- Economic disparities and poverty
- High cost of living paired with low-wage jobs
- Housing affordability, safety, and quality
- Maternal, infant, and child health
- Mental health and access to mental health services
- Violence and violence prevention

### Community Input Summary

Community input was gathered through interviews and community and hospital staff meetings. Four in-person meetings were conducted with community partners and stakeholders representing the Kansas City region and four online meetings were facilitated with Saint Luke's hospital staff members. Four key informant interviews were conducted via online video conference.

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

### Key Informant Interviews

Between May and July 2025, interviews were conducted with four key informants to learn about community health issues in Jackson County, Missouri and Johnson County, Kansas. Participants included representatives and leadership from Mid-America Regional Council (MARC), Johnson County Department of Health and Environment, Kansas City Health Department, and Kansas City Orthopaedic Institute.

Questions focused on identifying and discussing the most significant health needs, health problems that have the biggest impact on the demand for orthopedic services and recovery post-discharge, and geographic areas and populations with the greatest unmet needs. Interviewees also were asked to describe current trends in orthopedic services, which services are most effective, and any gaps in services.

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

- **Access to affordable health insurance and healthcare services.** Participants discussed access to affordable healthcare as being an issue in the community, with insurance not covering some treatment costs, a vast majority of mental health providers not accepting insurance, and 6–9-month delays for primary care appointments, especially for new patients.
- **Chronic disease management and prevention.** Uncontrolled chronic diseases, including hypertension, heart disease, kidney disease, and diabetes, lead to shortened life spans, loss of function, mobility issues, and increased homebound/isolated populations that experience a declining quality of life.
- **Access to mental health care and toxic stress.** Limited access to mental health services, combined with increased toxic stress and frustrations from healthcare barriers, leads to decreased social interaction and poorer mental health outcomes. Participants cited mental health treatment accessibility as a major barrier to residents seeking this care.
- **Economic pressures outpacing wages.** Cost of living, housing, transportation, and basic healthcare needs are increasing faster than pay.

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- **Cancer prevention and early detection concerns.** Rising cancer incidence among younger populations is a concern. Community input participants attributed this change to increased smoking and vaping among youth, ultra-processed food consumption, and dietary factors affecting cancer development.
- **Aging population challenges.** The aging population is a concern for residents. Community members cited a need for more long-term care facilities and aging-in-place solutions. Many residents are living longer and are experiencing increased chronic conditions and facing a need for more assistance with activities of daily life. Longer life combined with inflation and high cost of living has significantly impacted the older adult population.
- **Healthcare access delays and provider shortages.** Community collaborators cited delayed access to medical care and provider shortages as challenges in the current healthcare climate. They attributed delayed medical care to workforce shortages that have persisted since COVID, difficulty establishing routine appointments, more doctors retiring which creates continuity gaps, and people avoiding care unless they become seriously ill.

Interview participants were asked to identify trends in orthopedic services, which interventions are most successful, and which services are needed within the community:

- **Delayed care seeking creates cascading health decline.** Community representatives cited that many patients ignore pain until conditions advance significantly, leading to disability, increased sedentary behavior, mental health impacts, and a circular loop of declining chronic disease management that becomes difficult to manage. The lack of seeking timely care increases the demand for orthopedic services when health issues have advanced.
- **Transportation barriers limits access to recovery care.** Interviewees expressed that residents in orthopedic recovery do not have consistent access to transportation for follow-up appointments. Unreliable Medicaid transportation vans, declining bus services with driver shortages, and lack of dependable public transportation were all cited as reasons that prevent patients from maintaining appointments and accessing necessary follow-up care.
- **Geographic and socioeconomic disparities in specific areas of Kansas City.** Eastern Jackson County, south Kansas City, and communities that rely heavily on public resources and transportation face greater challenges accessing orthopedic services and providers.
- **Critical shortages exist in rehabilitation services.** Physical therapy and rehabilitative services are undersupplied and understaffed with patients often finding that they have limited insurance coverage. Other factors that contribute to challenges accessing these services include difficult appointment scheduling and lack of 24/7 urgent care orthopedic service, forcing patients to default to emergency rooms.

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- **Vulnerable populations face multiple access barriers.** Black and brown communities, low-income populations, non-English speakers, uninsured/underinsured individuals, and LGBTQ patients encounter cultural, linguistic, and financial barriers that limit care quality and responsiveness to orthopedic care.
- **Wraparound support services are inadequate for recovery.** Many patients lack financial and recovery support during the two-to-three-week recovery periods from orthopedic operations or injuries. Many of these patients are unable to work, have limited family support systems, and have insufficient home environments for recovery. Community collaborators cited a need for better care coordination that addresses the needs of the whole person, their environment, and their unique barriers to recovery.

### Community and Hospital Staff Meetings

Between April and May 2023, community and hospital staff meetings were conducted across the Kansas City region to obtain input regarding significant health needs of the communities served. Four meetings were comprised of external community partners and public health participants in each of the five surrounding counties<sup>7</sup>, and four meetings were comprised of staff from Saint Luke's Health System facilities.<sup>8</sup>

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

The following community meetings were facilitated representing the following geographies:

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

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

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

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<sup>7</sup> These counties were Jackson County, MO; Johnson County, KS; Clay County, MO; Platte County, MO; and Wyandotte County, KS.

<sup>8</sup> These facilities were Saint Luke's Hospital of Kansas City, Saint Luke's East Hospital, Saint Luke's South Hospital, and Saint Luke's North Hospital.



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- Thursday, May 11, 2023 – Saint Luke’s East Hospital.

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

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

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

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

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

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

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

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

Participants indicated that siloed systems play a role in why these issues and concerns persist. It was noted that there is a lack of intervention, programming, funding, and staff to address the concerns. Some participants express that fear of repercussion and judgment prevent community members from seeking healthcare and/or help with social issues. Poverty and lack of resources is noted as a key reason that many are unable to achieve wellbeing.

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

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

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

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

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

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

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

Participants also indicated that some community members have challenges with navigating the health care system. Navigation is especially challenging for residents with low educational achievement and for undocumented residents who may fear deportation. Silos within the health system contribute to navigation difficulty. A lack of diversity in medical providers and healthcare staff was expressed as a barrier for some residents seeking care. This lack of diversity may make it difficult for some patients to find a provider with whom they feel comfortable.

Participants noted that lack of collaboration between community organizations, including different health systems, perpetuates poor outcomes among vulnerable populations. As individual interventions were thought to dilute overall effectiveness of efforts across the area, a unified approach to a single issue might yield significant improvement in outcomes.

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

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

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

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

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

Insufficient investment in health care resources in the community was identified as one specific infrastructure gap and it was noted that other areas in the region have overinvestment in health care resources. Access to these health care services is hindered by insufficient transportation, lack of awareness of service availability, and language barriers. Compounding access issues is

## DATA AND ANALYSIS

referrals are made to community-based organizations which may have unsustainable operations due to lack of financial support.

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

**Significant needs for both Clay and Platte counties identified by participants are as follows:**

- Mental health, especially anxiety, depression, and lack of connection, and lack of mental health providers;
- Substance use disorder, including alcohol;
- Social drivers of health, including housing, transportation, food security, low incomes, and racial/ethnic disparities; and
- Chronic disease management, including diabetes and heart disease.

The community members and populations with the greatest unmet needs were identified as Black residents, older adults, marginalized groups, people living in unsafe neighborhoods, and refugees. Participants noted that the geographic areas with the most unmet need include Excelsior Springs, northern Kansas City, rural areas of Clay and Platte counties, and ZIP Codes 64116, 64117, 64118, and 64119.

Participants indicated that issues related to mental health, behavioral health and substance use disorders are intertwined for many residents of the community. These issues are especially noted among youth, older adults, and uninsured/underinsured individuals. Rapid expansion in the number of providers is needed to meet the demand for mental health services.

For some members of the community, negative health outcomes are experienced due to social drivers of health. Low income, housing insecurity, transportation challenges, and food insecurity compound to make health care and other services difficult to access. Navigation assistance is needed to ease access constraints, through such interventions as increasing marketing of available services, expanding community engagement activities, and developing peer education programs. Participants recommended including transportation assistance into budgets for initiatives and exploration of options to reduce cost sharing requirements for residents with financial constraints.

Participants express that social determinant issues persist because of low wages relative to high costs of living, insufficient education, and lack of access to resources. It is also noted that many of these issues were exacerbated by the COVID-19 pandemic.

Participants indicated that community assets included libraries, programs for seniors, and programs for uninsured/underinsured residents. These assets could be strengthened through increased collaboration among community organizations, as well as working to increase residents involved in community engagement activities.

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Top strengths and resources in the community are listed as the Mid-Continent Public Libraries, Clay and Platte senior funds, health departments, community-based organizations, a strong sense of community partnership and collaboration, and IRIS, a newly formed transportation service.

## OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

### OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

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

#### Hospitals

**Exhibits 5A and 5B** presents information on hospital facilities located in the community.

#### Exhibit 5A: General Acute Care Hospitals, 2025

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

Source: Kansas Hospital Association, 2025; Missouri Department of Health and Senior Services, 2025.



## OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

### Exhibit 5B: Other Hospital Types, 2025

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

Source: Kansas Department of Health and Environment, 2025; Missouri Department of Health and Senior Services, 2025.

### Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There are currently over 25 FQHC sites operating in the community (**Exhibit 6**).

## OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

### Exhibit 6: Federally Qualified Health Centers, 2025

Name	Address	City	ZIP Code
<b>Johnson (KS)</b>			
Health Partnership Clinic, Inc.	9119 W 74th St Ste 210	Shawnee Mission	66204
Health Partnership Clinic, Inc.	407 S Clairborne Rd Ste 104	Olathe	66062
Health Partnership Clinic - Shawnee Mission West High School	8800 W 85th St	Overland Park	66212
<b>Jackson (MO)</b>			
Compass Health, Inc.	901 NE Independence Ave	Lee's Summit	64086
Hope Family Care Center	3027 Prospect Ave	Kansas City	64128
Kansas City CARE Clinic	3515 Broadway Blvd	Kansas City	64111
Kansas City CARE Clinic	1106 E 30th St Ste B	Kansas City	64109
Kansas City CARE Clinic	2340 E Meyer Blvd STE 200	Kansas City	64132
Kansas City CARE Clinic	2340 E Meyer Blvd STE 318	Kansas City	64132
Kansas City CARE Clinic	4435 Main St STE 1000	Kansas City	64111
Kansas City CARE Clinic	4601 Independence Ave	Kansas City	64124
Kansas City CARE Clinic	3501 Broadway Blvd	Kansas City	64111
Kansas City CARE Clinic - Medical Mobile Unit	2340 E Meyer Blvd	Kansas City	64132
Samuel U. Rodgers Health Center - East	2100 E 9th St	Kansas City	64124
Samuel U. Rodgers Health Center Blue Springs School District	1501 NW Jefferson St	Blue Springs	64015
Samuel U. Rodgers Health Center Cabot Westside	2121 Summit St	Kansas City	64108
Samuel U. Rodgers Health Center Mobile	825 Euclid Ave	Kansas City	64124
Samuel U. Rodgers Health Center Mobile - 2	826 Euclid Ave	Kansas City	64124
Samuel U. Rodgers Health Center Downtown Campus	825 Euclid Ave	Kansas City	64124
Samuel U. Rodgers Health Center J.A. Rogers Family Dental	6400 E 23rd St	Kansas City	64129
Swope Health Independence	11320 E Truman Rd	Independence	64050
Swope Health Services - Central	3801 Blue Pkwy	Kansas City	64130
Swope Health Services - Hickman Mills	8800 Blue Ridge Blvd Ste 208	Kansas City	64138
Swope Health Mobile Dental Unit	Dr. MLK Jr Blvd	Kansas City	64129
Swope Health Pediatric Mobile Dental Unit	Dr. MLK Jr Blvd	Kansas City	64129
Swope Health - Emmanuel Family & Child Development Center	4736 Prospect Ave	Kansas City	64130
Swope Health Services - Operation Breakthrough	3039 Troost Ave	Kansas City	64109
Swope Health - Tenney Pediatrics	6501 E 87th St	Kansas City	64138
Swope Health - University Academy	6801 Holmes Rd UNIT Clinic	Kansas City	64131

Source: Health Resources and Services Administration, 2025

### Other Community Resources

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

## OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

Illinois. The UWGKC 2-1-1 is available 24-hours a day, seven days a week, and has resources in the following categories:

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

Additional information about these resources and participating providers can be found at:  
<https://www.unitedwaygkc.org/get-help>.

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

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

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

## APPENDIX A – OBJECTIVES AND METHODOLOGY

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### Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.<sup>9</sup> In conducting a CHNA, each tax-exempt hospital facility must:

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

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

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

### Methodology

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

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

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

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

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<sup>9</sup> Internal Revenue Code, Section 501(r).

## APPENDIX A – OBJECTIVES AND METHODOLOGY

facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).”<sup>10</sup> Accordingly, the community definition considered the geographic origins of the hospital’s patients and also the hospital’s mission, target populations, principal functions, and strategies.

Data from multiple sources were gathered and assessed, including secondary data<sup>11</sup> published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews and community meetings (including meetings conducted with internal hospital staff). Stakeholders and community meeting participants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See* Appendix C. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives, and to increase confidence that significant community health needs were identified accurately and objectively.

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

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

### Collaborating Organizations

For this community health assessment, Kansas City Orthopaedic Institute collaborated with the following Saint Luke’s hospitals: Saint Luke’s South Hospital, Saint Luke’s North Hospital, Saint Luke’s East Hospital, and Saint Luke’s Hospital of Kansas City. KCOI and these facilities gathered and assessed secondary data together, conducted shared community meetings and interviews, and relied on shared methodologies, report formats, and staff to manage the CHNA process.

### Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Kansas City Orthopaedic Institute. Comparisons to benchmarks were utilized where possible. Findings from recent assessments of the community’s health needs conducted by other organizations (e.g., local health departments) were reviewed as well.

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<sup>10</sup> 501(r) Final Rule, 2014.

<sup>11</sup> “Secondary data” refers to data published by others, for example the U.S. Census and the Missouri Department of Health and Social Services. “Primary data” refers to data observed or collected from first-hand experience, for example by conducting interviews.

## APPENDIX A – OBJECTIVES AND METHODOLOGY

Input from people representing the broad interests of the community was considered through key informant interviews (four participants) and community meetings (105 participants). Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

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

### **Consultant Qualifications**

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 150 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, financial assistance policies, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in hospital community benefits, 501(r) compliance, and Community Health Needs Assessments.

## APPENDIX B – SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the KCOI community.

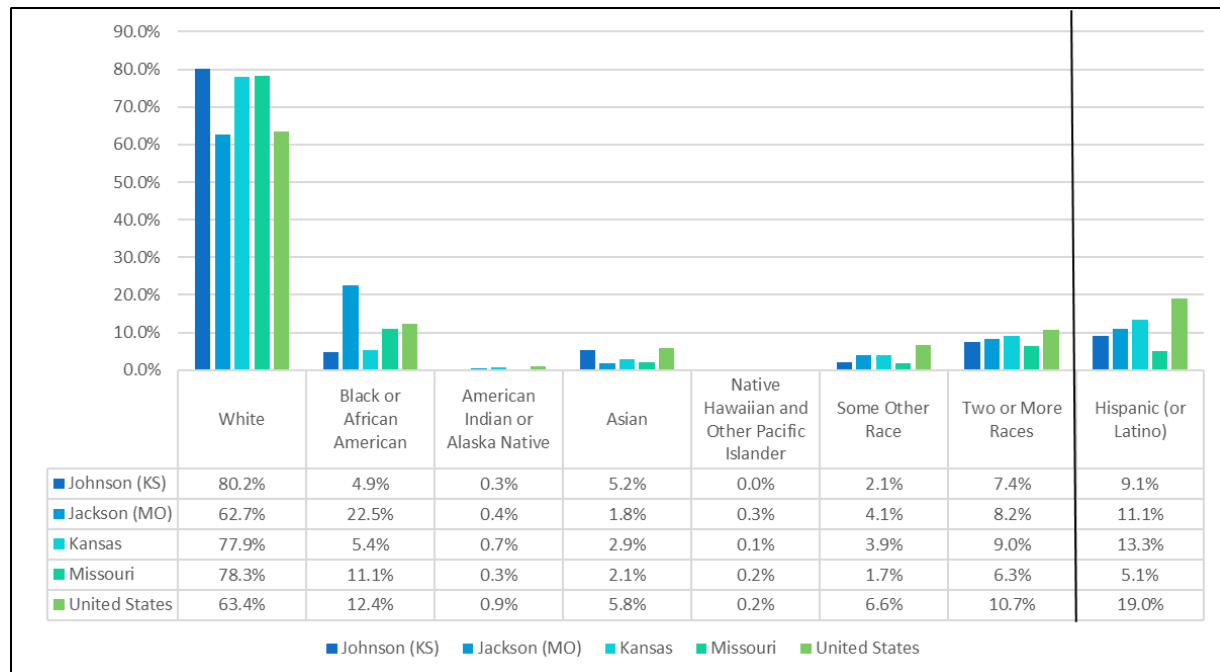
### Demographics

Population characteristics and changes influence health needs. In 2023, a total of 1.3 million people were estimated to reside in the KCOI community, approximately 615,000 residents in Johnson County, Kansas, and approximately 717,000 residents in Jackson County, Missouri.

**Exhibit 7** portrays population distribution by race and ethnicity for the two counties, Kansas, Missouri, and the United States.

In 2019-2023, Johnson County, Kansas, and Missouri had higher proportions of the population identified as White compared to the U.S. Jackson County had comparatively higher shares of the population identified as Black or African American. The proportion of residents identified as Hispanic (or Latino) was lower in the KCOI community, Kansas, and Missouri compared to the U.S.

**Exhibit 7: Population by Race and Ethnicity, 2019-2023**



Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates.

## APPENDIX B – SECONDARY DATA ASSESSMENT

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

Area	Total Population 2020	Projected Population 2030	Percent Change 2020-2030
Johnson (KS)	628,444	733,910	16.8%
Jackson (MO)	689,226	714,467	3.7%
<b>Community Total</b>	<b>1,317,670</b>	<b>1,448,377</b>	<b>9.9%</b>

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

#### Description

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

#### Observations

- Between 2020 and 2030, the community's population is expected to grow by approximately 130,700 people, or 9.9 percent.
- Johnson County, Kansas is projected to grow at four times the rate of Jackson County, Missouri (16.8 percent compared to 3.7 percent).

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

Age/Sex Cohort	Total Population 2020	Projected Population 2030	Percent Change 2020-2030
0-19	350,109	356,899	1.9%
Female 20 - 44	219,003	236,524	8.0%
Male 20 - 44	223,748	244,549	9.3%
45 - 64	321,193	321,068	0.0%
65+	203,618	289,336	42.1%
<b>Community Total</b>	<b>1,317,670</b>	<b>1,448,377</b>	<b>9.9%</b>

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

#### Description

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

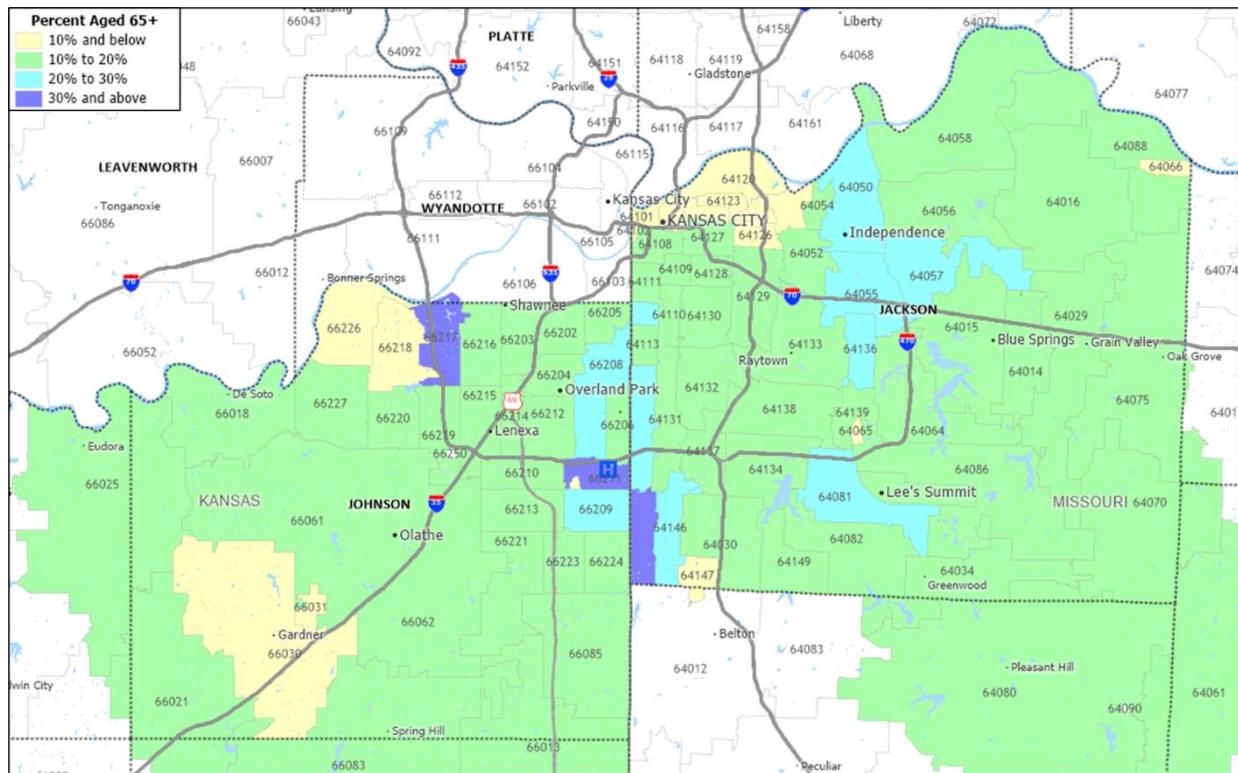


## APPENDIX B – SECONDARY DATA ASSESSMENT

### Observations

- The population cohort aged 65 years and older is projected to grow much more rapidly (42.1 percent) than the total population (9.9 percent).
- The growth of older populations is likely to lead to greater demand for health services, since older adults tend to have higher utilization rates.

**Exhibit 10: Percent of Population – Aged 65+, 2019-2023**



Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates, and Caliper Maptitude, 2025.

### Description

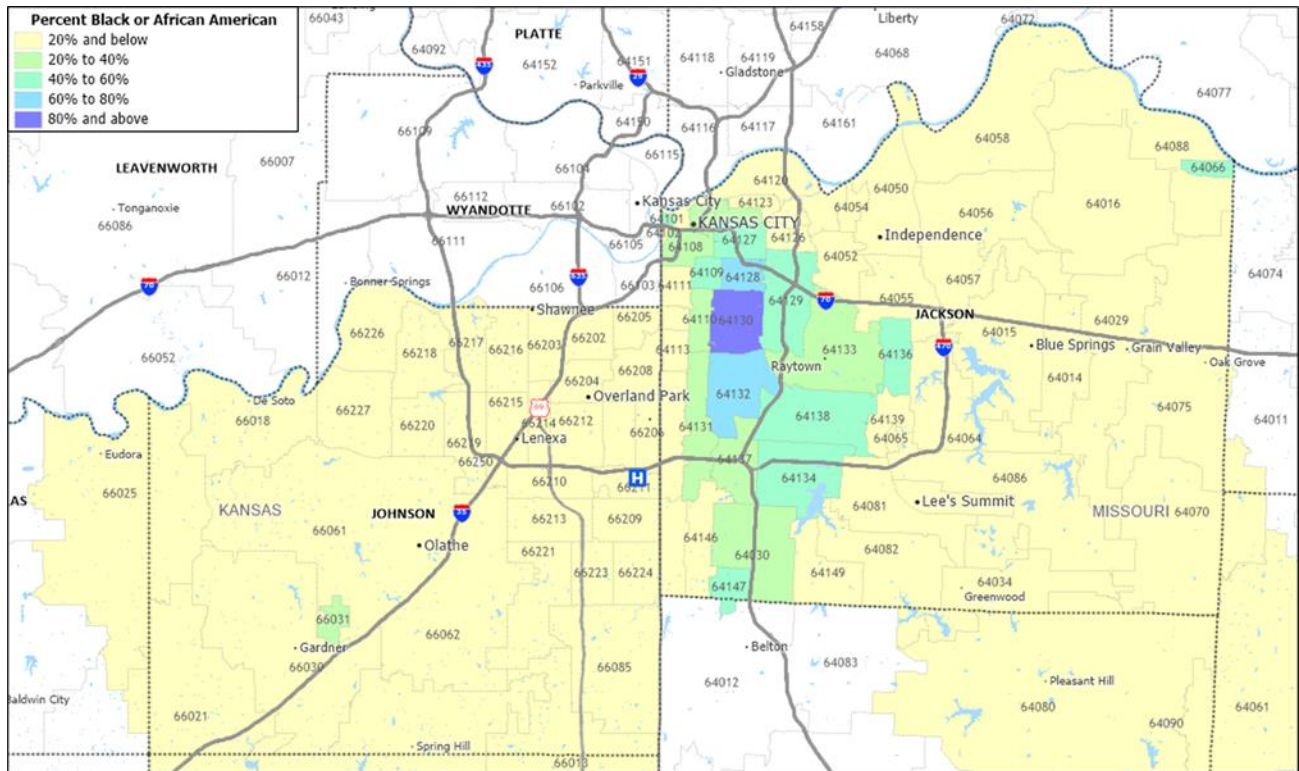
**Exhibit 10** portrays the percent of the population 65 years of age and older by ZIP Code.

### Observations

- In 2019-2023, ZIP Codes 66217 (Shawnee), 64145 (Kansas City, and 66211 (Leawood) had the highest shares of the population aged 65 years and older, each over 30.0 percent.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 11: Percent of Population – Black or African American, 2019-2023**



### Description

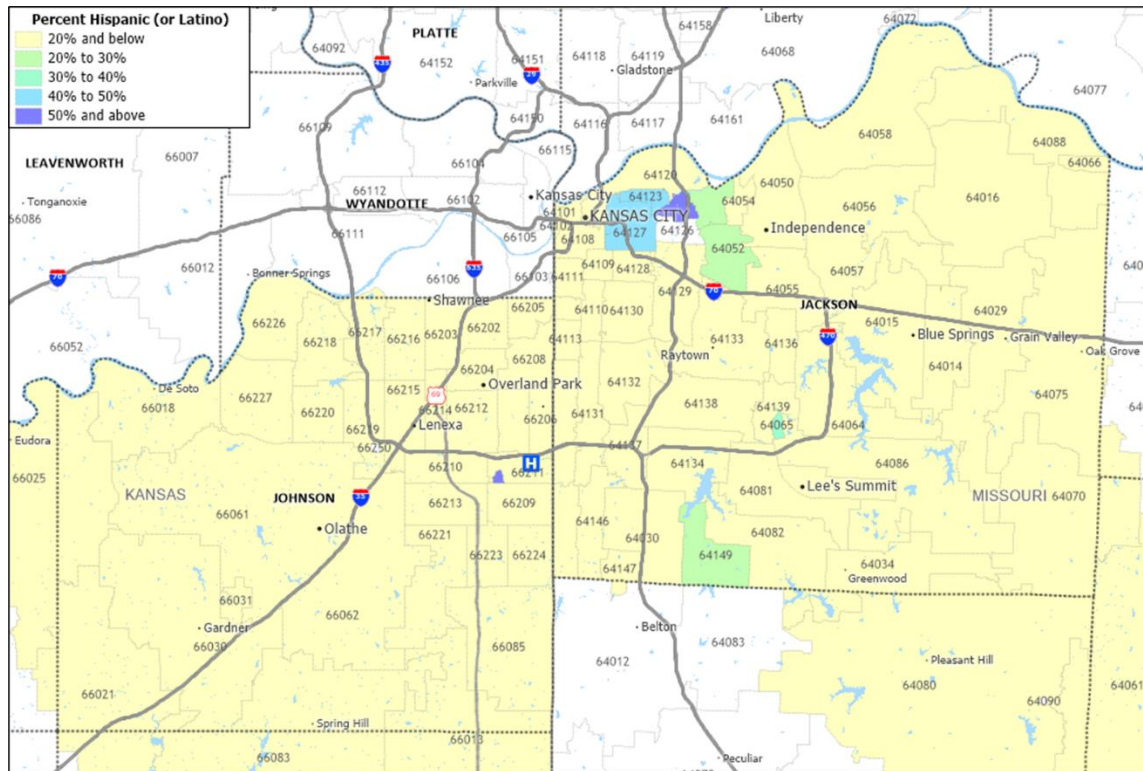
**Exhibit 11** portrays the percent of the population that identifies as Black or African American by ZIP Code.

### Observations

- In 2019-2023, the proportion of the population identified as Black or African American was significantly higher in Jackson County, Missouri (22.5 percent) compared to Johnson County, Kansas (4.9 percent).
- Kansas City, Missouri ZIP Codes (64130, 64128, and 64132) had the highest proportions of the population identified as Black or African American, each over 65.0 percent.
- Most KCOI community ZIP Codes had less than 10.0 percent of the population identified as Black or African American.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 12: Percent of Population – Hispanic (or Latino), 2019-2023**



### Description

**Exhibit 12** portrays the percent of the population that identifies as Hispanic (or Latino) by ZIP Code.

### Observations

- In 2019-2023, Overland Park ZIP Code 66251 had 100.0 percent of the population identified as Hispanic (or Latino) and several Kansas City, Missouri ZIP Codes (64125, 64126, 64123) had over 40.0 percent of the population identified as Hispanic (or Latino).
- Most KCOI community ZIP Codes had less than 10.0 percent of the population identified as Hispanic (or Latino).

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 13: Veteran Population by Gender, 2019-2023**

Area	Total Population Age 18+	Total Veterans	Percent Veterans of Total Population	Male Percent Veteran Population	Female Percent Veteran Population
Johnson (KS)	467,543	26,077	5.6%	10.7%	0.7%
Jackson (MO)	547,779	36,245	6.6%	12.7%	1.0%
Kansas	2,212,073	154,967	7.0%	12.9%	1.3%
Missouri	4,762,197	354,505	7.4%	14.0%	1.3%
<b>United States</b>	<b>257,456,135</b>	<b>16,569,149</b>	<b>6.4%</b>	<b>11.9%</b>	<b>1.3%</b>

Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates.

**Exhibit 14: Veteran Population by Age Cohort, 2019-2023**

Area	Age 18-34	Age 35-54	Age 55-64	Age 65-74	Age 75+
Johnson (KS)	1.3%	3.9%	5.4%	10.3%	21.1%
Jackson (MO)	1.8%	5.0%	8.3%	12.2%	19.8%
Kansas	2.1%	5.1%	7.3%	13.6%	19.9%
Missouri	2.0%	5.1%	8.4%	14.5%	20.4%
<b>United States</b>	<b>1.9%</b>	<b>4.7%</b>	<b>7.2%</b>	<b>12.0%</b>	<b>18.4%</b>

Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates.

### Description

**Exhibits 13 and 14** portray the percentage of the population who are veterans by gender and age group. Light grey shading indicates gender and age groups that are higher than national averages.

According to an analysis of the National Health Interview Survey (NHIS), American veterans experience higher prevalence of pain and more severe pain than non-veterans, with young and middle-aged veterans suffering the most. According to that analysis, veterans are more likely to report back/neck problems compared to non-veterans and suffer longer years of musculoskeletal injury-related limitations. Male veterans are more likely to report severe pain than male non-veterans.<sup>12</sup>

### Observations

- Jackson County, Kansas, and Missouri had a higher percentage of male veteran population compared to the United States.
- Jackson County had comparatively higher proportions of veteran population among age cohorts 35 years and older.

<sup>12</sup> <https://www.ncbi.nlm.nih.gov/pubmed/27884688>

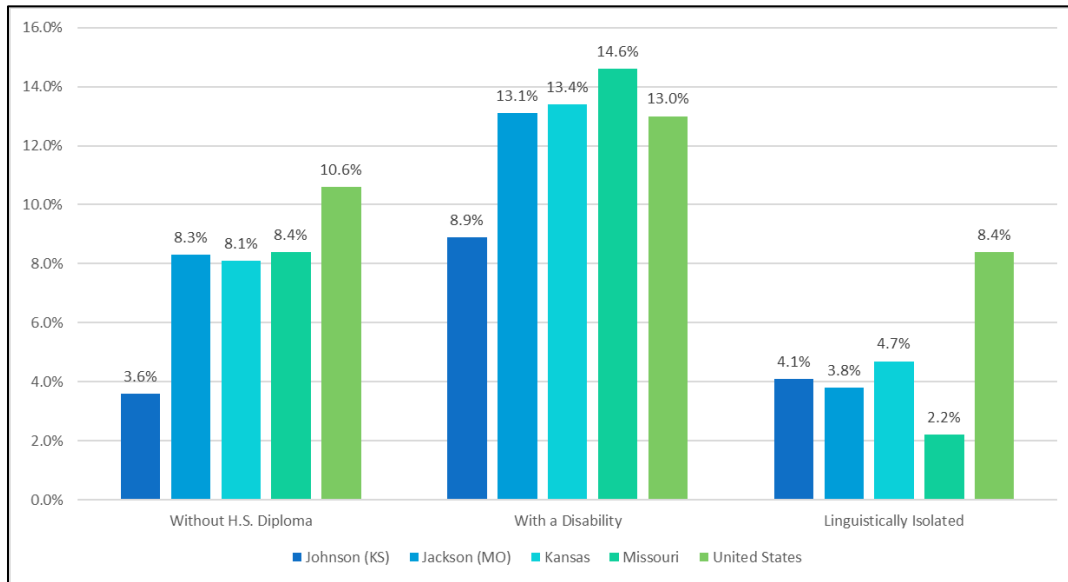
## APPENDIX B – SECONDARY DATA ASSESSMENT

- Kansas and Missouri had higher proportions of veteran population in all age groups eighteen years and older compared to the United States.

### Socioeconomic Indicators

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

**Exhibit 15: Selected Socioeconomic Indicators, 2019-2023**



Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates.

### Description

**Exhibit 15** portrays the percentage of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated in the two counties, Kansas, Missouri, and the United States. Linguistic isolation is defined as residents who speak a language other than English and who speak English less than “very well.”

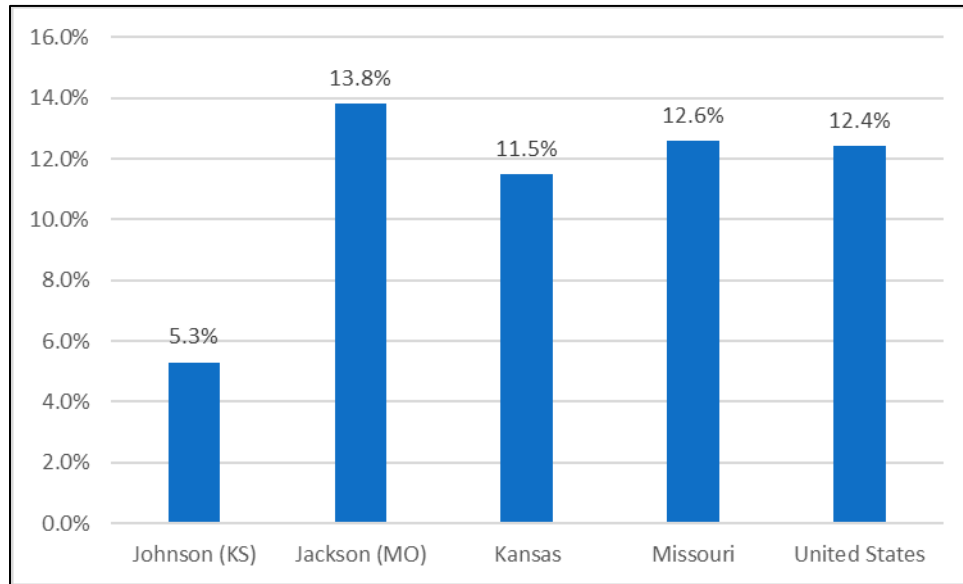
### Observations

- In 2019-2023, Jackson County had more residents without a high school diploma and living with a disability than Johnson County.
- Johnson County had a slightly higher percentage of residents who speak English less than “very well” than Jackson County; however, both counties were well below the U.S. benchmark.



## People in Poverty

**Exhibit 16: Percent of People in Poverty, 2019-2023**



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates.

### Description

**Exhibit 16** portrays poverty rates by county, in Kansas and Missouri, and in the United States.

### Observations

- In 2019-2023, the poverty rate in Jackson County was above Johnson County, Kansas, Missouri, and U.S. averages.
- The Jackson County poverty rate was more than double the rate in Johnson County.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 17: Poverty Rates by Race and Ethnicity, 2019-2023**

Area	White	Black	Asian	Hispanic (or Latino)	All Races and Ethnicities
Johnson (KS)	4.4%	11.9%	6.3%	10.0%	5.3%
Jackson (MO)	9.5%	23.8%	14.1%	19.6%	13.8%
Kansas	9.7%	22.1%	12.6%	18.0%	11.5%
Missouri	10.8%	23.0%	11.7%	17.5%	12.6%
<b>United States</b>	<b>9.9%</b>	<b>21.3%</b>	<b>9.9%</b>	<b>16.9%</b>	<b>12.4%</b>

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates.

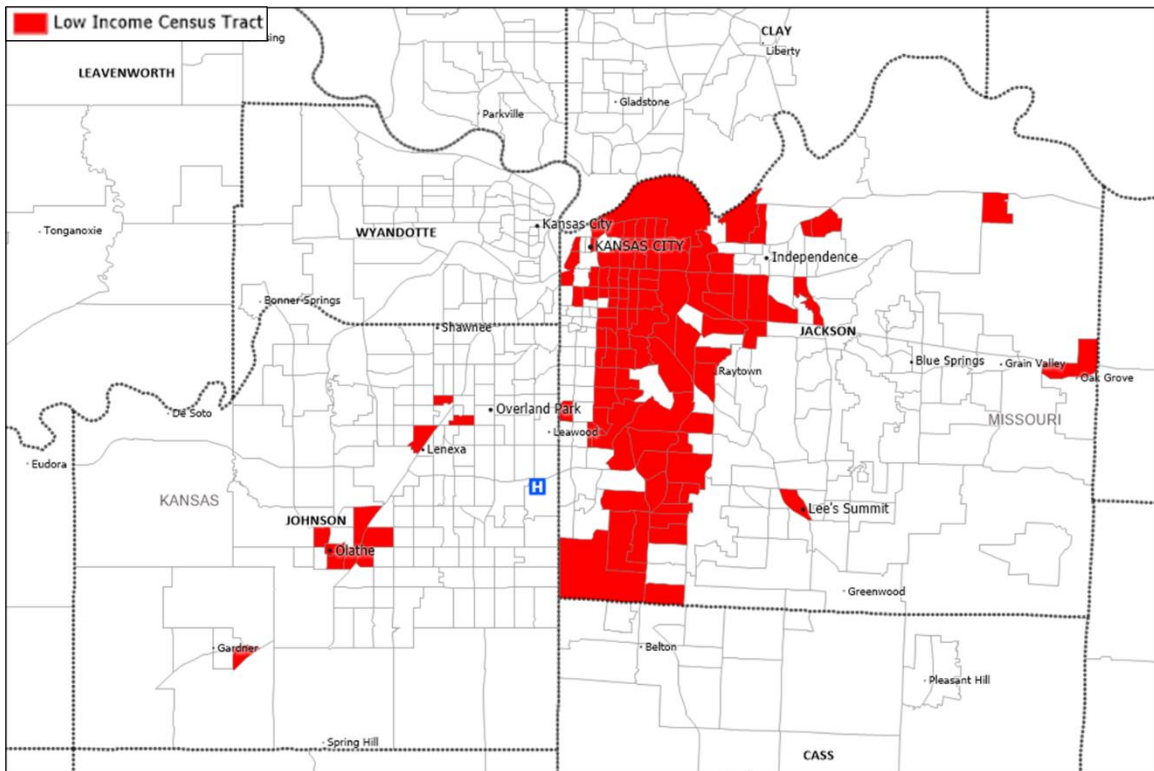
### Description

**Exhibit 17** portrays poverty rates by race and ethnicity. Dark grey shading indicates rates 50 percent or more above the U.S-wide average (12.4 percent for all people). Light grey shading indicates rates that also are above the U.S. average.

### Observations

- In 2019-2023, Jackson County poverty rates for Black and Hispanic (or Latino) residents were more than 50 percent above the U.S. average for people of all races and ethnicities.
- Poverty rates were comparatively low for all population groups in Johnson County.

**Exhibit 18: Low Income Census Tracts, 2019**



Source: Economic Research Service (ERS), U.S. Department of Agriculture (USDA). [Food Access Research Atlas](https://www.ers.usda.gov/data-products/food-access-research-atlas/), <https://www.ers.usda.gov/data-products/food-access-research-atlas/>, 2021 and Caliper Maptitude, 2025.

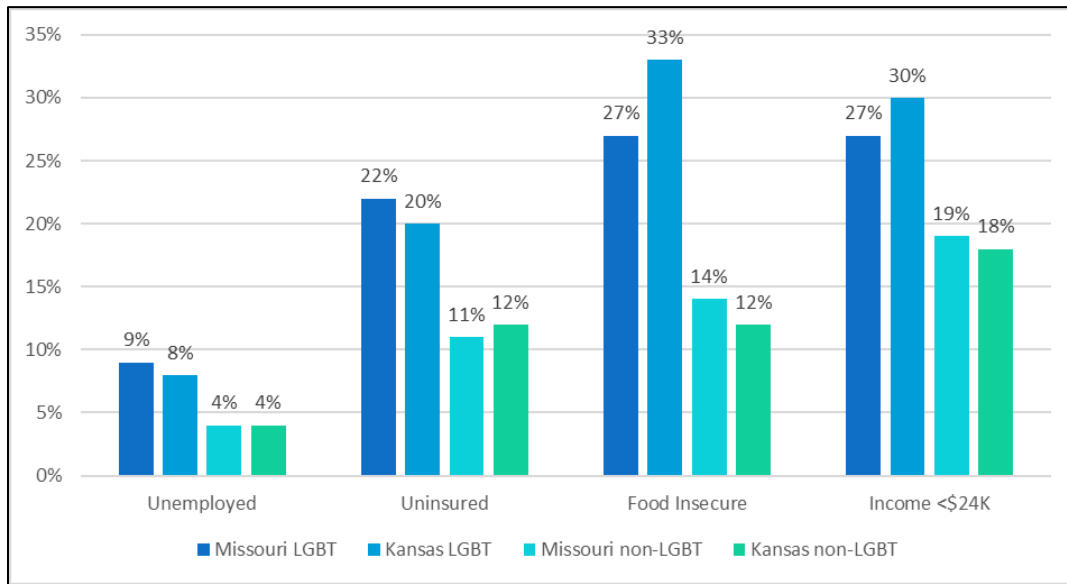
## Description

**Exhibit 18** portrays the location of federally designated low-income census tracts.

## Observations

- In 2019, low-income census tracts were concentrated in western parts of Jackson County, Kansas City, Lee's Summit, and Oak Grove, and in Olathe and Lenexa in Johnson County.



**Exhibit 19: Select Socioeconomic Characteristics, LGBT vs. Non-LGBT, 2019**

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

## Description

**Exhibit 19** presents select socioeconomic indicators for lesbian, gay, bisexual, and transgender (LGBT) communities compared to non-LGBT (straight/heterosexual) communities in Missouri and Kansas.

## Observations

- In 2019, Missouri and Kansas residents who identified as LGBT were more likely to be unemployed, uninsured, food insecure, and have low-income than those who identified as non-LGBT.

## Food Access

**Exhibit 20: Food Insecurity by Race and Ethnicity, 2023**

Area	Food Insecurity Rate				
	Overall	Black, all ethnicities	Hispanic, any race	White, non-Hispanic	Child (<18 years)
Johnson (KS)	10.4%	28.0%	19.0%	9.0%	11.5%
Jackson (MO)	15.6%	33.0%	21.0%	12.0%	21.1%
Kansas	14.0%	30.0%	24.0%	11.0%	18.4%
Missouri	15.4%	33.0%	21.0%	13.0%	18.1%
<b>United States</b>	<b>13.5%</b>	<b>20.8%</b>	<b>18.7%</b>	<b>10.4%</b>	<b>17.9%</b>

Source: Dewey, A., Hilvers, J., Dawes, S., Harris, V., Hake, M., and Engelhard, E. (2025). Map the Meal Gap: A Report of Local Food Insecurity and Food Costs in the United States in 2023. Feeding America National Organization, and USDA, Economic Research Service, 2023.

## APPENDIX B – SECONDARY DATA ASSESSMENT

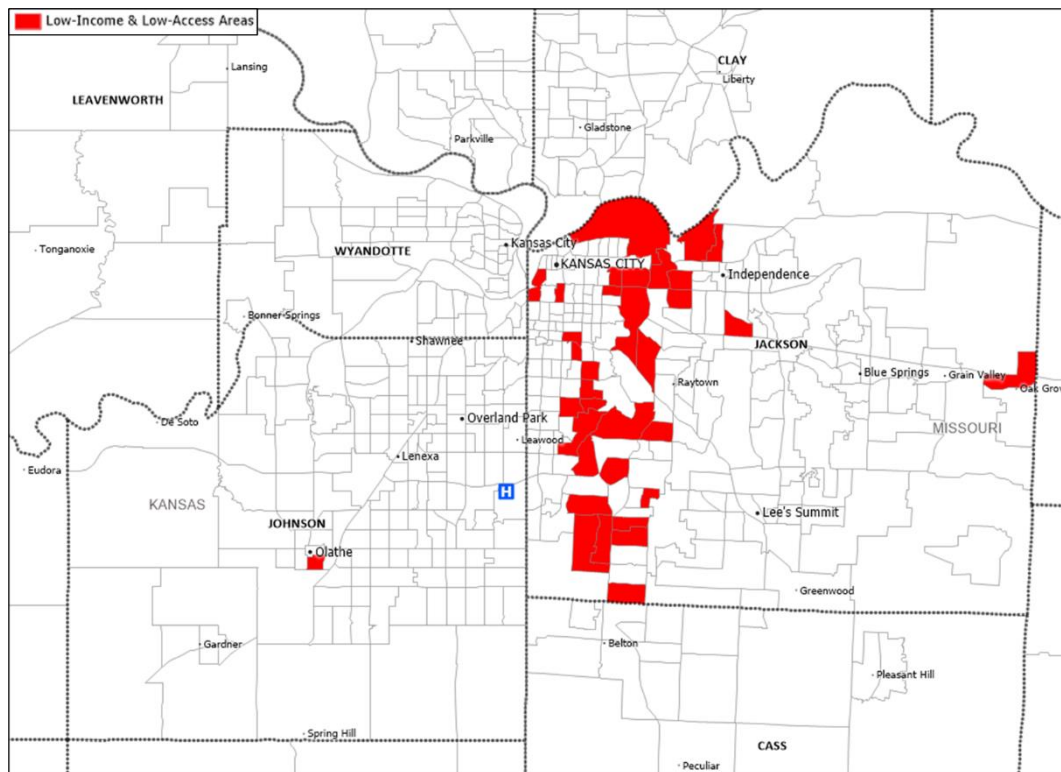
### Description

**Exhibit 20** portrays food insecurity estimates disaggregated by race and ethnicity and overall food insecurity rates for children in the two counties, Kansas, Missouri, and the United States. Dark grey shading indicates rates 50 percent or more above the U.S.-wide average of 13.5 percent for all people. Light grey shading indicates rates 0-50 percent above the U.S. average.

### Observations

- In 2023, the overall food insecurity rates in Jackson County, Kansas, and Missouri were higher than the national average for all people.
- Food insecurity rates for Black and Hispanic residents were higher in all areas presented compared to the U.S.-wide rate for all people.
- Food insecurity rates were higher for children in Jackson County, Kansas, and Missouri compared to the overall food insecurity rate in each county and the U.S.-wide rate for all people.

### Exhibit 21: Low-Income and Low-Access to Healthy Food Census Tracts, 2019



Source: Economic Research Service (ERS), U.S. Department of Agriculture (USDA). [Food Access Research Atlas](https://www.ers.usda.gov/data-products/food-access-research-atlas/), <https://www.ers.usda.gov/data-products/food-access-research-atlas/>, 2021 and Caliper Maptitude, 2025.

### Description

The U.S. Department of Agriculture's (USDA) Economic Research Service defines areas as low-income and low access by measuring distance to a grocery store or supermarket and the

## APPENDIX B – SECONDARY DATA ASSESSMENT

average income of the neighborhood. The USDA defines low access as more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Limited access to supermarkets, grocery stores, or other sources of healthy and affordable food may make it harder for people to eat a nutritious diet.<sup>13</sup>

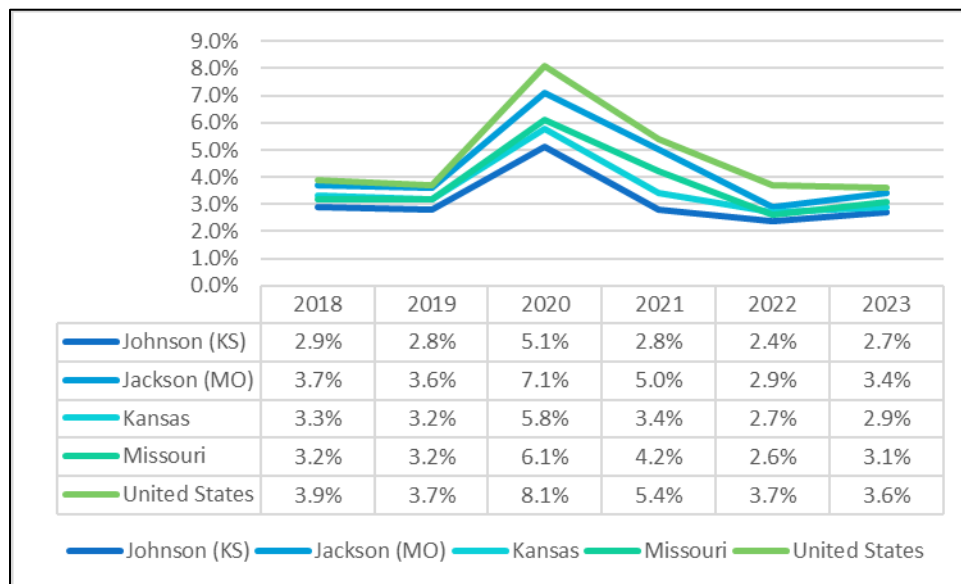
**Exhibit 21** identifies areas designated as low-income and low access to healthy and affordable food in Johnson (KS) and Jackson (MO) counties.

### Observations

- In 2019, federally designated low-income and low access areas were concentrated in western Jackson County, Oak Grove, and Olathe (Johnson County).

### Unemployment

**Exhibit 22: Average Annual Unemployment Rate, 2018-2023**



Source: U.S. Bureau of Labor Statistics, April 2025.

### Description

**Exhibit 22** portrays average annual unemployment rates for the two counties, Kansas, Missouri, and the United States for 2018 to 2023.

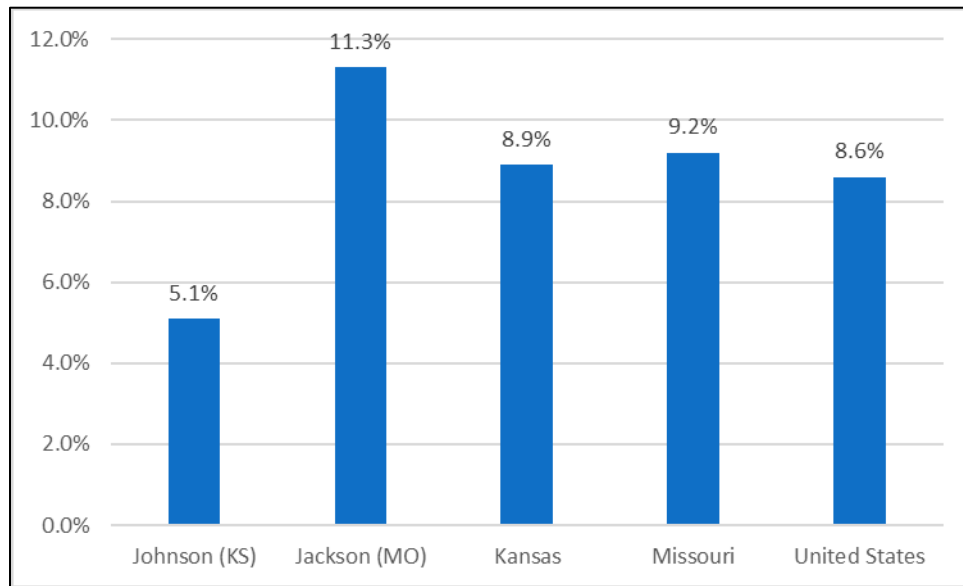
<sup>13</sup> <https://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas/>

## Observations

- Unemployment rates rose substantially from 2019 to 2020 due to the COVID-19 pandemic.
- In 2023, unemployment rates throughout the community were lower than U.S. averages and pre-pandemic levels.

## Health Insurance Status

**Exhibit 23: Percent of Population without Health Insurance, 2019-2023**



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates.

## Description

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

## Observations

- In 2019-2023, Jackson County had a higher percentage of the population without health insurance than Johnson County, Kansas, Missouri, and national averages.
- Kansas is one of the ten remaining states that have chosen not to expand Medicaid. As of May 2025, it is estimated twenty-seven thousand (27,000) uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.<sup>14</sup>

<sup>14</sup>[Medicaid State Fact Sheets | KFF](#)

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### Crime Rates

**Exhibit 24: Crime Rates by Type and Jurisdiction, Per 100,000, 2022-2023**

Area	County (State)	Violent Crime	Murder	Rape	Robbery	Aggravated Assault	Property Crime	Burglary	Larceny-Theft	Motor Vehicle Theft
Olathe	Johnson (KS)	234.3	4.1	37.9	8.8	183.5	1,147.1	82.6	870.8	193.7
Overland Park	Johnson (KS)	203.3	0.0	19.7	18.2	165.4	2,246.5	207.4	1,682.1	357.1
Independence	Jackson (MO)	201.1	5.8	29.1	29.9	136.3	1,327.2	187.8	802.8	336.6
Kansas City	Jackson (MO)	1,477.7	35.5	78.5	241.2	1,122.5	4,958.5	549.6	2,633.3	1,775.6
Lee's Summit	Jackson (MO)	160.9	1.0	22.0	9.6	128.4	2,179.1	129.3	1,738.5	311.3
Kansas		414.6	4.6	45.5	29.2	335.4	1,992.2	273.4	1,488.7	230.2
Missouri		488.0	10.1	48.9	54.8	374.2	2,340.1	295.8	1,557.2	487.1
United States		363.8	5.7	38.0	66.5	264.1	1,917.0	250.7	1,347.2	318.7

Source: Federal Bureau of Investigation, 2024.

### Description

**Exhibit 24** provides crime statistics available from the Federal Bureau of Investigation by type and jurisdiction. Light grey shading indicates rates above the United States averages. Dark grey shading indicates rates more than 50 percent above the average.

### Observations

- In 2023, crime rates in Kansas City, Missouri (Jackson County) were more than 50 percent above U.S. averages for all crime types.
- Property crime, larceny-theft, and motor vehicle theft were above U.S. averages in Overland Park, Kansas (Johnson County).

## APPENDIX B – SECONDARY DATA ASSESSMENT

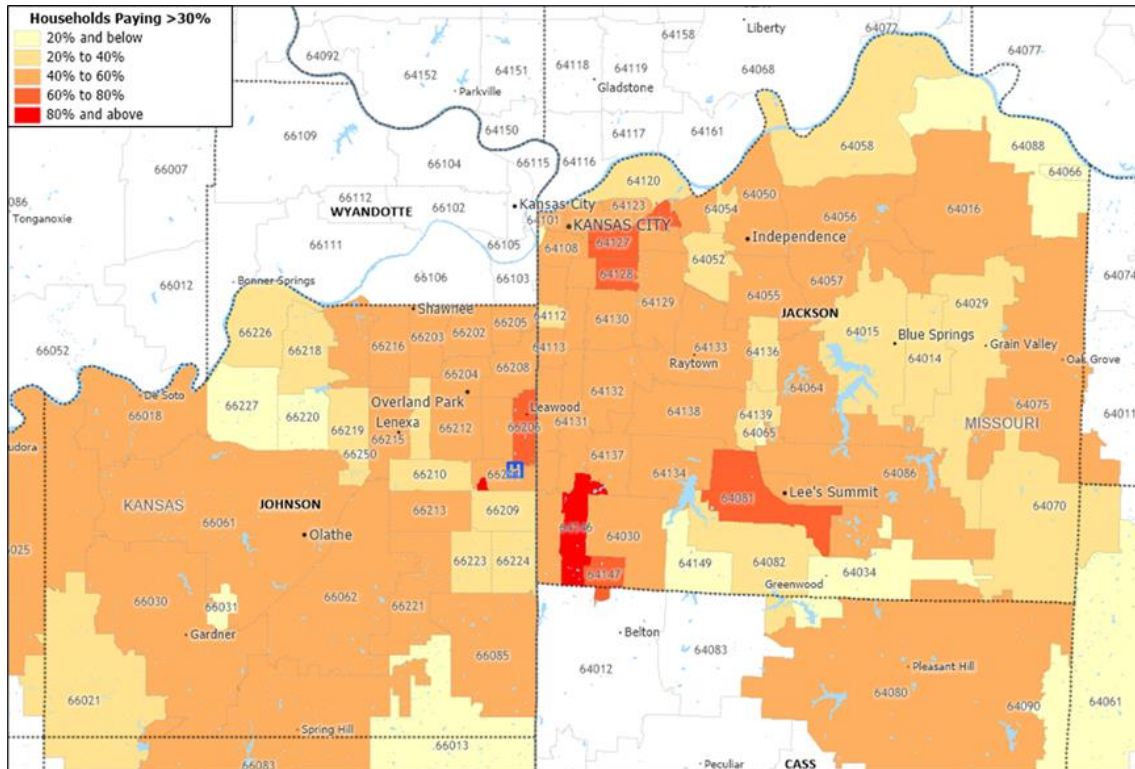
### Housing Affordability

**Exhibit 25: Percent of Rented Households Rent Burdened, 2019-2023**

Area	Households Paying Rent	Households Paying >30% of Income for Rent	Percent of Households Rent Burdened
Johnson (KS)	74,399	30,500	41.0%
Jackson (MO)	116,914	57,173	48.9%
Kansas	358,119	155,298	43.4%
Missouri	733,998	331,562	45.2%
<b>United States</b>	<b>41,515,732</b>	<b>20,909,407</b>	<b>50.4%</b>

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates.

**Exhibit 26: Map of Percent of Rented Households Rent Burdened, 2019-2023**



Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates, and Caliper Maptitude, 2025.

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### Description

The U.S. Department of Housing and Urban Development (HUD) has defined “rent burdened” households as those spending more than 30 percent of income on housing.<sup>15</sup>

**Exhibits 25 and 26** portray the percentage of rented households that meet this definition.

### Observations

- In 2019-2023, 48.9 percent of Jackson County households were designated as rent burdened, a level above the Missouri average (45.2 percent) and below the national average (50.4 percent).
- In Johnson County, 41.0 percent of households were designated as rent burdened, a level below the Kansas average (43.4 percent) and below the national average (50.4 percent).
- The percentage of households rent burdened was highest in ZIP Codes 66251 (Overland Park, Johnson County) and 64146, 64127, and 64147 (Kansas City, Jackson County), each over 65.0 percent.

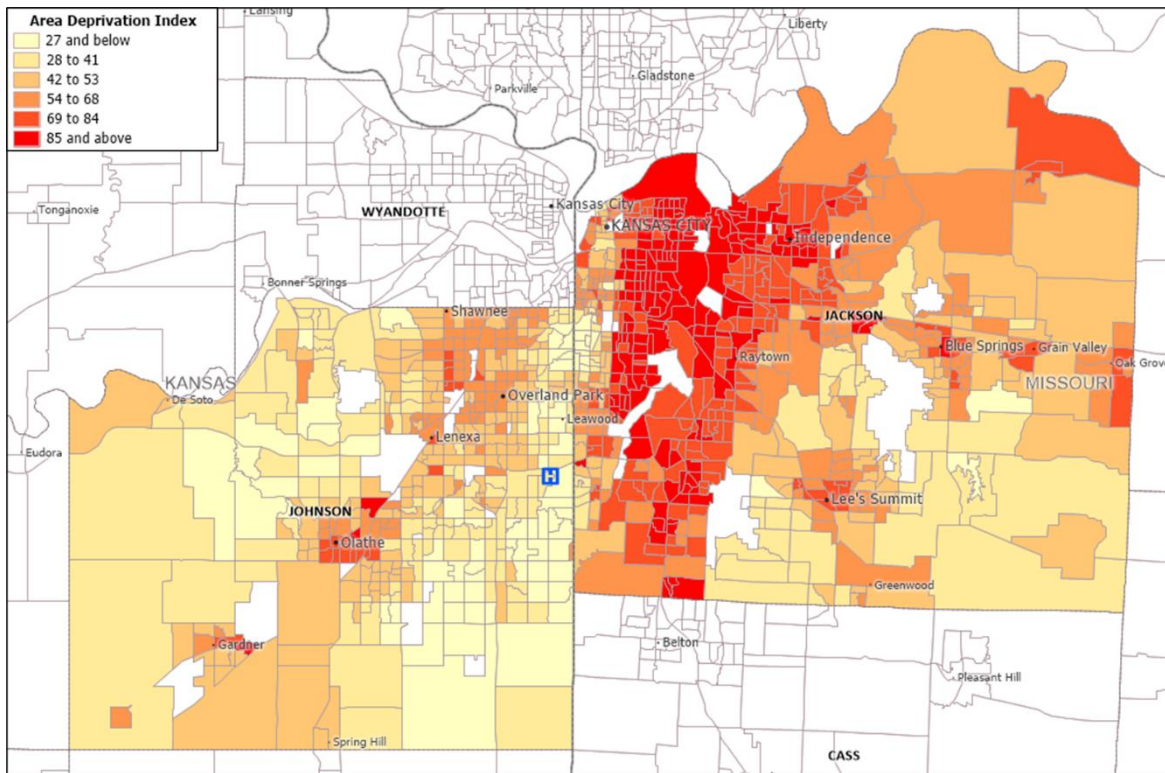
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<sup>15</sup> <https://www.federalreserve.gov/econres/notes/feds-notes/assessing-the-severity-of-rent-burden-on-low-income-families-20171222.htm>



## Area Deprivation Index

**Exhibit 27: Area Deprivation Index, 2023**



Source: University of Wisconsin School of Medicine and Public Health. Area Deprivation Index, 2023. Downloaded from <https://www.neighborhoodatlas.medicine.wisc.edu/>, June 5, 2025, and Caliper Maptitude, 2025.

Note: No data available for census blocks indicated in white.

## Description

**Exhibit 27** presents the University of Wisconsin, School of Medicine and Public Health, Center for Health Disparities Research's Area Deprivation Index (ADI). The ADI ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality.

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

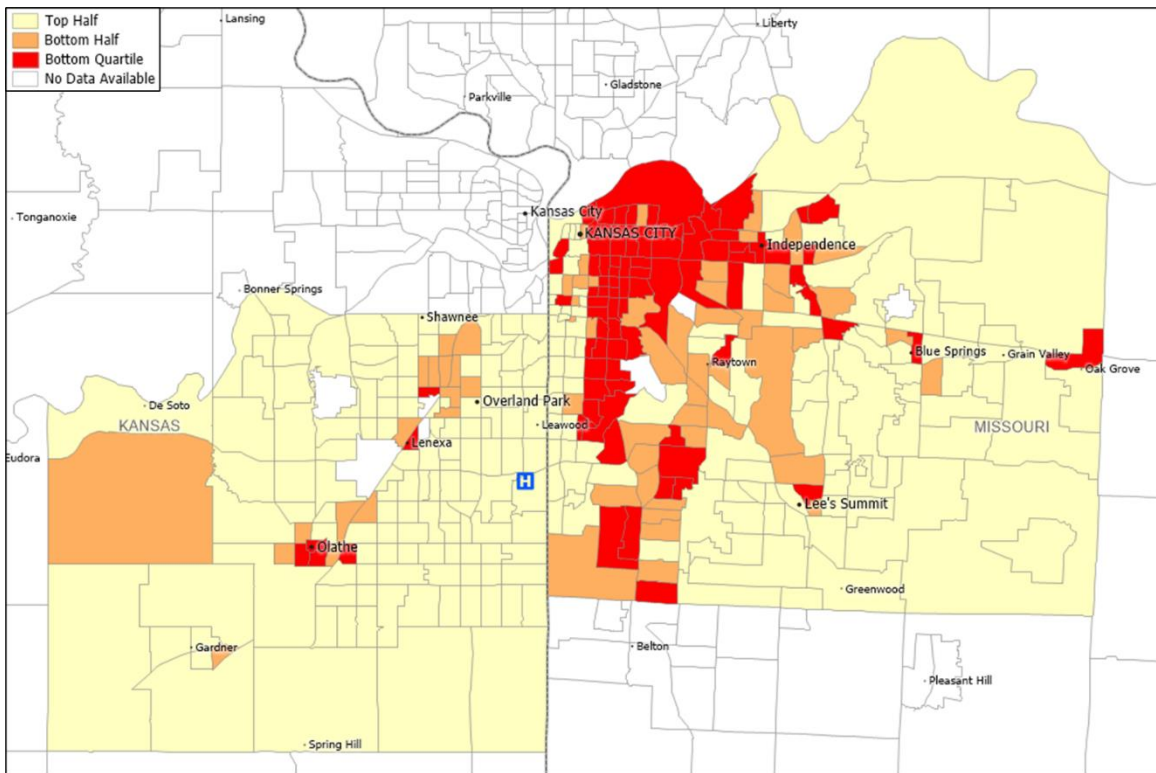
## Observations

- In 2023, neighborhoods that comprise western Jackson County (including Kansas City and Independence), Blue Springs, and Lee's Summit had disproportionately higher levels of socioeconomic disadvantage.
- Johnson County neighborhoods in Olathe, Lenexa, and Gardner had comparatively high levels of socioeconomic disadvantage.



Centers for Disease Control and Prevention Social Vulnerability Index

**Exhibit 28: Socioeconomic Status, Bottom Half/Quartile Census Tracts, 2022**



Source: Centers for Disease Control and Prevention, 2022, and Caliper Maptitude, 2025.

## Description

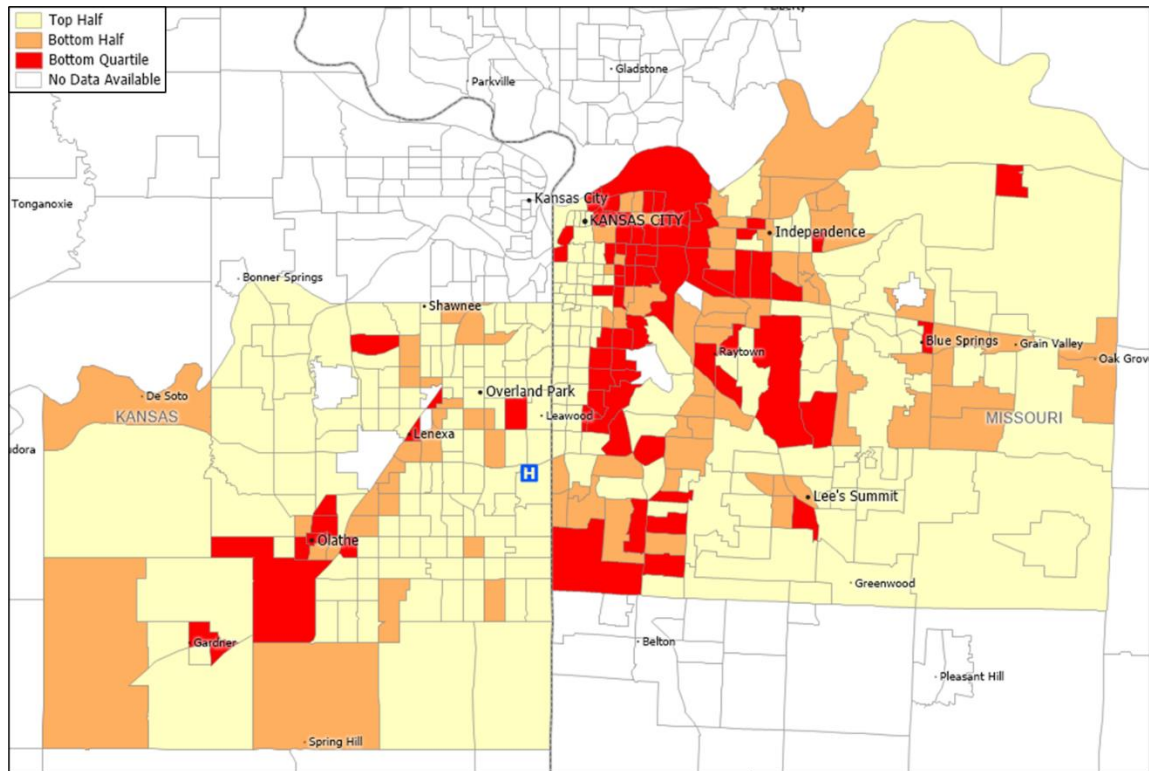
**Exhibits 28 through 31** are maps that show the Centers for Disease Control and Prevention’s (CDC) Social Vulnerability Index (SVI) scores by census tract. Red highlighted census tracts indicate scores that are in the bottom quartile nationally and orange highlighted census tracts are in the bottom half nationally. The SVI is based on 15 variables derived from U.S. census data and grouped into four themes, including Socioeconomic Status; Household Characteristics; Racial & Ethnic Minority Status; and Housing Type & Transportation.

**Exhibit 28** identifies census tracts in the bottom half and bottom quartile for “socioeconomic characteristics,” specifically below 150 percent of poverty, unemployment, housing cost burden, no high school diploma, no health insurance.

## Observations

- In 2022, census tracts with the highest socioeconomic vulnerability were present in Kansas City, Independence, Blue Springs, Lee’s Summit, and Oak Grove in Jackson County and in Olathe and Lenexa in Johnson County.

**Exhibit 29: Household Characteristics, Bottom Half/Quartile Census Tracts, 2022**



Source: Centers for Disease Control and Prevention, 2022, and Caliper Maptitude, 2025.

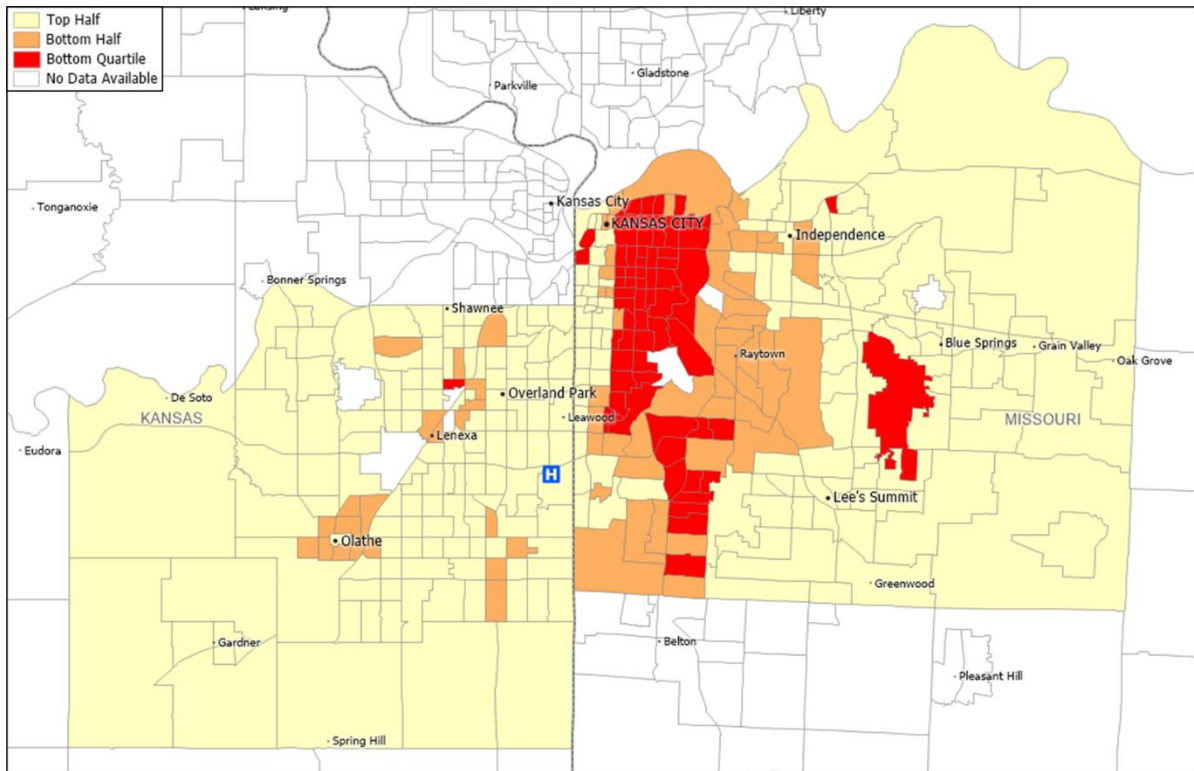
## Description

**Exhibit 29** identifies census tracts in the bottom half and bottom quartile nationally for “household characteristics,” specifically percent of people 65 years of age or older, 17 years of age or younger, civilian with a disability, single-parent households, and with Limited English Proficiency (LEP).

## Observations

- In 2022, census tracts with the highest household characteristics vulnerability were concentrated in and around Kansas City, Raytown, and Blue Springs in Jackson County and in Olathe, Gardner, and Lenexa in Johnson County.

**Exhibit 30: Racial and Ethnic Minority Status, Bottom Half/Quartile Census Tracts, 2022**



Source: Centers for Disease Control and Prevention, 2022, and Caliper Maptitude, 2025.

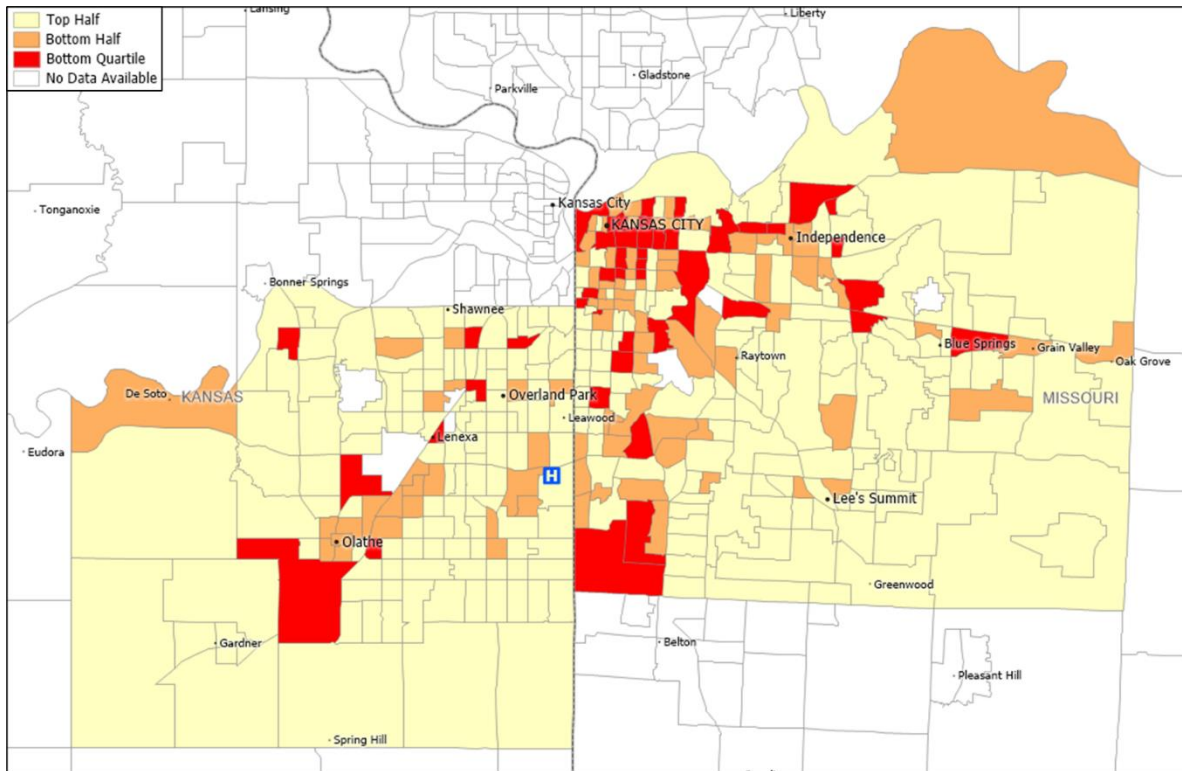
## Description

**Exhibit 30** identifies census tracts in the bottom half and bottom quartile for “racial and ethnic minority status,” specifically percent of people identified as non-White.

## Observations

- In 2022, census tracts with the highest racial and ethnic minority status vulnerability were in Kansas City and central Jackson County.

**Exhibit 31: Housing Type and Transportation, Bottom Half/Quartile Census Tracts, 2022**



Source: Centers for Disease Control and Prevention, 2022, and Caliper Maptitude, 2025.

## Description

**Exhibit 31** identifies census tracts in the bottom half and bottom quartile nationally for “housing type and transportation vulnerability,” specifically people living in multi-unit structures, in mobile homes, in crowded households, in group quarters, and with no vehicle.

## Observations

- In 2022, census tracts designated as vulnerable for housing type and transportation were present in Kansas City and Blue Springs in Jackson County and in Olathe, Lenexa, and south-central Johnson County.

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### Other Health Status and Access Indicators

#### County Health Rankings

**Exhibit 32: County Health Rankings Data Compared to State and U.S. Averages, 2025**

Category	Indicator	Johnson (KS)	Jackson (MO)	Kansas	Missouri	United States
<b>Population Health and Well-Being</b>						
Length of Life	Years of potential life lost before age 75 per 100,000 population	4,977	11,090	8,589	9,970	<b>8,400</b>
Quality of Life	Percent adults reporting fair or poor health	10.1%	17.6%	15.4%	17.4%	<b>17.0%</b>
	Average number of physically unhealthy days past 30 days	2.9	4.4	3.7	4.2	<b>3.9</b>
	Average number of mentally unhealthy days past 30 days	4.4	6.0	5.2	5.5	<b>5.1</b>
	Percent live births with low birthweight (<2500 grams)	6.7%	9.7%	7.5%	8.8%	<b>8.0%</b>
<b>Community Conditions</b>						
<b>Health Infrastructure – Health Promotion and Harm Reduction</b>						
Adult Smoking	Percent adults smoking >= 100 cigarettes & currently smoking	9.6%	15.8%	15.1%	17.8%	<b>13.0%</b>
Adult Obesity	Percent of adults that report a BMI >= 30	31.6%	38.8%	36.5%	36.7%	<b>34.0%</b>
Food Environment Index	Index of factors that contribute to a healthy food environment	9.3	7.6	6.8	6.6	<b>7.4</b>
Physical Inactivity	Percent adults aged 20 and over reporting no leisure-time physical activity	16.9%	21.7%	22.6%	24.2%	<b>23.0%</b>
Access to Exercise Opportunities	Percent population with adequate access to locations for physical activity	98.1%	92.1%	80.3%	76.6%	<b>84.0%</b>
Excessive Drinking	Binge plus heavy drinking	20.6%	21.1%	19.5%	21.9%	<b>19.0%</b>
Alcohol-Impaired Driving Deaths	Percent driving deaths with alcohol involvement	19.7%	34.4%	21.0%	28.1%	<b>26.0%</b>
STDs	Chlamydia rate per 100,000 population	341.6	<b>893.3</b>	474.4	523.6	<b>495.0</b>
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	6.7	23.3	18.0	19.0	<b>16.0</b>

Source: County Health Rankings, 2025.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 32: County Health Rankings Data Compared to State and U.S. Averages, 2025 (continued)**

Category	Indicator	Johnson (KS)	Jackson (MO)	Kansas	Missouri	United States
<b>Health Infrastructure - Clinical Care</b>						
Uninsured	Percent population under age 65 without health insurance	5.9%	11.1%	10.2%	10.2%	<b>10.0%</b>
Primary Care Physicians	Ratio of population to primary care physicians	842:1	1,185:1	1,285:1	1,421:1	<b>1,330:1</b>
Dentists	Ratio of population to dentists	1,120:1	1,065:1	1,583:1	1,596:1	<b>1,360:1</b>
Mental Health Providers	Ratio of population to mental health providers	315:1	322:1	395:1	382:1	<b>300:1</b>
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,204.0	3,371.0	2,529.0	2,938.0	<b>2,666.0</b>
Mammography Screening	Percent female Medicare enrollees, ages 67-69, that receive mammography	55.0%	48.0%	49.0%	46.0%	<b>44.0%</b>
Flu Vaccinations	Percent Medicare enrollees that had an annual flu vaccination	49.0%	62.0%	47.0%	51.0%	<b>48.0%</b>
<b>Social and Economic Factors</b>						
High School Graduation	Percent adults age 25 and over with a high school diploma or equivalent	96.5%	91.7%	91.9%	91.6%	<b>89.0%</b>
Some College	Percent adults aged 25-44 years with some post-secondary education	84.7%	67.6%	70.3%	67.0%	<b>68.0%</b>
Unemployment	Percent population age 16+ unemployed but seeking work	2.4%	3.4%	2.7%	3.1%	<b>3.6%</b>
Children in Poverty	Percent children under the age of 18 in poverty	4.9%	14.7%	13.1%	14.7%	<b>16.0%</b>
Income Inequality	Ratio of household income at the 80th to income at the 20 <sup>th</sup> percentile	3.9	4.6	4.4	4.5	<b>4.9</b>
Single-Parent Households	Percent children that live in a household headed by single parent	22.0%	40.0%	19.0%	31.0%	<b>28.0%</b>
Social Associations	Number of associations per 10,000 population	8.7	10.7	13.2	11.4	<b>9.1</b>
Injury Deaths	Injury mortality per 100,000	58.0	118.0	85.4	104.3	<b>84.0</b>
<b>Physical Environment</b>						
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	8.2	10.1	7.3	7.5	<b>7.3</b>
Severe Housing Problems	Percent households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	10.1%	15.0%	12.3%	12.8%	<b>17.0%</b>
Driving Alone to Work	Percent workforce that drives alone to work	72.2%	74.8%	76.7%	76.4%	<b>70.0%</b>
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	22.5%	31.8%	21.8%	31.4%	<b>37.0%</b>

Source: County Health Rankings, 2025.



### Description

**Exhibit 32** provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.<sup>16</sup> Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors are worse in the county than in the United States. However, for several indicators, lower values are more problematic, including food environment index, percent with access to exercise opportunities, percent receiving mammography screening, percent receiving flu vaccination, high school graduation rate, and percent with some college.

### Observations

- In Johnson County, Kansas the following indicators compared unfavorably to U.S. averages:
  - Binge plus heavy drinking
  - Per capita supply of mental health providers
  - Number of social associations
  - Average daily measure of fine particulate matter (air pollution)
  - Percentage of workforce that drives alone to work
- In Jackson County, Missouri the following indicators compared unfavorably to U.S. averages:
  - Years of potential life lost before age 75
  - Percentage of adults reporting fair or poor health
  - Average number of physically and mentally unhealthy days
  - Low birthweight births
  - Adult smoking
  - Obesity
  - Binge plus heavy drinking
  - Percentage of deaths with alcohol involvement
  - Chlamydia rate (more than 50 percent above the U.S. average)
  - Teen birth rate
  - Uninsured rate
  - Per capita supply of mental health providers
  - Preventable hospitalizations
  - Percentage of children living in single parent households
  - Injury mortality rate
  - Average daily measure of fine particulate matter (air pollution)
  - Percentage of workforce that drives alone to work

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<sup>16</sup> <https://www.countyhealthrankings.org/health-data/county-health-rankings-measures>

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Community Health Status Indicators

**Exhibit 33: Community Health Status Indicators, 2025**

Measure	Johnson (KS)	Peer Counties Average	Jackson (MO)	Peer Counties Average
Years of potential life lost <75 per 100,000	4,977	5,571	11,090	7,298
<b>Quality of Life</b>				
Poor physical health days	2.9	3.5	4.4	3.9
Percent births - low birth weight	6.7%	7.3%	9.7%	8.2%
Poor mental health days	4.4	4.9	6.0	5.3
Poor or fair health	10.1%	13.8%	17.6%	16.0%
<b>Health Infrastructure – Health Promotion and Harm Reduction</b>				
Percent adult smoking	9.6%	11.7%	15.8%	12.6%
Percent adults with obesity	31.6%	33.2%	38.8%	30.4%
Percent physically inactive	16.9%	19.4%	21.7%	21.0%
Percent with access to exercise opportunities	98.1%	87.9%	92.1%	95.8%
Food Environment Index	9.3	8.9	7.6	8.4
Percent who report excessive drinking	20.6%	20.3%	21.1%	20.7%
Percent alcohol-impaired driving deaths	19.7%	28.7%	34.4%	26.7%
Sexually transmitted infections per 100,000	341.6	264.0	893.3	570.5
Teen birth rate per 1,000, ages 15-19	6.7	7.7	23.3	13.4
<b>Health Infrastructure – Clinical Care</b>				
Ratio of population to primary care physicians	842:1	1,269:1	1,185:1	1,057:1
Ratio of population to mental health providers	315:1	513:1	322:1	211:1
Ratio of population to dentists	1,120:1	1,683:1	1,065:1	1,085:1
Preventable hospital stays, per 100,000 Medicare	2,204	2,388	3,371	2,425
Percent mammography screening	55.0%	47.1%	48.0%	43.5%
Percent uninsured	5.9%	7.4%	11.1%	8.7%
Percent flu vaccination	62.0%	52.3%	51.0%	50.3%
<b>Physical Environment</b>				
Percent severe housing problems	10.1%	11.0%	15.0%	17.4%
Percent driving alone to work	72.2%	70.4%	74.8%	63.9%
Percent long commute, drives alone	22.5%	45.9%	31.8%	34.7%
Average daily PM2.5, air pollution	8.2	8.3	10.1	9.7
Drinking water violations	No		No	
<b>Social and Economic Factors</b>				
Percent with some college	84.7%	77.7%	67.6%	75.6%
Percent high school graduation	96.5%	94.1%	91.7%	91.1%
Percent unemployed	2.4%	2.9%	3.4%	3.4%

Source: County Health Rankings and Verité Analysis, 2025.



## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 33: Community Health Status Indicators, 2025, (continued)**

Measure	Johnson (KS)	Peer Counties Average	Jackson (MO)	Peer Counties Average
Income inequality ratio	3.9	3.8	4.6	4.5
Percent children in poverty	4.9%	6.8%	14.7%	13.8%
Injury deaths per 100,000	58.0	57.0	118.0	78.7
Social associations per 10,000	8.7	7.1	10.7	9.1

Source: County Health Rankings and Verité Analysis, 2025.

### Description

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

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

**Exhibit 33** compares each county to its respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. The exhibit includes measures used to rank counties and “additional measure data”. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties. Underlying statistics are provided.

See Appendix D for lists of peer counties.

### Observations

- Jackson County compared unfavorably to peer counties for 28 of the 34 (82.0 percent) benchmark indicators, with 50.0 percent of indicators in the bottom quartile compared to peer counties.
- Johnson County compared unfavorably to peer counties for 5 of the 34 (15.0 percent) benchmark indicators, with one indicator in the bottom quartile compared to peer counties (sexually transmitted infections).
- Both counties were in the bottom half or bottom quartile for:
  - Excessive drinking
  - Driving alone to work
  - Sexually transmitted infections
  - Income inequality
  - Injury deaths

## APPENDIX B – SECONDARY DATA ASSESSMENT

### COVID-19 Incidence and Mortality

**Exhibit 34: COVID-19 Incidence and Mortality (As of March 10, 2023)**

Area	Total Population	Cases	Deaths	Incidence Rate per 100,000	Mortality Rate per 100,000
Johnson (KS)	595,555	178,296	1,377	29,837.6	230.4
Jackson (MO)	700,307	121,175	1,389	17,303.1	198.3
Kansas	2,911,505	938,184	10,066	32,223.3	345.7
Missouri	6,126,452	1,637,608	21,520	26,730.1	351.3
<b>United States</b>	<b>326,262,499</b>	<b>101,470,604</b>	<b>1,102,319</b>	<b>31,100.9</b>	<b>337.9</b>

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

#### Description

**Exhibit 34** presents data regarding COVID-19 incidence and mortality.

#### Observations

- As of March 2023, Johnson County (KS) and Jackson County (MO) COVID-19 incidence and mortality rates per 100,000 population were lower than U.S. averages.
- Mortality rates due to COVID-19 have been above U.S. averages in Kansas and Missouri.

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Mortality Rates

**Exhibit 35: Underlying Cause of Death, Crude Rates per 100,000 Population, 2018-2023**

Cause of Death	Johnson (KS)	Jackson (MO)	Kansas	Missouri	United States
Diseases of heart	145.0	207.0	211.8	251.2	206.1
Malignant neoplasms	146.4	187.3	189.7	211.5	182.8
Accidents (unintentional injuries)	39.1	71.8	59.8	72.3	61.2
COVID-19	33.0	46.3	54.2	55.0	50.6
Cerebrovascular diseases	36.6	45.1	45.6	51.0	47.8
Chronic lower respiratory diseases	31.5	48.9	57.0	61.7	45.6
Alzheimer disease	27.1	20.1	30.2	43.2	36.8
Diabetes mellitus	13.9	25.5	31.3	29.0	28.9
Nephritis, nephrotic syndrome, and nephrosis	14.9	24.6	19.4	26.0	16.3
Chronic liver disease and cirrhosis	8.1	13.3	15.0	14.3	15.2
Influenza and pneumonia	10.8	13.8	16.9	18.0	14.9
Intentional self-harm (suicide)	16.1	20.9	19.0	19.0	14.5
Septicemia	8.2	14.9	11.1	15.5	12.3
Essential hypertension and hypertensive renal disease	13.3	6.8	13.9	8.6	12.2
Parkinson's disease	14.1	10.6	13.6	12.9	11.5
Assault (homicide)	2.4	24.9	5.8	11.3	6.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024.

### Description

**Exhibit 35** provides crude mortality rates for the leading causes of death for the two counties, Kansas, Missouri, and the United States. Light grey shading indicates rates above U.S. averages; dark grey shading indicates rates more than 50 percent above U.S. averages.

### Observations

- In 2018-2023, Jackson County and Missouri, rates of nephritis, nephrotic syndrome and nephrosis, and assault (homicide) were more than 50 percent above U.S. averages.
- In Johnson County, rates for intentional self-harm (suicide), essential hypertension and hypertensive renal disease, and Parkinson's disease exceeded U.S. averages.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 36: Death due Falls, Age 65 and Older, per 100,000, 2016-2020**

Report Area	Total Population	Five Year Total Deaths	Crude Death Rate
Johnson (KS)	434,201	348	80.1
Jackson (MO)	523,269	371	70.9
Kansas	2,312,600	1,975	85.4
Missouri	5,170,769	3,519	68.1
<b>United States</b>	<b>262,251,695</b>	<b>164,100</b>	<b>62.6</b>

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021.

### Description

**Exhibit 36** provides mortality rates due to falls for age cohorts 65 years and older from 2016-2020. Light grey shading indicates age-adjusted death rates above the U.S. average.

According to the Centers for Disease Control and Prevention, falls are the leading cause of fatal and nonfatal injuries among older adults. A July 2020 Morbidity and Mortality Weekly Report stated that approximately 40 percent of reported falls among older adults resulted in an injury that required medical treatment or restricted activity for at least one day.<sup>17</sup>

Injury and death due to falls can be addressed by screening for fall risk and interventions targeted at risk factors such as use of medicines that may increase fall risk and poor strength and balance.<sup>18</sup>

### Observations

- In 2016-2020, death rates due to falls for age cohorts 65 years and older were higher in the KCOI community, Kansas, and Missouri than national averages.

**Exhibit 37: Death due to Poisoning (including drug overdoses) per 100,000, 2019-2023**

Report Area	Total Population	Five Year Total Deaths	Crude Death Rate
Johnson (KS)	612,854	502	16.4
Jackson (MO)	712,178	1,254	35.2
Kansas	2,927,879	3,278	22.4
Missouri	6,166,255	10,286	33.4
<b>United States</b>	<b>331,563,969</b>	<b>506,909</b>	<b>30.6</b>

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024.

<sup>17</sup> <https://www.cdc.gov/falls/data-research/index.html>

<sup>18</sup> <https://www.cdc.gov/steady/index.html>

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### Description

**Exhibit 37** provides mortality rates due to poisoning, including drug overdoses, for 2019-2023. Light grey shading indicates age-adjusted death rates above the U.S. average.

### Observations

- In 2019-2023, death due to poisoning (including drug overdose) rates were higher in Jackson County and Missouri compared to the U.S. average.

### Nutrition, Physical Activity and Lifestyle Behaviors

**Exhibit 38: Food Environment and Access Indicators, 2019-2023**

Indicator	Johnson (KS)	Jackson (MO)	Kansas	Missouri	United States
Fast food restaurants (establishments per 100,000 population)	76.3	76.7	72.3	74.7	<b>80.0</b>
Grocery stores (establishments per 100,000 population)	14.1	14.1	16.5	15.6	<b>18.9</b>
Percent census tracts designated as food deserts	0.8%	23.1%	22.2%	21.7%	<b>14.7%</b>
SNAP authorized food stores (per 10,000 population)	4.4	7.8	7.3	8.2	<b>7.9</b>
Population receiving SNAP benefits	1.9%	13.2%	6.4%	10.8%	<b>12.7%</b>
Households with no motor vehicle	3.3%	7.7%	5.1%	6.6%	<b>8.3%</b>

Source: U.S. Census Bureau, County Business Patterns, U.S. Census Bureau, American Community Survey, 2019-2023, and U.S. Department of Agriculture, Economic Research Service, 2019.

### Description

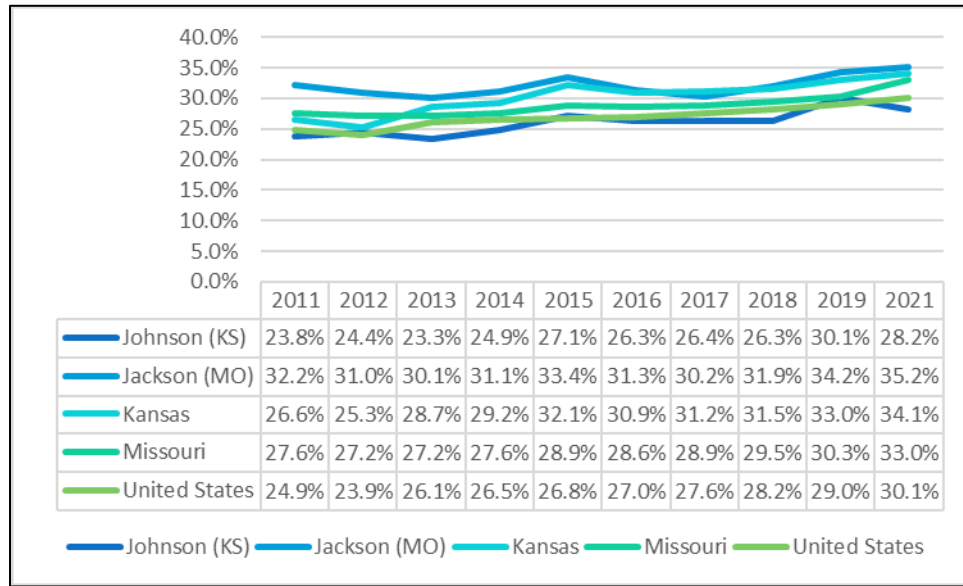
**Exhibit 38** provides food environment and food access indicators. Food environment factors, such as store/restaurant proximity, food prices, food and nutrition assistance programs and community characteristics, interact to influence food choices, and nutritional intake.

### Observations

- In 2019-2023, Jackson County had fewer grocery stores, a higher percentage of census tracts designated as food deserts, and a higher percentage of population receiving SNAP (Supplemental Nutrition Assistance Program) benefits compared to Missouri and the United States.
- Jackson County compared unfavorably to Johnson County for all indicators except the number of grocery store establishments per 100,000 population.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 39: Percentage of Adults with Obesity, by Year, 2011-2021**



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2021.

### Description

**Exhibit 39** portrays the percentage of adults with obesity (BMI > 30.0) from 2011 to 2021. Being overweight or obese can place extra weight on bones, joints, and joint structures, and is a risk factor for orthopedic conditions.

### Observations

- Obesity rates increased in all areas presented from 2011 to 2021.
- In 2021, at 35.2 percent, Jackson County had a higher percentage of the population with obesity than Johnson County, state, and national averages.
- From 2011-2021, obesity rates in Jackson County, Kansas, and Missouri have been above U.S. averages.

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Exhibit 40: Physical Activity Indicators, 2021-2022

Indicator	Johnson (KS)	Jackson (MO)	Kansas	Missouri	United States
Recreation and fitness facilities (per 100,000 population)	20.7	11.7	10.5	11.2	12.3
Percent of adults with no leisure time physical activity	13.3%	21.9%	19.4%	21.4%	19.5%

Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES, 2021 and Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2022.

#### Description

**Exhibit 40** provides a selection of indicators related to physical activity. Physical activity is associated with weight management, chronic disease, and overall health and well-being.

#### Observations

- In 2021, Jackson County, Kansas, and Missouri compared unfavorably for the number of recreation and fitness facilities per capita compared to Johnson County and the United States.
- Jackson County also had the highest rate of adults with no leisure time compared to all areas presented.

### Exhibit 41: Chronic Condition Prevalence and Management Indicators, 2021

Indicator	Johnson (KS)	Jackson (MO)	Kansas	Missouri	United States
Diabetes prevalence (% of adults age 20+)	6.9%	10.0%	9.2%	9.1%	8.9%
Diabetes management (% Medicare, diabetic patients with annual hemoglobin A1C test)	91.3%	89.0%	88.9%	88.2%	87.5%
Percent of Medicare population with ischemic heart disease	23.0%	23.0%	21.0%	21.0%	21.0%
Percent of Medicare population with hypertension	62.0%	65.0%	66.0%	66.0%	65.0%

Source: Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, and Dartmouth College Institute for Health Policy and Clinical Practice, 2021.

#### Description

**Exhibit 41** portrays select indicators for chronic disease prevalence and management. Having a chronic disease such as diabetes or heart disease can be a risk factor for orthopedic conditions and affect recovery and success postoperatively.

#### Observations

- Jackson County, Kansas, and Missouri have had a higher prevalence of diabetes for adults aged 20 years and older compared to Johnson County and the U.S.
- Johnson and Jackson counties had higher percentages of the Medicare population with ischemic heart disease compared to state and national averages.

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### Centers for Disease Control and Prevention PLACES

**Exhibit 42A: CDC PLACES, Health Outcomes Measure, Johnson (KS) by ZIP Code, 2024**

Location	All Teeth Lost 65+	Arthritis	Cancer	COPD	Coronary Heart Disease	Current Asthma	Depression	Diagnosed Diabetes	High Blood Pressure	High Cholesterol	Obesity	Stroke
66013 (Bucyrus)	7.1%	26.1%	10.2%	5.1%	6.1%	9.5%	17.6%	9.9%	32.4%	40.8%	31.8%	2.7%
66018 (De Soto)	12.4%	25.1%	8.5%	6.1%	6.1%	10.2%	19.2%	10.4%	33.2%	40.4%	34.1%	2.9%
66021 (Edgerton)	10.3%	24.6%	8.0%	6.2%	5.6%	10.3%	20.0%	9.8%	31.4%	38.2%	35.6%	2.7%
66030 (Gardner)	10.5%	21.7%	6.7%	5.4%	4.8%	10.4%	20.4%	8.8%	27.9%	35.3%	35.2%	2.4%
66031 (New Century)	6.0%	9.4%	2.5%	2.2%	2.1%	7.6%	14.6%	5.0%	20.1%	24.8%	33.2%	1.1%
66061 (Olathe)	8.9%	23.0%	7.5%	5.5%	5.3%	10.0%	18.7%	9.9%	30.5%	37.7%	34.8%	2.6%
66062 (Olathe)	7.5%	22.0%	7.3%	5.0%	4.9%	9.9%	18.6%	9.1%	28.2%	36.5%	33.0%	2.4%
66083 (Spring Hill)	8.3%	25.1%	8.5%	6.2%	5.9%	10.3%	19.6%	9.9%	31.4%	38.4%	34.9%	2.8%
66085 (Stilwell)	5.9%	22.9%	8.5%	4.5%	5.2%	9.3%	17.4%	9.0%	29.3%	38.8%	30.6%	2.3%
66202 (Mission)	8.4%	21.9%	7.6%	4.9%	5.1%	10.0%	19.2%	8.8%	28.8%	36.0%	33.1%	2.5%
66203 (Shawnee)	10.4%	25.7%	8.3%	6.8%	6.4%	10.5%	19.4%	11.0%	32.4%	38.8%	35.4%	3.2%
66204 (Overland Park)	9.6%	22.3%	7.6%	5.3%	5.4%	9.9%	19.0%	9.1%	28.4%	35.8%	33.1%	2.6%
66205 (Mission)	6.0%	22.2%	8.1%	4.5%	5.0%	9.7%	18.9%	8.5%	28.1%	36.4%	31.9%	2.3%
66206 (Leawood)	4.2%	26.1%	11.0%	4.5%	5.9%	9.0%	16.6%	9.1%	31.9%	41.1%	29.4%	2.5%
66207 (Overland Park)	7.5%	26.3%	10.9%	4.6%	6.1%	9.2%	17.0%	9.4%	32.2%	40.7%	30.2%	2.6%
66208 (Prairie Village)	4.5%	24.4%	9.7%	4.7%	5.6%	9.4%	18.0%	8.7%	29.7%	38.6%	30.8%	2.5%
66209 (Leawood)	5.4%	27.6%	11.3%	5.2%	6.6%	9.0%	16.2%	10.2%	33.3%	42.4%	29.4%	2.9%
66210 (Overland Park)	7.4%	23.0%	8.5%	4.6%	5.2%	9.5%	17.7%	9.1%	29.3%	37.7%	30.7%	2.4%
66211 (Leawood)	5.6%	28.0%	11.5%	5.3%	7.0%	9.0%	16.3%	10.5%	33.7%	42.4%	28.8%	3.0%
66212 (Overland Park)	8.9%	24.5%	8.6%	5.4%	5.9%	9.8%	18.1%	10.0%	31.6%	38.4%	33.2%	2.8%
66213 (Overland Park)	5.8%	21.9%	8.3%	4.0%	4.8%	9.0%	16.7%	8.6%	28.4%	37.9%	29.2%	2.2%
66214 (Overland Park)	8.4%	22.5%	7.6%	5.2%	5.4%	10.0%	18.4%	9.8%	29.9%	37.0%	34.3%	2.7%
66215 (Lenexa)	7.0%	25.6%	9.4%	5.8%	6.5%	9.7%	17.8%	10.3%	32.3%	39.4%	32.4%	3.1%
66216 (Shawnee)	9.3%	25.3%	9.0%	5.6%	6.0%	9.8%	17.9%	10.3%	31.5%	39.6%	32.7%	2.8%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.



## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 42A: CDC PLACES, Health Outcomes Measure, Johnson (KS) by ZIP Code, 2024 (continued)**

Location	All Teeth Lost 65+	Arthritis	Cancer	COPD	Coronary Heart Disease	Current Asthma	Depression	Diagnosed Diabetes	High Blood Pressure	High Cholesterol	Obesity	Stroke
66217 (Shawnee)	8.7%	26.8%	10.3%	5.3%	6.4%	9.6%	17.2%	10.4%	33.6%	41.3%	31.4%	2.9%
66218 (Shawnee)	5.4%	20.7%	7.1%	4.3%	4.2%	9.8%	18.8%	8.1%	26.9%	35.8%	32.4%	2.0%
66219 (Lenexa)	7.0%	20.3%	6.8%	4.6%	4.5%	9.8%	18.9%	8.3%	26.2%	34.9%	32.0%	2.2%
66220 (Lenexa)	4.9%	24.6%	9.4%	4.4%	5.4%	9.2%	17.1%	9.4%	31.3%	40.3%	31.2%	2.4%
66221 (Overland Park)	4.3%	20.5%	7.5%	3.7%	4.2%	9.0%	16.8%	8.2%	26.9%	37.4%	29.2%	1.9%
66223 (Overland Park)	4.4%	20.7%	7.6%	4.0%	4.6%	8.9%	16.4%	8.5%	27.4%	36.7%	28.4%	2.2%
66224 (Overland Park)	5.5%	23.9%	9.2%	4.3%	5.2%	9.0%	16.5%	9.4%	30.7%	40.3%	29.5%	2.4%
66226 (Shawnee)	5.2%	20.2%	6.7%	4.3%	4.2%	9.9%	19.2%	7.9%	25.8%	35.0%	32.8%	2.0%
66227 (Lenexa)	5.5%	23.7%	9.0%	4.3%	5.1%	9.3%	17.3%	8.9%	30.7%	39.5%	31.4%	2.3%
Kansas	8.2%	22.0%	8.4%	4.3%	5.0%	9.4%	17.8%	8.8%	29.7%	37.8%	31.7%	2.3%
<b>United States</b>	<b>12.2%</b>	<b>26.6%</b>	<b>8.2%</b>	<b>6.8%</b>	<b>6.8%</b>	<b>9.9%</b>	<b>20.7%</b>	<b>12.0%</b>	<b>32.7%</b>	<b>35.5%</b>	<b>33.3%</b>	<b>3.6%</b>

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 42B: CDC PLACES, Health Outcomes Measure, Jackson (MO) by ZIP Code, 2024**

Location	All Teeth Lost 65+	Arthritis	Cancer	COPD	Coronary Heart Disease	Current Asthma	Depression	Diagnosed Diabetes	High Blood Pressure	High Cholesterol	Obesity	Stroke
64014 (Blue Springs)	10.4%	25.7%	7.8%	6.7%	6.1%	10.6%	24.4%	9.7%	31.9%	33.2%	36.5%	3.0%
64015 (Blue Springs)	12.1%	27.9%	8.5%	7.5%	6.8%	10.6%	24.2%	10.7%	33.8%	35.0%	37.0%	3.3%
64016 (Buckner)	11.4%	28.8%	8.3%	9.1%	7.3%	11.0%	25.6%	11.0%	33.8%	35.4%	37.2%	3.6%
64029 (Grain Valley)	11.6%	25.2%	7.6%	6.7%	5.8%	10.5%	25.1%	9.3%	30.8%	32.9%	37.0%	2.8%
64030 (Grandview)	16.8%	27.1%	6.2%	8.2%	6.7%	11.9%	23.5%	13.4%	37.6%	33.2%	43.1%	4.1%
64034 (Greenwood)	7.3%	24.3%	8.1%	5.4%	5.3%	9.9%	23.4%	8.4%	30.5%	33.7%	33.8%	2.4%
64050 (Independence)	18.3%	30.8%	8.1%	10.6%	8.5%	11.6%	25.7%	13.4%	38.2%	36.4%	40.9%	4.5%
64052 (Independence)	22.6%	30.4%	7.7%	10.5%	8.4%	11.7%	26.0%	13.7%	37.7%	36.0%	42.7%	4.4%
64053 (Independence)	26.9%	29.8%	6.9%	12.1%	8.8%	12.2%	27.0%	14.7%	36.7%	35.6%	44.0%	4.9%
64054 (Independence)	23.9%	32.1%	8.0%	12.5%	9.3%	12.0%	27.0%	14.6%	39.7%	38.0%	42.3%	4.9%
64055 (Independence)	13.2%	31.7%	9.5%	9.6%	8.7%	10.9%	23.8%	13.0%	38.4%	37.7%	37.9%	4.3%
64056 (Independence)	18.7%	27.4%	7.2%	9.0%	6.9%	11.7%	26.6%	11.4%	34.2%	34.0%	40.3%	3.7%
64057 (Independence)	13.9%	30.5%	9.5%	8.6%	8.0%	10.6%	23.3%	12.0%	37.0%	36.9%	36.5%	3.9%
64058 (Independence)	13.9%	29.1%	8.4%	8.7%	7.5%	11.1%	25.7%	11.5%	34.5%	35.5%	38.6%	3.6%
64061 (Kingsville)	15.1%	32.6%	9.4%	9.9%	8.6%	10.7%	23.1%	12.8%	37.5%	39.1%	40.4%	4.0%
64063 (Lee's Summit)	11.8%	26.1%	7.6%	7.3%	6.3%	10.9%	25.1%	10.1%	31.7%	33.2%	37.4%	3.1%
64064 (Lee's Summit)	8.8%	27.3%	9.3%	5.9%	6.4%	9.9%	22.1%	10.0%	33.5%	35.5%	34.5%	2.9%
64066 (Levasy)	14.2%	27.0%	8.4%	8.1%	7.1%	10.9%	26.1%	9.6%	31.9%	33.4%	35.7%	3.3%
64070 (Lone Jack)	10.7%	28.3%	9.5%	7.0%	7.0%	9.9%	22.9%	10.2%	34.0%	36.3%	34.9%	3.1%
64075 (Oak Grove)	13.7%	29.1%	8.6%	8.6%	7.4%	11.0%	25.5%	11.0%	35.0%	35.8%	37.5%	3.6%
64081 (Lee's Summit)	7.7%	28.8%	9.8%	6.7%	7.1%	10.0%	22.2%	10.4%	35.0%	36.0%	34.2%	3.3%
64082 (Lee's Summit)	6.3%	24.9%	8.0%	5.4%	5.4%	10.0%	22.8%	9.0%	30.6%	33.4%	34.6%	2.5%
64086 (Lee's Summit)	8.9%	25.0%	7.9%	5.9%	5.6%	10.2%	23.4%	9.2%	30.6%	33.3%	34.9%	2.6%
64088 (Sibley)	13.3%	32.3%	10.1%	9.9%	8.9%	10.5%	24.1%	12.6%	38.0%	38.8%	36.9%	4.0%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

# APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 42B: CDC PLACES, Health Outcomes Measure, Jackson (MO) by ZIP Code, 2024 (continued)**

Location	All Teeth Lost 65+	Arthritis	Cancer	COPD	Coronary Heart Disease	Current Asthma	Depression	Diagnosed Diabetes	High Blood Pressure	High Cholesterol	Obesity	Stroke
64101 (Kansas City)	7.0%	12.7%	3.6%	2.5%	3.0%	7.8%	17.9%	6.1%	24.6%	24.6%	34.2%	1.5%
64105 (Kansas City)	6.6%	12.5%	3.5%	2.8%	2.6%	9.7%	24.9%	4.8%	18.6%	21.9%	32.0%	1.3%
64106 (Kansas City)	22.6%	18.2%	3.7%	6.4%	4.6%	10.7%	23.7%	9.7%	28.8%	26.5%	39.5%	3.0%
64108 (Kansas City)	18.7%	22.2%	5.3%	6.4%	5.7%	10.8%	23.9%	11.3%	30.9%	30.2%	39.2%	3.3%
64109 (Kansas City)	20.6%	24.7%	4.8%	8.0%	6.2%	12.1%	23.6%	13.6%	37.1%	31.2%	43.8%	4.2%
64110 (Kansas City)	15.6%	21.1%	4.9%	5.8%	4.9%	11.2%	24.1%	10.3%	30.9%	28.9%	38.2%	3.1%
64111 (Kansas City)	9.4%	18.0%	5.2%	4.3%	4.2%	9.9%	24.0%	7.3%	25.2%	27.2%	34.1%	2.1%
64112 (Kansas City)	8.6%	20.9%	6.8%	5.0%	5.0%	10.1%	24.8%	7.7%	26.5%	30.0%	32.6%	2.3%
64113 (Kansas City)	4.0%	25.1%	9.5%	4.4%	5.5%	9.1%	21.3%	8.3%	31.1%	35.1%	31.6%	2.3%
64114 (Kansas City)	7.7%	25.0%	8.2%	5.8%	5.9%	10.0%	22.7%	9.4%	31.3%	32.9%	34.2%	2.8%
64120 (Kansas City)	46.8%	20.6%	4.1%	9.7%	6.5%	11.8%	28.6%	10.6%	28.3%	27.1%	41.7%	3.8%
64123 (Kansas City)	25.1%	24.4%	5.0%	8.2%	6.9%	11.0%	23.5%	14.6%	35.5%	34.4%	42.6%	3.9%
64124 (Kansas City)	31.0%	24.8%	4.4%	9.6%	7.3%	11.6%	24.0%	16.0%	36.7%	33.6%	45.5%	4.6%
64125 (Kansas City)	38.9%	27.3%	4.6%	12.4%	8.6%	12.1%	26.1%	17.9%	39.5%	35.9%	48.7%	5.2%
64126 (Kansas City)	34.1%	25.7%	4.6%	10.2%	7.7%	12.0%	24.6%	16.5%	38.7%	35.2%	47.5%	4.7%
64127 (Kansas City)	34.1%	29.6%	4.7%	11.2%	8.4%	12.9%	23.5%	19.4%	44.1%	35.5%	50.9%	5.9%
64128 (Kansas City)	35.1%	33.2%	5.2%	12.2%	9.3%	13.2%	21.2%	21.6%	49.7%	36.3%	52.4%	7.1%
64129 (Kansas City)	21.6%	28.5%	5.8%	9.2%	7.3%	12.3%	23.6%	15.2%	40.2%	33.8%	46.7%	4.6%
64130 (Kansas City)	29.8%	33.0%	5.5%	10.6%	8.8%	12.9%	20.4%	20.6%	50.1%	36.1%	51.0%	6.7%
64131 (Kansas City)	12.8%	25.2%	6.3%	6.7%	5.8%	11.3%	22.3%	11.9%	35.6%	32.1%	40.4%	3.5%
64132 (Kansas City)	28.0%	30.5%	5.0%	10.3%	7.8%	13.3%	22.3%	18.3%	46.4%	34.1%	50.4%	5.9%
64133 (Kansas City)	14.3%	29.7%	7.6%	8.7%	7.5%	11.4%	22.8%	13.6%	39.2%	35.5%	41.3%	4.2%
64134 (Kansas City)	18.0%	26.9%	5.5%	8.1%	6.5%	12.1%	22.3%	14.4%	39.9%	32.6%	45.2%	4.3%
64136 (Kansas City)	10.4%	28.6%	7.7%	7.5%	6.6%	11.3%	22.5%	12.4%	36.6%	34.4%	39.2%	3.8%
64137 (Kansas City)	13.4%	24.0%	6.2%	6.5%	5.7%	11.2%	23.7%	10.7%	32.7%	31.3%	38.6%	3.2%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 42B: CDC PLACES, Health Outcomes Measure, Jackson (MO) by ZIP Code, 2024 (continued)**

Location	All Teeth Lost 65+	Arthritis	Cancer	COPD	Coronary Heart Disease	Current Asthma	Depression	Diagnosed Diabetes	High Blood Pressure	High Cholesterol	Obesity	Stroke
64138 (Kansas City)	15.4%	28.9%	6.8%	8.5%	7.2%	11.7%	22.4%	14.1%	39.8%	34.4%	43.1%	4.3%
64139 (Kansas City)	14.7%	28.3%	8.2%	7.5%	6.8%	11.0%	23.6%	11.5%	35.7%	34.6%	37.6%	3.6%
64145 (Kansas City)	11.0%	32.0%	11.6%	6.7%	8.3%	9.6%	20.1%	12.2%	39.9%	39.6%	33.5%	3.7%
64146 (Kansas City)	7.7%	30.3%	9.5%	7.7%	7.4%	10.5%	23.0%	11.7%	36.5%	36.6%	36.1%	3.7%
64147 (Kansas City)	7.3%	11.9%	2.0%	3.6%	2.1%	12.8%	27.6%	5.2%	21.0%	19.6%	36.7%	1.5%
64149 (Kansas City)	6.4%	32.5%	11.3%	7.7%	8.7%	10.0%	22.1%	12.2%	37.6%	39.8%	34.5%	3.7%
Missouri	15.5%	26.0%	7.5%	7.0%	6.7%	10.6%	22.7%	11.7%	36.4%	34.4%	38.7%	3.6%
<b>United States</b>	<b>12.2%</b>	<b>26.6%</b>	<b>8.2%</b>	<b>6.8%</b>	<b>6.8%</b>	<b>9.9%</b>	<b>20.7%</b>	<b>12.0%</b>	<b>32.7%</b>	<b>35.5%</b>	<b>33.3%</b>	<b>3.6%</b>

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

**Description: Exhibits 42(A&B) through 47(A&B)** present CDC’s PLACES data. PLACES data are derived from BRFSS and are available for every U.S. ZIP Code, census tract, county, and state. Forty measures are grouped into six categories: Health Outcomes (12 measures), Prevention Practices (7 measures), Health Risk Behaviors (4 measures), Health Status (3 measures), Health-Related Social Needs (7 measures), and Disability (7 measures). Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse than the national average.

**Exhibits 42A and 42B** provide data that underlie the Health Outcomes Measure and compares indicators to national averages.<sup>19</sup>

### Observations

- In 2024, rates of cancer and high cholesterol compared unfavorably to national averages in most Johnson County (KS) ZIP Codes.
- Many ZIP Codes in Kansas City and Independence (Jackson County, MO) had percentages of the population 65 and older with all teeth lost more than 50 percent higher than national averages.
- Current asthma, depression, high blood pressure, and obesity were above national averages in almost every Jackson County (MO) ZIP Code.

<sup>19</sup> <https://www.cdc.gov/places/methodology/index.html>

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 43A: CDC PLACES, Prevention Measure, Johnson (KS) by ZIP Code, 2024**

Location	Cholesterol Screening	Colorectal Screening	Current Lack of Health Insurance	Mammogram	High Blood Pressure Rx	Dental Visit	Routine Checkup
66013 (Bucyrus)	89.1%	71.0%	5.6%	77.9%	81.2%	76.3%	78.6%
66018 (De Soto)	85.2%	67.4%	9.4%	76.1%	79.9%	70.0%	75.8%
66021 (Edgerton)	85.9%	65.9%	8.7%	75.8%	78.2%	68.7%	74.8%
66030 (Gardner)	85.1%	62.4%	9.1%	76.0%	75.1%	69.0%	73.8%
66031 (New Century)	79.2%	52.3%	11.1%	65.8%	55.7%	69.1%	67.1%
66061 (Olathe)	86.3%	65.6%	10.2%	77.4%	78.0%	68.9%	75.2%
66062 (Olathe)	87.3%	65.8%	7.4%	78.0%	77.4%	72.3%	75.5%
66083 (Spring Hill)	86.0%	67.8%	7.1%	75.1%	78.5%	70.7%	76.0%
66085 (Stilwell)	89.5%	67.7%	5.5%	80.0%	79.6%	76.8%	77.1%
66202 (Mission)	85.2%	68.2%	8.8%	77.0%	77.5%	70.6%	75.1%
66203 (Shawnee)	86.1%	67.4%	10.3%	75.8%	79.5%	66.7%	75.8%
66204 (Overland Park)	86.2%	67.3%	9.3%	77.2%	77.5%	70.4%	74.8%
66205 (Mission)	87.7%	70.3%	6.5%	78.7%	78.0%	74.7%	75.9%
66206 (Leawood)	91.4%	72.6%	4.3%	80.9%	82.2%	81.1%	79.6%
66207 (Overland Park)	90.8%	71.9%	5.6%	78.5%	82.5%	77.6%	78.9%
66208 (Prairie Village)	89.6%	71.8%	5.4%	80.5%	80.4%	76.7%	77.5%
66209 (Leawood)	91.3%	73.6%	4.7%	80.3%	83.7%	77.8%	80.0%
66210 (Overland Park)	88.0%	70.5%	6.7%	78.7%	79.4%	74.3%	76.7%
66211 (Leawood)	90.7%	74.7%	5.2%	79.9%	84.3%	76.8%	79.9%
66212 (Overland Park)	86.9%	69.4%	8.5%	78.5%	79.7%	71.8%	76.7%
66213 (Overland Park)	88.2%	70.9%	5.7%	79.5%	79.2%	76.7%	76.9%
66214 (Overland Park)	84.9%	66.8%	10.9%	79.2%	77.6%	68.5%	75.8%
66215 (Lenexa)	87.2%	71.1%	8.4%	78.6%	80.6%	71.9%	77.4%
66216 (Shawnee)	88.3%	69.2%	7.6%	77.5%	80.3%	72.7%	77.2%
66217 (Shawnee)	89.6%	72.7%	6.5%	79.0%	82.9%	75.5%	79.2%
66218 (Shawnee)	88.8%	65.3%	5.5%	78.8%	76.2%	76.3%	75.4%
66219 (Lenexa)	85.7%	69.6%	6.8%	80.2%	75.4%	72.8%	74.5%
66220 (Lenexa)	90.4%	68.5%	4.9%	78.9%	81.4%	78.2%	78.5%
66221 (Overland Park)	89.5%	66.2%	4.6%	79.8%	78.0%	78.6%	76.8%
66223 (Overland Park)	88.0%	67.0%	5.7%	79.1%	78.5%	75.2%	76.2%
66224 (Overland Park)	90.5%	69.4%	4.7%	80.6%	81.4%	78.5%	78.6%
66226 (Shawnee)	88.1%	61.6%	6.0%	79.0%	75.0%	75.3%	74.7%
66227 (Lenexa)	89.9%	69.4%	5.4%	81.0%	79.8%	77.6%	77.6%
<b>United States</b>	<b>86.4%</b>	<b>66.3%</b>	<b>10.8%</b>	<b>76.5%</b>	<b>78.2%</b>	<b>63.9%</b>	<b>76.1%</b>

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 43B: CDC PLACES, Prevention Measure, Jackson (MO) by ZIP Code, 2024**

Location	Cholesterol Screening	Colorectal Screening	Current Lack of Health Insurance	Mammogram	High Blood Pressure Rx	Dental Visit	Routine Checkup
64014 (Blue Springs)	84.9%	65.4%	8.9%	76.4%	76.0%	66.3%	73.4%
64015 (Blue Springs)	85.5%	66.2%	8.9%	76.2%	77.6%	65.9%	74.4%
64016 (Buckner)	85.2%	63.9%	9.5%	75.0%	77.3%	63.3%	73.0%
64029 (Grain Valley)	84.5%	63.3%	9.2%	75.8%	74.7%	65.4%	72.1%
64030 (Grandview)	82.5%	62.6%	13.2%	75.0%	77.3%	55.6%	74.8%
64034 (Greenwood)	86.2%	63.6%	7.4%	76.3%	75.2%	71.8%	73.7%
64050 (Independence)	82.1%	60.7%	13.5%	70.9%	78.7%	55.6%	73.9%
64052 (Independence)	81.6%	59.2%	15.4%	70.0%	77.9%	53.3%	73.6%
64053 (Independence)	79.8%	55.1%	19.4%	67.9%	76.2%	46.8%	71.7%
64054 (Independence)	80.0%	59.6%	15.9%	66.5%	78.5%	50.3%	72.6%
64055 (Independence)	84.7%	66.4%	11.3%	74.8%	80.3%	61.5%	75.5%
64056 (Independence)	80.7%	60.5%	12.8%	72.3%	75.3%	57.8%	72.7%
64057 (Independence)	86.1%	68.5%	9.7%	75.7%	80.3%	64.5%	75.5%
64058 (Independence)	83.8%	64.1%	10.5%	74.6%	77.2%	62.1%	73.2%
64061 (Kingsville)	85.2%	67.1%	9.3%	74.3%	79.8%	61.4%	77.7%
64063 (Lee's Summit)	84.3%	65.0%	9.1%	74.4%	75.8%	65.3%	73.5%
64064 (Lee's Summit)	87.8%	70.2%	6.7%	78.1%	78.5%	72.2%	76.4%
64066 (Levasy)	84.1%	68.3%	10.0%	73.7%	76.2%	64.2%	72.8%
64070 (Lone Jack)	87.7%	68.6%	7.0%	73.9%	78.9%	70.6%	75.3%
64075 (Oak Grove)	84.0%	64.2%	10.2%	74.2%	77.7%	63.4%	73.7%
64081 (Lee's Summit)	88.0%	68.4%	6.6%	78.7%	79.8%	71.1%	76.5%
64082 (Lee's Summit)	88.2%	65.3%	6.2%	78.2%	76.2%	72.5%	74.9%
64086 (Lee's Summit)	86.8%	68.2%	7.2%	77.2%	76.3%	70.3%	73.9%
64088 (Sibley)	86.2%	68.6%	9.4%	75.6%	80.6%	63.9%	74.8%
64101 (Kansas City)	82.1%	61.4%	7.8%	76.8%	61.6%	70.6%	68.2%
64105 (Kansas City)	79.3%	66.9%	7.5%	78.7%	59.4%	69.2%	67.2%
64106 (Kansas City)	76.9%	53.5%	14.2%	72.7%	68.3%	54.7%	69.0%
64108 (Kansas City)	80.1%	62.5%	12.8%	74.9%	74.0%	58.6%	72.1%
64109 (Kansas City)	80.0%	60.5%	13.7%	74.6%	76.2%	52.9%	74.2%
64110 (Kansas City)	79.2%	66.0%	10.1%	77.6%	73.8%	61.9%	72.9%
64111 (Kansas City)	79.8%	66.7%	9.1%	77.4%	69.0%	66.8%	70.6%
64112 (Kansas City)	81.0%	71.8%	7.1%	78.5%	73.1%	67.4%	71.5%
64113 (Kansas City)	89.9%	72.8%	4.5%	79.9%	78.0%	78.0%	76.1%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 43B: CDC PLACES, Prevention Measure, Jackson (MO) by ZIP Code, 2024**  
(continued)

Location	Cholesterol Screening	Colorectal Screening	Current Lack of Health Insurance	Mammogram	High Blood Pressure Rx	Dental Visit	Routine Checkup
64114 (Kansas City)	85.9%	69.9%	7.7%	78.1%	76.6%	70.3%	74.2%
64120 (Kansas City)	72.7%	50.6%	19.9%	62.6%	67.7%	43.4%	66.8%
64123 (Kansas City)	76.5%	50.4%	24.4%	68.5%	74.5%	47.6%	71.2%
64124 (Kansas City)	75.1%	48.0%	25.6%	67.4%	74.4%	41.4%	71.4%
64125 (Kansas City)	73.4%	42.4%	32.0%	64.9%	75.4%	37.0%	69.7%
64126 (Kansas City)	72.7%	48.1%	29.9%	67.6%	74.4%	40.4%	71.1%
64127 (Kansas City)	77.6%	52.7%	26.2%	69.9%	78.7%	39.7%	74.6%
64128 (Kansas City)	81.9%	58.1%	18.7%	73.4%	81.6%	41.8%	78.4%
64129 (Kansas City)	81.8%	59.4%	14.8%	73.9%	78.2%	50.7%	75.6%
64130 (Kansas City)	82.9%	60.5%	15.8%	74.9%	82.3%	46.7%	79.7%
64131 (Kansas City)	84.4%	66.7%	10.1%	78.4%	77.0%	61.9%	75.3%
64132 (Kansas City)	81.4%	60.0%	15.7%	75.2%	80.1%	46.8%	78.2%
64133 (Kansas City)	85.0%	65.3%	11.1%	76.3%	79.5%	59.7%	76.2%
64134 (Kansas City)	82.0%	62.2%	13.5%	75.8%	77.9%	54.1%	76.2%
64136 (Kansas City)	86.5%	64.7%	9.5%	77.8%	79.9%	63.2%	76.8%
64137 (Kansas City)	82.7%	68.9%	10.2%	77.4%	75.6%	61.1%	73.7%
64138 (Kansas City)	83.9%	63.8%	11.9%	76.5%	79.0%	56.9%	76.5%
64139 (Kansas City)	85.4%	66.5%	8.0%	76.1%	79.0%	66.0%	76.0%
64145 (Kansas City)	89.3%	73.7%	7.3%	76.9%	83.5%	72.3%	79.8%
64146 (Kansas City)	85.8%	69.9%	8.6%	77.4%	80.2%	67.0%	76.5%
64147 (Kansas City)	68.1%	56.1%	11.8%	73.1%	55.0%	58.7%	71.9%
64149 (Kansas City)	89.5%	72.5%	6.2%	77.1%	82.0%	72.2%	78.4%
Missouri	83.3%	62.7%	8.1%	75.8%	77.7%	63.3%	75.2%
<b>United States</b>	<b>86.4%</b>	<b>66.3%</b>	<b>10.8%</b>	<b>76.5%</b>	<b>78.2%</b>	<b>63.9%</b>	<b>76.1%</b>

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

### Description

**Exhibits 43A and 43B** provide data that underlie the Prevention Measure and compares indicators to national averages.

### Observations

- In 2024, rates for cholesterol screening, colorectal screening, mammogram, high blood pressure compliance, and routine checkup were comparatively worse in several Johnson County ZIP Codes (Edgerton, Gardner, New Century, Olathe, and Overland Park) than the U.S.



## APPENDIX B – SECONDARY DATA ASSESSMENT

- The percentage of residents without health insurance was more than 50 percent above the national average in Independence (ZIP Code 64053) and many Kansas City (MO) ZIP Codes (64120, 64123, 64124, 64125, 64216, 64127, and 64128).
- ZIP Codes throughout Jackson County (MO) compared unfavorably to national rates for prevention practices measures.

**Exhibit 44A: CDC PLACES, Health Risk Behaviors Measure, Johnson (KS) by ZIP Code, 2024**

Location	Binge Drinking	Current Smoking	No Leisure-Time Physical Activity	Sleeping Less Than 7 Hours
66013 (Bucyrus)	17.4%	9.9%	16.8%	28.9%
66018 (De Soto)	17.7%	12.5%	20.8%	31.3%
66021 (Edgerton)	19.3%	15.1%	21.0%	33.2%
66030 (Gardner)	19.6%	13.8%	20.1%	33.6%
66031 (New Century)	27.7%	11.3%	14.2%	35.0%
66061 (Olathe)	17.9%	13.2%	21.1%	32.7%
66062 (Olathe)	18.5%	11.3%	18.5%	31.8%
66083 (Spring Hill)	18.9%	13.5%	19.8%	32.3%
66085 (Stilwell)	17.8%	9.3%	16.1%	29.5%
66202 (Mission)	18.5%	10.9%	18.8%	31.4%
66203 (Shawnee)	17.2%	14.3%	23.2%	33.1%
66204 (Overland Park)	18.8%	11.6%	19.7%	31.4%
66205 (Mission)	18.9%	9.4%	16.6%	29.8%
66206 (Leawood)	16.9%	6.8%	14.3%	26.5%
66207 (Overland Park)	16.4%	8.7%	16.3%	27.7%
66208 (Prairie Village)	17.8%	8.8%	16.3%	28.4%
66209 (Leawood)	15.3%	8.3%	17.0%	27.4%
66210 (Overland Park)	17.4%	9.3%	17.2%	30.1%
66211 (Leawood)	15.0%	8.2%	17.7%	27.4%
66212 (Overland Park)	17.4%	10.9%	19.4%	31.2%
66213 (Overland Park)	17.4%	8.2%	15.8%	29.1%
66214 (Overland Park)	17.4%	11.6%	20.7%	32.2%
66215 (Lenexa)	16.9%	10.6%	19.9%	30.5%
66216 (Shawnee)	17.1%	11.3%	19.4%	30.7%
66217 (Shawnee)	15.9%	9.1%	18.0%	29.0%
66218 (Shawnee)	19.8%	10.4%	15.7%	31.0%
66219 (Lenexa)	19.6%	10.6%	16.9%	31.2%
66220 (Lenexa)	17.2%	8.3%	15.6%	28.6%
66221 (Overland Park)	18.2%	8.1%	14.6%	29.2%
66223 (Overland Park)	17.2%	8.9%	16.7%	30.2%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 44A: CDC PLACES, Health Risk Behaviors Measure, Johnson (KS) by ZIP Code, 2024 (continued)**

Location	Binge Drinking	Current Smoking	No Leisure-Time Physical Activity	Sleeping Less Than 7 Hours
66224 (Overland Park)	16.7%	8.0%	15.9%	28.6%
66226 (Shawnee)	20.4%	10.9%	16.0%	31.6%
66227 (Lenexa)	17.6%	9.2%	15.7%	29.1%
Kansas	18.2%	9.3%	17.2%	30.2%
<b>United States</b>	<b>16.6%</b>	<b>12.9%</b>	<b>23.7%</b>	<b>36.0%</b>

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

**Exhibit 44B: CDC PLACES, Health Risk Behaviors Measure, Jackson (MO) by ZIP Code, 2024**

Location	Binge Drinking	Current Smoking	No Leisure-Time Physical Activity	Sleeping Less Than 7 Hours
64014 (Blue Springs)	21.2%	15.6%	19.9%	32.8%
64015 (Blue Springs)	20.3%	16.2%	20.8%	32.8%
64016 (Buckner)	20.8%	19.3%	22.9%	32.8%
64029 (Grain Valley)	22.2%	17.5%	20.1%	33.3%
64030 (Grandview)	18.1%	19.8%	26.8%	38.9%
64034 (Greenwood)	22.2%	12.7%	16.7%	31.7%
64050 (Independence)	18.7%	21.7%	27.9%	35.7%
64052 (Independence)	18.4%	22.6%	28.8%	36.8%
64053 (Independence)	18.1%	26.7%	32.9%	37.9%
64054 (Independence)	18.2%	26.0%	31.3%	36.4%
64055 (Independence)	18.0%	17.8%	25.3%	33.2%
64056 (Independence)	20.2%	20.9%	25.4%	35.8%
64057 (Independence)	18.8%	16.3%	23.4%	32.5%
64058 (Independence)	20.6%	19.1%	22.7%	34.4%
64061 (Kingsville)	17.1%	20.1%	25.7%	37.7%
64063 (Lee's Summit)	21.2%	16.2%	20.5%	33.3%
64064 (Lee's Summit)	19.7%	11.9%	17.1%	30.4%
64066 (Levasy)	20.9%	18.7%	22.1%	33.1%
64070 (Lone Jack)	20.6%	13.8%	18.2%	30.5%
64075 (Oak Grove)	20.5%	18.3%	22.4%	33.3%
64081 (Lee's Summit)	19.3%	12.4%	18.8%	30.5%
64082 (Lee's Summit)	21.3%	12.7%	16.6%	32.1%
64086 (Lee's Summit)	21.7%	13.5%	17.5%	31.6%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>

# APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 44B: CDC PLACES, Health Risk Behaviors Measure, Jackson (MO) by ZIP Code, 2024 (continued)**

Location	Binge Drinking	Current Smoking	No Leisure-Time Physical Activity	Sleeping Less Than 7 Hours
64088 (Sibley)	19.4%	19.2%	23.5%	32.1%
64101 (Kansas City)	28.9%	9.0%	11.5%	33.0%
64102 (Kansas City)	N/A	N/A	N/A	N/A
64105 (Kansas City)	27.9%	10.1%	13.0%	31.2%
64106 (Kansas City)	22.8%	19.7%	24.2%	37.4%
64108 (Kansas City)	20.9%	16.1%	23.5%	35.1%
64109 (Kansas City)	18.3%	20.4%	27.4%	39.6%
64110 (Kansas City)	21.1%	14.6%	20.8%	35.6%
64111 (Kansas City)	23.7%	11.7%	16.4%	31.5%
64112 (Kansas City)	22.6%	12.1%	17.0%	30.5%
64113 (Kansas City)	21.2%	8.7%	13.0%	27.2%
64114 (Kansas City)	21.3%	12.2%	17.5%	30.8%
64120 (Kansas City)	21.3%	26.0%	31.0%	37.7%
64123 (Kansas City)	17.6%	21.7%	32.8%	38.6%
64124 (Kansas City)	16.4%	25.5%	36.9%	41.1%
64125 (Kansas City)	16.7%	30.4%	41.8%	40.9%
64126 (Kansas City)	16.9%	26.0%	38.3%	41.4%
64127 (Kansas City)	14.9%	27.4%	39.7%	43.9%
64128 (Kansas City)	13.6%	27.5%	38.6%	46.0%
64129 (Kansas City)	17.0%	22.2%	30.2%	41.1%
64130 (Kansas City)	13.6%	23.5%	34.9%	45.1%
64131 (Kansas City)	19.2%	16.3%	22.3%	36.7%
64132 (Kansas City)	14.7%	24.0%	33.6%	45.0%
64133 (Kansas City)	17.8%	18.6%	25.5%	36.9%
64134 (Kansas City)	17.2%	20.1%	27.8%	41.0%
64136 (Kansas City)	17.4%	15.8%	23.3%	35.2%
64137 (Kansas City)	19.9%	15.9%	22.2%	35.9%
64138 (Kansas City)	17.2%	19.3%	26.9%	39.0%
64139 (Kansas City)	19.1%	14.8%	21.4%	33.8%
64145 (Kansas City)	16.3%	10.3%	18.4%	28.8%
64146 (Kansas City)	18.4%	13.6%	21.0%	31.7%
64147 (Kansas City)	20.2%	13.3%	20.6%	39.8%
64149 (Kansas City)	17.9%	12.4%	18.7%	29.5%
Missouri	19.4%	15.4%	22.0%	34.2%
<b>United States</b>	<b>16.6%</b>	<b>12.9%</b>	<b>23.7%</b>	<b>36.0%</b>

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Description

**Exhibits 44A and 44B** provide data that underlie the Health Risk Behaviors Measure and compares indicators to national averages.

### Observations

- In 2024, most Johnson County ZIP Codes had higher binge drinking rates than the national average, with New Century (66031) over 50 percent higher.
- Many Jackson County ZIP Codes compared unfavorably for all health risk behaviors measures, with numerous ZIP Codes over 50 percent higher than national averages for current smoking and no leisure-time activity.

**Exhibit 45A: CDC PLACES, Health Status Measure, Johnson (KS) by ZIP Code, 2024**

Location	Fair or Poor Self-Rated Health Status	Mental Health Not Good $\geq 14$ Days	Physical Health Not Good $\geq 14$ Days
66013 (Bucyrus)	10.5%	12.2%	8.7%
66018 (De Soto)	14.0%	15.1%	10.2%
66021 (Edgerton)	13.4%	16.1%	10.2%
66030 (Gardner)	12.8%	16.6%	9.6%
66031 (New Century)	8.9%	14.1%	5.9%
66061 (Olathe)	13.8%	15.3%	9.8%
66062 (Olathe)	11.8%	14.5%	8.9%
66083 (Spring Hill)	12.7%	15.0%	10.0%
66085 (Stilwell)	10.0%	12.5%	8.0%
66202 (Mission)	12.1%	15.2%	8.9%
66203 (Shawnee)	15.5%	16.0%	11.0%
66204 (Overland Park)	12.7%	15.1%	9.2%
66205 (Mission)	10.4%	13.9%	8.2%
66206 (Leawood)	8.8%	10.6%	7.6%
66207 (Overland Park)	10.0%	11.9%	8.1%
66208 (Prairie Village)	10.0%	12.7%	8.1%
66209 (Leawood)	10.5%	11.3%	8.4%
66210 (Overland Park)	10.6%	13.4%	8.2%
66211 (Leawood)	10.9%	11.6%	8.6%
66212 (Overland Park)	12.4%	14.0%	9.2%
66213 (Overland Park)	9.4%	12.3%	7.5%
66214 (Overland Park)	13.7%	15.2%	9.5%
66215 (Lenexa)	12.9%	13.8%	9.4%
66216 (Shawnee)	12.5%	13.7%	9.3%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 45A: CDC PLACES, Health Status Measure, Johnson (KS) by ZIP Code, 2024  
(continued)**

Location	Fair or Poor Self-Rated Health Status	Mental Health Not Good >=14 Days	Physical Health Not Good >=14 Days
66217 (Shawnee)	11.4%	12.6%	8.8%
66218 (Shawnee)	9.9%	13.7%	8.0%
66219 (Lenexa)	10.9%	14.6%	8.3%
66220 (Lenexa)	9.6%	11.8%	7.9%
66221 (Overland Park)	8.8%	11.9%	7.2%
66223 (Overland Park)	9.8%	12.5%	7.6%
66224 (Overland Park)	9.5%	11.6%	7.8%
66226 (Shawnee)	10.1%	14.4%	8.1%
66227 (Lenexa)	9.6%	12.1%	7.8%
Kansas	10.4%	13.5%	8.1%
<b>United States</b>	<b>17.9%</b>	<b>15.8%</b>	<b>12.7%</b>

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

**Exhibit 45B: CDC PLACES, Health Status Measure, Jackson (MO) by ZIP Code, 2024**

Location	Fair or Poor Self-Rated Health Status	Mental Health Not Good >=14 Days	Physical Health Not Good >=14 Days
64014 (Blue Springs)	15.7%	17.7%	12.3%
64015 (Blue Springs)	16.6%	17.5%	13.0%
64016 (Buckner)	18.8%	18.5%	14.5%
64029 (Grain Valley)	15.6%	18.4%	12.4%
64030 (Grandview)	22.8%	20.3%	15.2%
64034 (Greenwood)	12.4%	15.7%	10.5%
64050 (Independence)	23.8%	20.2%	17.0%
64052 (Independence)	24.9%	21.0%	17.5%
64053 (Independence)	29.7%	22.9%	19.7%
64054 (Independence)	27.9%	21.7%	19.4%
64055 (Independence)	20.8%	17.8%	15.3%
64056 (Independence)	21.4%	21.0%	15.6%
64057 (Independence)	18.7%	17.3%	14.0%
64058 (Independence)	18.8%	19.3%	14.5%
64061 (Kingsville)	19.9%	17.3%	15.9%
64063 (Lee's Summit)	16.6%	18.2%	13.0%
64064 (Lee's Summit)	13.3%	14.6%	11.0%
64066 (Levasy)	17.2%	19.5%	13.5%
64070 (Lone Jack)	14.4%	15.2%	12.0%
64075 (Oak Grove)	18.3%	18.5%	14.3%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 45B: CDC PLACES, Health Status Measure, Jackson (MO) by ZIP Code, 2024  
(continued)**

Location	Fair or Poor Self-Rated Health Status	Mental Health Not Good >=14 Days	Physical Health Not Good >=14 Days
64081 (Lee's Summit)	14.4%	15.1%	11.7%
64082 (Lee's Summit)	12.5%	15.3%	10.5%
64086 (Lee's Summit)	13.6%	16.3%	11.1%
64088 (Sibley)	19.3%	17.4%	14.9%
64101 (Kansas City)	9.2%	13.4%	7.0%
64105 (Kansas City)	9.7%	18.0%	7.7%
64106 (Kansas City)	20.8%	20.6%	13.3%
64108 (Kansas City)	19.9%	19.3%	13.3%
64109 (Kansas City)	24.1%	21.0%	15.2%
64110 (Kansas City)	17.5%	19.7%	11.9%
64111 (Kansas City)	12.9%	17.4%	9.7%
64112 (Kansas City)	13.0%	18.1%	10.3%
64113 (Kansas City)	9.9%	12.4%	8.9%
64114 (Kansas City)	13.7%	15.5%	10.9%
64120 (Kansas City)	27.6%	24.9%	17.5%
64123 (Kansas City)	28.4%	20.9%	17.5%
64124 (Kansas City)	33.1%	22.9%	19.7%
64125 (Kansas City)	39.2%	24.3%	23.5%
64126 (Kansas City)	34.8%	23.5%	20.6%
64127 (Kansas City)	36.6%	23.4%	21.4%
64128 (Kansas City)	35.5%	22.1%	20.8%
64129 (Kansas City)	26.1%	21.5%	16.8%
64130 (Kansas City)	31.3%	20.7%	18.6%
64131 (Kansas City)	18.6%	18.2%	12.8%
64132 (Kansas City)	30.2%	22.2%	18.2%
64133 (Kansas City)	21.3%	18.5%	14.9%
64134 (Kansas City)	23.7%	20.4%	15.3%
64136 (Kansas City)	18.9%	17.6%	13.6%
64137 (Kansas City)	18.0%	19.4%	12.7%
64138 (Kansas City)	22.4%	19.4%	15.1%
64139 (Kansas City)	17.2%	17.5%	13.1%
64145 (Kansas City)	14.6%	13.3%	11.6%
64146 (Kansas City)	16.7%	16.2%	13.0%
64147 (Kansas City)	15.0%	24.9%	10.0%
64149 (Kansas City)	15.2%	14.3%	12.6%
Missouri	18.1%	17.2%	13.1%
<b>United States</b>	<b>17.9%</b>	<b>15.8%</b>	<b>12.7%</b>

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Description

**Exhibits 45A and 45B** provide data that underlie the Health Status Measure and compares indicators to national averages.

### Observations

- In 2024, most ZIP Codes within Johnson County (KS) compared favorably to national averages for all three health status measures.
- Most Jackson County (MO) ZIP Codes compared unfavorably to national averages for the three health status measures. Many ZIP Codes within Kansas City and Independence were significantly worse than U.S. averages.

**Exhibit 46A: CDC PLACES, Disability Measure, Johnson (KS) by ZIP Code, 2024**

Location	Any Disability	Cognitive Disability	Hearing Disability	Independent Living Disability	Mobility Disability	Self-Care Disability	Vision Disability
66013 (Bucyrus)	21.5%	8.9%	6.4%	4.6%	9.5%	2.1%	2.9%
66018 (De Soto)	25.4%	12.2%	6.6%	6.2%	11.0%	2.8%	3.9%
66021 (Edgerton)	25.0%	12.5%	6.1%	6.1%	10.6%	2.7%	3.6%
66030 (Gardner)	23.7%	12.7%	5.4%	6.1%	9.5%	2.6%	3.5%
66031 (New Century)	16.7%	10.3%	2.9%	3.7%	4.1%	1.5%	2.4%
66061 (Olathe)	24.3%	12.2%	5.8%	6.1%	10.3%	2.8%	3.9%
66062 (Olathe)	21.8%	10.8%	5.3%	5.3%	9.1%	2.4%	3.3%
66083 (Spring Hill)	24.3%	11.4%	6.3%	5.9%	10.8%	2.6%	3.4%
66085 (Stilwell)	19.4%	8.8%	5.4%	4.3%	8.3%	2.0%	2.7%
66202 (Mission)	23.1%	11.5%	5.7%	5.7%	9.3%	2.4%	3.4%
66203 (Shawnee)	27.5%	13.2%	7.0%	7.1%	12.5%	3.2%	4.4%
66204 (Overland Park)	23.8%	11.6%	6.0%	5.8%	9.9%	2.5%	3.6%
66205 (Mission)	20.8%	9.9%	5.5%	4.9%	8.5%	2.1%	2.9%
66206 (Leawood)	19.2%	7.2%	6.2%	3.9%	8.6%	1.8%	2.4%
66207 (Overland Park)	21.2%	8.5%	6.6%	4.5%	9.1%	2.0%	2.7%
66208 (Prairie Village)	20.8%	9.0%	6.1%	4.7%	8.9%	2.0%	2.7%
66209 (Leawood)	21.7%	8.3%	6.9%	4.6%	10.0%	2.1%	2.9%
66210 (Overland Park)	21.0%	9.7%	5.6%	4.8%	8.6%	2.0%	2.9%
66211 (Leawood)	22.9%	8.8%	7.3%	4.9%	10.5%	2.2%	3.0%
66212 (Overland Park)	23.7%	10.7%	6.4%	5.6%	10.4%	2.5%	3.5%
66213 (Overland Park)	18.9%	8.6%	5.1%	4.1%	7.7%	1.8%	2.6%
66214 (Overland Park)	24.5%	12.2%	6.0%	6.3%	10.1%	2.9%	4.1%
66215 (Lenexa)	24.7%	10.8%	7.0%	5.9%	11.0%	2.6%	3.7%
66216 (Shawnee)	23.4%	10.5%	6.3%	5.5%	10.4%	2.5%	3.5%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.



## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 46A: CDC PLACES, Disability Measure, Johnson (KS) by ZIP Code, 2024  
(continued)**

Location	Any Disability	Cognitive Disability	Hearing Disability	Independent Living Disability	Mobility Disability	Self-Care Disability	Vision Disability
66217 (Shawnee)	22.7%	9.4%	6.6%	5.1%	10.2%	2.3%	3.2%
66218 (Shawnee)	18.6%	9.5%	4.5%	4.5%	7.6%	2.0%	2.6%
66219 (Lenexa)	20.6%	10.6%	4.8%	4.9%	8.2%	2.1%	3.0%
66220 (Lenexa)	19.1%	8.2%	5.6%	4.2%	8.3%	1.9%	2.6%
66221 (Overland Park)	16.9%	8.0%	4.4%	3.8%	7.0%	1.7%	2.4%
66223 (Overland Park)	19.2%	8.9%	5.0%	4.3%	7.8%	1.8%	2.7%
66224 (Overland Park)	19.0%	8.1%	5.4%	4.1%	8.3%	1.9%	2.6%
66226 (Shawnee)	19.2%	10.0%	4.5%	4.6%	7.5%	2.0%	2.7%
66227 (Lenexa)	19.0%	8.4%	5.3%	4.2%	8.0%	1.9%	2.6%
Kansas	20.8%	9.8%	5.4%	4.9%	8.5%	2.0%	2.9%
<b>United States</b>	<b>29.9%</b>	<b>13.4%</b>	<b>7.1%</b>	<b>7.9%</b>	<b>13.7%</b>	<b>3.8%</b>	<b>5.7%</b>

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

**Exhibit 46B: CDC PLACES, Disability Measure, Jackson (MO) by ZIP Code, 2024**

Location	Any Disability	Cognitive Disability	Hearing Disability	Independent Living Disability	Mobility Disability	Self-Care Disability	Vision Disability
64014 (Blue Springs)	31.1%	14.7%	7.1%	7.4%	12.6%	3.1%	4.2%
64015 (Blue Springs)	32.2%	14.7%	7.8%	7.8%	13.9%	3.4%	4.5%
64016 (Buckner)	34.5%	16.3%	8.3%	8.8%	15.6%	3.9%	5.0%
64029 (Grain Valley)	30.9%	15.2%	6.9%	7.4%	12.1%	3.0%	4.0%
64030 (Grandview)	38.2%	18.6%	7.2%	10.7%	17.5%	5.2%	6.9%
64034 (Greenwood)	25.7%	12.2%	6.0%	5.8%	10.1%	2.4%	3.2%
64050 (Independence)	40.8%	19.2%	10.0%	11.3%	19.5%	5.5%	7.0%
64052 (Independence)	41.6%	20.2%	9.8%	11.8%	19.5%	5.8%	7.4%
64053 (Independence)	45.7%	23.7%	10.4%	13.9%	21.7%	7.2%	9.2%
64054 (Independence)	44.5%	22.0%	10.8%	13.0%	22.0%	6.6%	8.2%
64055 (Independence)	38.2%	16.5%	10.0%	9.7%	18.3%	4.4%	5.9%
64056 (Independence)	37.6%	19.1%	8.3%	10.6%	16.4%	4.8%	6.2%
64057 (Independence)	35.8%	15.5%	9.2%	8.8%	16.5%	3.9%	5.3%
64058 (Independence)	35.9%	16.9%	8.5%	8.7%	15.3%	3.8%	5.0%
64061 (Kingsville)	36.2%	16.3%	9.3%	8.9%	17.1%	4.2%	5.3%
64063 (Lee's Summit)	31.8%	15.1%	7.3%	8.0%	13.6%	3.5%	4.6%
64064 (Lee's Summit)	27.6%	11.4%	7.1%	6.1%	11.8%	2.7%	3.6%
64066 (Levasy)	34.7%	16.5%	8.7%	8.7%	14.5%	3.5%	4.5%
64070 (Lone Jack)	29.2%	12.4%	7.8%	6.5%	12.8%	2.9%	3.7%
64075 (Oak Grove)	34.6%	16.1%	8.6%	8.7%	15.3%	3.8%	5.0%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

# APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 46B: CDC PLACES, Disability Measure, Jackson (MO) by ZIP Code, 2024  
(continued)**

Location	Any Disability	Cognitive Disability	Hearing Disability	Independent Living Disability	Mobility Disability	Self-Care Disability	Vision Disability
64081 (Lee's Summit)	30.3%	12.2%	8.2%	6.8%	13.4%	2.9%	3.9%
64082 (Lee's Summit)	25.7%	11.6%	6.0%	5.7%	10.4%	2.4%	3.2%
64086 (Lee's Summit)	27.8%	12.8%	6.4%	6.3%	11.1%	2.6%	3.5%
64088 (Sibley)	36.4%	15.5%	9.8%	8.4%	16.9%	3.9%	5.0%
64101 (Kansas City)	19.3%	9.6%	3.8%	3.7%	5.2%	1.6%	2.5%
64105 (Kansas City)	22.3%	13.0%	3.7%	5.1%	5.4%	1.6%	2.6%
64106 (Kansas City)	33.6%	18.9%	5.8%	10.1%	13.0%	5.2%	6.9%
64108 (Kansas City)	34.0%	17.2%	6.6%	9.4%	14.3%	4.6%	6.4%
64109 (Kansas City)	38.3%	19.4%	6.5%	11.5%	17.6%	6.1%	7.9%
64110 (Kansas City)	31.9%	16.4%	5.4%	8.7%	12.8%	4.0%	5.4%
64111 (Kansas City)	26.5%	13.6%	5.3%	6.3%	8.8%	2.5%	3.7%
64112 (Kansas City)	28.2%	14.4%	6.2%	6.7%	9.5%	2.4%	3.6%
64113 (Kansas City)	22.3%	8.8%	6.1%	4.3%	8.8%	1.9%	2.5%
64114 (Kansas City)	28.2%	12.3%	6.8%	6.4%	11.7%	2.7%	3.7%
64120 (Kansas City)	42.5%	25.0%	8.7%	13.9%	16.9%	6.8%	9.2%
64123 (Kansas City)	42.2%	21.8%	8.4%	12.1%	18.9%	6.3%	9.3%
64124 (Kansas City)	46.3%	24.9%	8.9%	14.9%	21.6%	8.5%	11.8%
64125 (Kansas City)	51.2%	28.4%	10.6%	17.5%	26.1%	11.0%	14.4%
64126 (Kansas City)	48.4%	26.0%	9.4%	15.4%	22.9%	8.8%	12.2%
64127 (Kansas City)	49.9%	25.6%	9.0%	16.8%	26.3%	10.2%	13.3%
64128 (Kansas City)	49.2%	23.0%	8.6%	16.4%	28.5%	10.6%	12.7%
64129 (Kansas City)	41.5%	20.3%	7.8%	12.3%	19.9%	6.5%	8.3%
64130 (Kansas City)	46.1%	20.4%	8.0%	14.5%	26.1%	8.9%	10.9%
64131 (Kansas City)	32.8%	15.5%	6.1%	8.7%	14.5%	4.2%	5.6%
64132 (Kansas City)	44.9%	21.4%	7.3%	14.4%	23.9%	8.4%	10.4%
64133 (Kansas City)	37.2%	16.7%	8.1%	9.7%	17.8%	4.7%	6.2%
64134 (Kansas City)	38.6%	18.5%	6.7%	11.1%	18.3%	5.8%	7.6%
64136 (Kansas City)	34.1%	15.3%	7.2%	9.0%	16.1%	4.1%	5.6%
64137 (Kansas City)	33.7%	16.7%	6.4%	8.8%	13.6%	3.7%	5.3%
64138 (Kansas City)	38.1%	17.5%	7.6%	10.5%	18.2%	5.2%	6.8%
64139 (Kansas City)	33.2%	14.7%	7.6%	8.4%	15.2%	3.7%	4.9%
64145 (Kansas City)	31.1%	11.1%	9.0%	6.5%	14.1%	3.0%	4.1%
64146 (Kansas City)	33.5%	13.8%	8.4%	8.0%	15.3%	3.5%	4.7%
64147 (Kansas City)	30.7%	20.1%	3.1%	9.3%	7.6%	2.7%	4.8%
64149 (Kansas City)	31.5%	11.7%	9.5%	6.6%	14.5%	3.1%	4.0%
Missouri	32.8%	14.8%	7.5%	8.3%	14.8%	4.0%	5.3%
<b>United States</b>	<b>29.9%</b>	<b>13.4%</b>	<b>7.1%</b>	<b>7.9%</b>	<b>13.7%</b>	<b>3.8%</b>	<b>5.7%</b>

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Description

**Exhibits 46A and 46B** provide data that underlie the Disability Measure and compares indicators to national averages.

### Observations

- In 2024, Jackson County ZIP Codes had comparatively worse disability rates for all disability types.
- ZIP Codes within Independence (64052, 64053, and 64054) and Kansas City (64124, 64125, 64126, 64127, 64128, 64129, 64130, and 64132) had disability rates more than 50 percent worse than the national average for most disability types.
- Johnson County compared favorably for disability rates compared to state and national averages.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 47A: CDC PLACES, Health-Related Social Needs Measure, Johnson (KS) by ZIP Code, 2024**

Location	Feeling Socially Isolated	Food Insecurity	Housing Insecurity	Lack of Reliable Transportation	Lack of Social and Emotional Support	Received Food Stamps	Threat of Utility Services Being Shut Off
66013 (Bucyrus)	26.0%	5.8%	6.2%	4.3%	15.7%	3.0%	4.7%
66018 (De Soto)	27.3%	9.0%	8.9%	6.3%	16.7%	5.0%	6.4%
66021 (Edgerton)	27.4%	7.8%	8.2%	5.6%	16.9%	4.4%	6.1%
66030 (Gardner)	28.5%	10.1%	10.5%	6.9%	18.0%	6.1%	7.7%
66031 (New Century)	31.2%	10.5%	11.6%	7.7%	22.3%	4.4%	8.0%
66061 (Olathe)	27.4%	10.1%	10.0%	6.6%	17.4%	6.1%	7.3%
66062 (Olathe)	26.7%	7.6%	8.0%	5.4%	16.1%	4.2%	5.9%
66083 (Spring Hill)	27.7%	7.4%	8.0%	5.4%	16.9%	4.2%	6.0%
66085 (Stilwell)	25.2%	5.4%	5.8%	4.2%	15.1%	2.6%	4.4%
66202 (Mission)	27.8%	9.1%	9.3%	6.5%	16.5%	5.5%	6.9%
66203 (Shawnee)	27.7%	10.4%	10.1%	6.9%	17.7%	6.3%	7.4%
66204 (Overland Park)	27.7%	8.7%	8.9%	6.1%	16.6%	5.0%	6.4%
66205 (Mission)	25.9%	6.0%	6.5%	4.6%	14.4%	3.3%	5.0%
66206 (Leawood)	22.9%	3.5%	4.2%	3.0%	12.2%	1.7%	3.3%
66207 (Overland Park)	23.8%	4.4%	4.9%	3.6%	13.2%	2.2%	3.9%
66208 (Prairie Village)	24.3%	4.4%	5.0%	3.6%	13.0%	2.3%	3.9%
66209 (Leawood)	23.3%	4.1%	4.5%	3.4%	13.3%	2.0%	3.5%
66210 (Overland Park)	26.1%	6.5%	6.8%	4.8%	15.7%	3.4%	5.0%
66211 (Leawood)	24.2%	5.0%	5.0%	3.9%	14.2%	2.4%	3.7%
66212 (Overland Park)	26.7%	8.3%	8.6%	5.8%	16.4%	4.8%	6.4%
66213 (Overland Park)	25.6%	5.5%	5.9%	4.3%	15.3%	2.6%	4.3%
66214 (Overland Park)	28.8%	13.4%	12.4%	8.6%	18.7%	9.4%	9.1%
66215 (Lenexa)	26.2%	7.8%	7.8%	5.5%	15.8%	4.6%	5.8%
66216 (Shawnee)	26.0%	7.4%	7.6%	5.3%	15.9%	4.1%	5.6%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 47A: CDC PLACES, Health-Related Social Needs Measure, Johnson (KS) by ZIP Code, 2024 (continued)**

Location	Feeling Socially Isolated	Food Insecurity	Housing Insecurity	Lack of Reliable Transportation	Lack of Social and Emotional Support	Received Food Stamps	Threat of Utility Services Being Shut Off
66217 (Shawnee)	25.2%	6.6%	6.7%	4.7%	15.1%	3.6%	5.0%
66218 (Shawnee)	26.3%	6.0%	7.0%	4.6%	15.5%	3.1%	5.3%
66219 (Lenexa)	27.6%	7.5%	8.0%	5.6%	16.5%	4.0%	5.9%
66220 (Lenexa)	24.1%	5.0%	5.4%	3.9%	13.9%	2.5%	4.3%
66221 (Overland Park)	24.5%	4.3%	5.0%	3.6%	14.1%	2.0%	3.9%
66223 (Overland Park)	26.1%	6.0%	6.3%	4.6%	16.4%	2.8%	4.5%
66224 (Overland Park)	24.2%	4.5%	4.9%	3.6%	14.2%	2.1%	3.8%
66226 (Shawnee)	26.5%	5.9%	6.9%	4.6%	15.5%	2.9%	5.2%
66227 (Lenexa)	24.6%	5.2%	5.8%	4.0%	14.1%	2.7%	4.4%
Kansas	25.8%	6.2%	6.6%	4.6%	15.3%	3.1%	5.1%
<b>United States</b>	<b>31.9%</b>	<b>13.9%</b>	<b>11.8%</b>	<b>8.2%</b>	<b>25.1%</b>	<b>11.8%</b>	<b>7.5%</b>

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

**Exhibit 47B: CDC PLACES, Health-Related Social Needs Measure, Jackson (MO) by ZIP Code, 2024**

Location	Feeling Socially Isolated	Food Insecurity	Housing Insecurity	Lack of Reliable Transportation	Lack of Social and Emotional Support	Received Food Stamps	Threat of Utility Services Being Shut Off
64014 (Blue Springs)	33.4%	10.4%	10.2%	7.5%	20.8%	7.1%	7.7%
64015 (Blue Springs)	33.2%	11.1%	10.4%	7.7%	21.1%	7.8%	7.9%
64016 (Buckner)	33.5%	11.1%	10.1%	7.7%	21.2%	7.7%	7.6%
64029 (Grain Valley)	33.9%	10.8%	10.4%	7.6%	21.6%	7.3%	7.7%
64030 (Grandview)	35.9%	20.2%	17.8%	12.5%	25.8%	16.1%	13.4%
64034 (Greenwood)	32.2%	8.6%	9.0%	6.3%	20.3%	5.5%	6.6%
64050 (Independence)	35.0%	18.0%	14.9%	11.4%	23.8%	14.9%	11.5%
64052 (Independence)	35.3%	20.8%	16.7%	12.7%	24.2%	17.9%	12.9%
64053 (Independence)	36.9%	26.2%	19.6%	15.3%	26.2%	23.6%	15.2%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 47B: CDC PLACES, Health-Related Social Needs Measure, Jackson (MO) by ZIP Code, 2024 (continued)**

Location	Feeling Socially Isolated	Food Insecurity	Housing Insecurity	Lack of Reliable Transportation	Lack of Social and Emotional Support	Received Food Stamps	Threat of Utility Services Being Shut Off
64054 (Independence)	35.0%	20.3%	15.8%	12.3%	24.3%	17.3%	12.3%
64055 (Independence)	33.2%	13.0%	11.3%	8.6%	22.0%	9.3%	8.4%
64056 (Independence)	35.6%	17.9%	15.1%	11.6%	23.9%	15.2%	11.7%
64057 (Independence)	33.2%	12.0%	10.6%	8.0%	21.8%	8.3%	7.8%
64058 (Independence)	34.7%	13.4%	11.9%	9.0%	23.0%	9.5%	8.8%
64061 (Kingsville)	30.6%	12.5%	10.7%	8.1%	22.8%	9.5%	7.9%
64063 (Lee's Summit)	33.9%	12.2%	11.4%	8.4%	21.5%	9.1%	8.7%
64064 (Lee's Summit)	31.0%	8.1%	8.0%	6.0%	18.9%	5.4%	6.2%
64066 (Levasy)	34.1%	10.3%	9.7%	7.7%	21.6%	7.1%	7.1%
64070 (Lone Jack)	31.0%	7.4%	7.6%	5.7%	19.0%	4.7%	5.8%
64075 (Oak Grove)	34.3%	13.4%	11.6%	9.1%	22.4%	9.9%	8.8%
64081 (Lee's Summit)	30.8%	7.2%	7.3%	5.5%	18.6%	4.4%	5.6%
64082 (Lee's Summit)	31.3%	7.5%	7.9%	5.7%	19.6%	4.4%	6.0%
64086 (Lee's Summit)	32.4%	8.5%	8.5%	6.3%	19.9%	5.3%	6.3%
64088 (Sibley)	33.0%	10.7%	9.7%	7.4%	21.5%	7.2%	7.2%
64101 (Kansas City)	33.7%	9.1%	10.2%	7.0%	22.6%	5.4%	8.0%
64105 (Kansas City)	35.1%	7.7%	8.4%	6.5%	19.3%	4.6%	6.2%
64106 (Kansas City)	37.3%	22.6%	18.8%	14.2%	25.7%	21.0%	15.1%
64108 (Kansas City)	35.3%	18.1%	15.2%	11.4%	22.7%	15.2%	11.7%
64109 (Kansas City)	37.1%	25.3%	21.1%	15.2%	26.6%	23.1%	16.7%
64110 (Kansas City)	36.5%	17.2%	15.1%	11.4%	23.6%	14.0%	11.8%
64111 (Kansas City)	34.6%	10.9%	10.3%	8.1%	20.1%	7.9%	7.9%
64112 (Kansas City)	33.2%	7.8%	7.4%	6.3%	18.4%	5.3%	5.7%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.

## APPENDIX B – SECONDARY DATA ASSESSMENT

**Exhibit 47B: CDC PLACES, Health-Related Social Needs Measure, Jackson (MO) by ZIP Code, 2024 (continued)**

Location	Feeling Socially Isolated	Food Insecurity	Housing Insecurity	Lack of Reliable Transportation	Lack of Social and Emotional Support	Received Food Stamps	Threat of Utility Services Being Shut Off
64113 (Kansas City)	29.1%	4.8%	5.3%	4.1%	15.9%	2.8%	4.2%
64114 (Kansas City)	32.5%	8.8%	9.0%	6.5%	19.8%	5.7%	6.8%
64120 (Kansas City)	39.8%	30.5%	22.9%	18.6%	27.0%	29.6%	17.8%
64123 (Kansas City)	37.0%	27.4%	21.1%	15.6%	27.7%	22.7%	15.4%
64124 (Kansas City)	38.3%	36.5%	26.8%	20.8%	29.9%	34.2%	20.6%
64125 (Kansas City)	38.2%	39.8%	29.1%	22.0%	29.1%	38.3%	22.5%
64126 (Kansas City)	38.5%	36.9%	27.7%	20.5%	29.6%	33.5%	20.8%
64127 (Kansas City)	39.0%	42.0%	31.7%	23.3%	31.5%	40.8%	25.0%
64128 (Kansas City)	37.5%	38.4%	30.0%	21.0%	31.6%	37.8%	24.3%
64129 (Kansas City)	36.1%	25.4%	21.5%	15.1%	26.5%	23.1%	17.1%
64130 (Kansas City)	37.1%	34.7%	27.6%	19.1%	31.1%	33.0%	22.2%
64131 (Kansas City)	34.8%	16.7%	15.4%	10.6%	24.0%	13.3%	11.8%
64132 (Kansas City)	37.9%	33.8%	27.8%	19.3%	30.4%	32.7%	22.5%
64133 (Kansas City)	34.5%	16.8%	15.1%	10.5%	24.5%	12.9%	11.4%
64134 (Kansas City)	36.8%	24.3%	21.3%	14.6%	27.5%	21.2%	16.6%
64136 (Kansas City)	34.3%	15.4%	13.6%	9.8%	23.3%	11.4%	10.2%
64137 (Kansas City)	35.3%	15.2%	14.0%	10.2%	23.5%	11.5%	10.5%
64138 (Kansas City)	35.6%	20.7%	18.0%	12.6%	26.2%	17.0%	13.8%
64139 (Kansas City)	33.9%	12.8%	11.5%	8.4%	22.4%	9.1%	8.7%
64145 (Kansas City)	29.7%	8.3%	7.1%	5.8%	18.4%	5.6%	5.6%
64146 (Kansas City)	31.3%	9.6%	8.5%	6.8%	19.1%	6.9%	6.7%
64147 (Kansas City)	41.1%	20.8%	18.3%	14.7%	26.3%	15.7%	13.4%
64149 (Kansas City)	29.8%	6.8%	6.4%	5.3%	17.9%	4.1%	5.0%
Missouri	34.0%	14.7%	13.1%	9.5%	22.7%	11.0%	10.0%
<b>United States</b>	<b>31.9%</b>	<b>13.9%</b>	<b>11.8%</b>	<b>8.2%</b>	<b>25.1%</b>	<b>11.8%</b>	<b>7.5%</b>

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 6/25/2025. <https://www.cdc.gov/places>.





## APPENDIX B – SECONDARY DATA ASSESSMENT

Medically Underserved Areas and Populations (MUA/Ps) are designated by HRSA based on an “Index of Medical Underservice.” The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.<sup>20</sup> Areas with a score of 62 or less are considered “medically underserved.”

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides.”<sup>21</sup>

### Observations

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

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<sup>20</sup> Heath Resources and Services Administration. See <http://www.hrsa.gov/shortage/mua/index.html>

<sup>21</sup> *Ibid.*

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Health Professional Shortage Areas

**Exhibit 49: Health Professional Shortage Areas (HPSAs), 2025**

HPSA Source Name	Location	HPSA Type Description	Primary Care	Mental Health	Dental Health
<b>Johnson (KS)</b>					
Health Partnership Clinic	407 S Claiborne Rd, STE 104, Olathe	FQHC	•	•	•
<b>Jackson (MO)</b>					
Swope Health Services	3801 Blue Parkway, Kansas City	FQHC	•	•	•
Samuel U. Rodgers Health Center	825 Euclid Avenue, Kansas City	FQHC	•	•	•
Hope Family Care Center	3027 Prospect Avenue, Kansas City	FQHC	•	•	•
Kansas City Care Clinic	3515 Broadway Blvd, STE100, Kansas City	FQHC	•	•	•
Low Income (LI) Population	Jackson County	LI Population HPSA		•	
Low Income (LI) Population	Independence	LI Population HPSA	•		
Low Income (LI) Population	North Kansas City	LI Population HPSA	•		•
Low Income (LI) Population	Grandview	LI Population HPSA	•		
Low Income (LI) Population	Central Kansas City	LI Population HPSA	•		•
Low Income (LI) Population	South Kansas City	LI Population HPSA	•		

Source: Health Resources and Services Administration, 2025.

### Description

**Exhibit 49** identifies the locations of federally designated primary care, mental health, and dental health Health Professional Shortage Areas (HPSAs).

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

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision, and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”<sup>22</sup>

<sup>22</sup> U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

### Observations

- In 2025, there were four FQHCs operating in Jackson County (MO) and one FQHC operating in Johnson County (KS).
- The low-income population of Jackson County has been designated a HPSA for mental health.
- The low-income populations of Independence, Grandview, North Kansas City, South Kansas City, and Central Kansas City have been designated as HPSAs for primary care.
- The low-income populations of North and Central Kansas City have been designated dental health HPSAs.

### Findings of Other Assessments

#### Kansas City Health Department Community Health Assessment Dashboard

The Kansas City (MO) Health Department maintains a Community Health Assessment (CHA) dashboard. The data and information in the CHA dashboard are updated periodically and are intended to help health department staff, government officials, and the community understand local health status and needs. The data also guide action plans to improve health. A summary of information in the CHA dashboard is below.

#### Summary

- Kansas City has a diverse age structure with 114,717 children (ages 0-17) and 71,585 senior citizens (ages 65+), indicating demographics that require services for both young families and older adults.
- Kansas City has a higher immigrant population (8.5%) compared to Missouri overall. About five percent of residents endorse limited English proficiency, suggesting need for multilingual services and immigrant support programs.
- Veterans make up six percent of the adult population.
- Almost thirteen percent of residents live with a disability, representing a significant portion of the population requiring specialized services.
- Housing is a significant issue in Kansas City, with key focuses on affordability, safety, and quality.
  - Almost half (44.9%) of renters report paying more than thirty percent of household income for housing, qualifying as excessive housing costs.
  - Almost one-third (31.6%) of all occupied housing units report excessive costs with both renting and home ownership.
  - Almost two-thirds of White householders are homeowners, compared to just over one-third of Black householders.
  - Renters with income below the federal poverty line experience the presence of almost three times as much severe housing problems as renters above the federal poverty line.
- Economic disparities also are present.
  - Almost fifteen percent of people in Kansas City live below the federal poverty level.

## APPENDIX B – SECONDARY DATA ASSESSMENT

- Racial gaps in education, employment, and wealth are experienced by a disproportionate number of Black families at the bottom of the income scale.
- Black residents experience poverty at almost three times the rate of White or Non-Hispanic residents.
- Almost nine-teen percent (18.8%) of Hispanic or Latino residents live below the federal poverty line.
- High cost of living with jobs that do not offer livable wages keeps people in challenging cycles of debt and poverty. Families or individuals living in poverty are having to decide between paying for safe housing or buying food, rent, or transportation costs.
- Kansas City Health believes that education leads to opportunities for people to improve their life circumstances and health. Students who are of minority populations are more likely to be chronically absent from school.
  - Black students are more than twice as likely to be chronically absent from school than White students.
  - White residents are more than twice as likely to graduate with a Bachelor's degree than Black, Hispanic, or Latino residents.
- Quality of life is connected to having access to transportation, spending time outdoors, and connecting to others in person and online.
  - Kansas City has a 12.2 Walkability Index on a scale of 1 to 20. Having access to playing, running, walking, or cycling outdoors can help prevent illness.
  - Kansas City air has a diesel particulate matter level that is higher than Missouri as a whole.
  - Almost nine percent of residents in occupied housing units do not have access to a vehicle.
- Insurance is a barrier for residents in accessing health services.
  - Almost twelve percent of people in Kansas City do not have health insurance.
  - Both Hispanic or Latino People and Hawaiian and Pacific Islander People are the least insured minority groups, both with about three-fourths of the population being insured.
  - Mental healthcare support and appointments are challenging to find in the community. Stigma still exists around receiving mental healthcare in the community.

### **Healthy Beginnings: Maternal & Infant Health**

- Improving health for mothers and infants targets a critical window of opportunity that can lay the foundation for life-long well-being and success.
- Zip Codes can have a greater impact on the health of the mother and baby than even the genetic code.
- For Black women in America, societal and systemic racism creates toxic physiological stress, resulting in social, environmental, and physical conditions that lead directly to higher rates of infant and maternal death.
- Successful breastfeeding also relies on mothers having access to proper nutrition, maternity leave, access to breast pumps and supplies, and jobs and community that support a mother's decision to breastfeed.

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### **Lifelong Health: Physical Well-being (Social Determinants of Health)**

- Physical wellbeing is closely linked to our lifestyle.
- The emphasis is not just on how long we live, but also the quality of our lives.
- Prevention is responsible for improving outcomes also includes exercise, consuming healthy foods, being outside, and connecting with friends.
- The opportunity to achieving optimal health in Kansas City is uneven. Opportunities are affected by where people live and work, and what resources are accessible.
- About one-third of Kansas City residents report daily physical inactivity.
- Health behaviors are not only determined by personal choice, but also by socioeconomic status and availability of providers.
- Poverty, unemployment, safe and affordable housing all influence health outcomes.

### **Living Better: Mental Health & Injury Prevention**

- Connection to other people and within a community improves quality of life.
- Physical and social environments where people live have a direct impact on their wellbeing.
- Increasing education on mental health, focusing on prevention, and improving support systems and programs for mental and behavioral health issues can make a difference.
- Bullying can lead to low self-esteem, self-harm, depression, struggles in school, and long-term effects on a person's life. Risk factors for bullying include appearance, race, disabilities, gender, mental health, and social challenges.
- About half of individuals who struggle with mental health also experience substance use disorder.
- Over one-third of adults receive less than seven hours of sleep per night, which can negatively impact a person with mental health challenges.
- Almost sixteen percent of people in Kansas City report poor mental health, and over twenty-two percent report having diagnosed depression.
- Mental disorders are associated with an increased risk of injury. Early diagnosis of a mental health disorder may help reduce this number, as well as ongoing mental health and community support.
- Social and economic factors impact the cycle of violence more often than mental health disorders. Relationships, jobs, schools, location, youth resources, and what we have access to all play a role in mitigating violence in the community.

### **Causes of Death**

- Many causes of death in the Kansas City area are preventable. Prevention is about creating a place where healthy choices are possible.

### **Kansas City Community Health Improvement Plan – 2022-2027**

The Kansas City Community Health Improvement Plan (CHIP) for 2022 through 2027 was approved by the Kansas City Health Commission in April 2021. The Health Commission believes that health is a human right. Health includes but is not limited to 1) opportunities for gainful employment that pays a living wage, 2) opportunities for affordable, quality education and training, 3) opportunities to find and secure safe, affordable and dignified housing, 4)

## APPENDIX B – SECONDARY DATA ASSESSMENT

opportunities to find and receive culturally competent and affordable preventive medical care services, 5) opportunities to live violence free, and 6) opportunities to access healthy foods for oneself and one's family. Facilitating positive health for all individuals (health equity) requires anti-racism approaches that impact all life experiences - which will ultimately impact health outcomes, quality of life and life expectancy. Using this lens, the following priority areas and goals were developed:

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



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

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

### Johnson County Community Health Assessment Dashboard

The Johnson County Department of Health and Environment (JCDHE) maintains a Community Health Assessment (CHA) dashboard. During the spring and summer of 2023, the JCDHE CHA Planning Team conducted scripted interviews and focus groups (CCA), administered a community-wide survey (CHA survey), and compiled county-level statistics from state and national sources on health outcomes and behaviors alongside data on economic, educational, and environmental conditions impacting health (CSA). The capacity, strengths, and commitment of local partners to health equity was also assessed (CPA). The data and information in the CHA dashboard are updated periodically and are intended to help health department staff, government officials, and the community understand local health status and needs. The data also guide action plans to improve health. A summary of information in the CHA dashboard is below.

#### Social Context

- Where people live, work, learn, and play directly affects their ability to make healthy choices. Social and economic contexts must be considered when designing environments that support public health.
- It matters where residents live in Johnson County. A 12-year difference in life expectancy exists in Johnson County communities located just five miles apart.
- High housing costs and housing insecurity can lead to stress, poor nutrition, and barriers to healthcare access. Stable, affordable housing is essential for physical and mental health.
- Single-parent households, low-income families, and others face unique challenges to staying healthy. Nearly one-in-seven residents are considered low income, living on less than \$51,640 for a family of three. Community planning must recognize and address these barriers to improve health equity.

## APPENDIX B – SECONDARY DATA ASSESSMENT

### Healthy Beginnings

- Black babies in Johnson County are more than twice as likely to die before age one compared to White babies, and Hispanic infant mortality rates are nearly double those of white infants.
- The county has very low smoking rates during pregnancy and high breastfeeding initiation rates overall, though charts suggest some disparities exist across racial groups in access to early prenatal care, preterm births, and low birth weight rates.
- Beyond individual health behaviors, factors like access to affordable childcare (which costs more than rent or college tuition), paid family leave, breastfeeding support at work, and comprehensive sex education all impact family health outcomes from pregnancy through adolescence.
- In Johnson County, it is more expensive to pay for daycare than rent or college tuition, but there are no financial supports for this expense.
- Johnson County's teen birth rate (6.9 per 1,000) is lower than the state average (19 per 1,000), but rates vary significantly by race, with Black teens being impacted more than three times the rate and Hispanic teens almost five times the rate of White teens.

### Lifelong Health: Physical Well-being

- Food, Fitness, and Community Design
  - Two-thirds of residents are overweight or obese, a health concern which is linked to 4 of the top 5 causes of death in the county.
  - Over nine percent of residents are food insecure, but most make too much money to qualify for assistance programs like SNAP. High costs of living, rent, transportation, and childcare consume budgets, leaving insufficient funds for food and nutrition.
  - Only one in three adults get recommended weekly physical activity, and over twenty-two percent of solo drivers have thirty-minute or greater commute.
  - While four in five residents live within a mile of grocery stores, the abundance of fast-food restaurants makes unhealthy choices cheap and convenient. Most residents don't meet recommended daily intake of fruits and vegetables, facing barriers like cost, transportation, and preparation time.
- Access to Medical Care, Diseases and Deaths
  - Despite higher than national insurance rates, about twenty-five percent of adults are worried or stressed about paying medical bills, and some neighborhoods have up to one-in-three residents without insurance.
  - High costs of healthcare prevent even insured residents from seeking help. Adults with disabilities are particularly affected, with over fifteen percent unable to afford doctor visits compared to over five percent of adults without disabilities.
  - The county has lower mortality rates than the rest of Kansas due to better health access and insurance coverage. Leading causes of death include cancer, heart disease, stroke, and diabetes - many linked to conditions that could be prevented with better access to early, regular healthcare and the lifestyle factors addressed in community design.

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### **Beyond Physical Health**

Mental health significantly impacts Johnson County residents, with nearly thirty percent reporting feeling always or usually stressed about finances in the past year, which can lead to chronic stress and serious health consequences including depression, anxiety, and heart disease.

- Substance Misuse
  - Mental health and substance use disorders are often interconnected.
  - Johnson County adults binge drink at higher rates than the state average, while cigarette smoking has steadily declined over time due to indoor smoking bans, rental property restrictions, and tobacco-free public spaces policies.
  - Prescription drug misuse poses a greater overdose threat than opioids locally - while opioid deaths have increased slightly, prescription drugs used for anxiety and ADHD treatment cause more frequent overdose deaths, with stimulant prescribing rates exceeding state averages across all age groups.
- Suicide and Overdose
  - Suicide rates in Johnson County have risen over time, with young adults aged 18-24 and adults aged 25-44 most at risk due to modern challenges like economic uncertainty, social isolation, and social media pressures that fuel stress, anxiety, and depression.
  - Drug overdose deaths have increased slightly, primarily from prescription medications rather than street drugs. Benzodiazepines and stimulants are the main culprits, especially when taken in high doses or mixed with alcohol, with adults aged 25-44 having the highest overdose death rates.
  - Johnson County has lower drug overdose rates than state and national averages but still faces a serious public health crisis requiring ongoing investment in mental health resources, firearm safety, substance use prevention, and community support to address these deaths of despair.

### **Johnson County Community Health Improvement Plan – 2025-2029**

JCDHE, in collaboration with community partners, formed the Community Health Assessment Process (CHAP) to evaluate health in Johnson County, establish priorities, and assess and implement health programs and services. The group conducted a community health review and identified four priority areas. A Community Health Improvement Plan (CHIP) was established for 2025-2029. A CHIP Dashboard is being developed and will be launched so that the public can track progress of the goals and may be accessed at [Community Health Assessment & Improvement Plan | Johnson County Kansas](#).

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

1. Affordable Housing
2. Jobs with Livable Wages
3. Affordable Mental Health Treatment
4. Access to Affordable Health Insurance Coverage

## APPENDIX C – COMMUNITY INPUT PARTICIPANTS

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### Exhibit 50: Interviewee Organizational Affiliations

Organization
Johnson County Department of Health and Environment
Kansas City Health Department
Kansas City Orthopaedic Institute
Mid-America Regional Council (MARC)

### Exhibit 51: Community Meeting Participants

Organization	Organization
Artists Helping the Homeless	Kansas City YMCA
Boys & Girls Clubs of Greater Kansas City	Kansas Legislature
City of Lee's Summit	Lakeview Village
Clay County Public Health Center	Lee's Summit R7 School District
Clay County Senior Services	Northland Center for Advanced Professional Studies (CAPS)
Clements Chiropractic	Northland Health Care Access
Community Assistance Council	Park Hill School District
Community Services League	Platte County Health Department
Crittenton Children's Center	REACH Healthcare Foundation
Diocese of West Missouri, The Episcopal Church	Saint Luke's North Hospital
El Centro, Inc.	Saint Luke's East Hospital
Harvesters-Community Food Network	Saint Luke's Hospital of Kansas City
Hawthorn Bank	Saint Luke's South Hospital
Health Partnership Clinic	Samuel U. Rodgers Health Center
Hillcrest Platte County	Unified Government of Wyandotte Co. & Kansas City (KS)
Hope House	United Community Services of Johnson County
Jackson County Missouri	University of Missouri Extension
Johnson County Department of Health & Environment	Vibrant Health
Johnson County Housing Services	Wyandotte County Health Department
Kansas City Health Department	YMCA Head Start

## APPENDIX D – CHSI PEER COUNTIES

County Health Rankings assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control’s *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of “peer counties,” so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates. **Exhibit 52** lists peer counties for Jackson County, Missouri and Johnson County, Kansas.

**Exhibit 52: CHSI Peer Counties**

Johnson (KS)	Jackson (MO)
Broomfield County, Colorado	Maricopa County, Arizona
Douglas County, Colorado	Alameda County, California
Cherokee County, Georgia	Orange County, California
Forsyth County, Georgia	San Diego County, California
Kendall County, Illinois	San Francisco County, California
Boone County, Indiana	Santa Clara County, California
Hamilton County, Indiana	Denver County, Colorado
Boone County, Kentucky	Hartford County, Connecticut
Oldham County, Kentucky	Pinellas County, Florida
Charles County, Maryland	Jefferson County, Kentucky
Frederick County, Maryland	Kent County, Michigan
Howard County, Maryland	Hennepin County, Minnesota
Carver County, Minnesota	Ramsey County, Minnesota
Scott County, Minnesota	Clark County, Nevada
Washington County, Minnesota	Erie County, New York
Union County, North Carolina	Monroe County, New York
Delaware County, Ohio	Richmond County, New York
Warren County, Ohio	Mecklenburg County, North Carolina
Canadian County, Oklahoma	Wake County, North Carolina
Williamson County, Tennessee	Franklin County, Ohio
Comal County, Texas	Oklahoma County, Oklahoma
Denton County, Texas	Multnomah County, Oregon
Fort Bend County, Texas	Allegheny County, Pennsylvania
Kendall County, Texas	Davidson County, Tennessee

## APPENDIX E – IMPACT EVALUATION

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This appendix highlights KCOI’s initiatives and related impacts in addressing significant community health needs since the facility’s previous Community Health Needs Assessment (CHNA) published in 2022. This is not an inclusive list of all initiatives aligned with the 2022 CHNA. Given that the process for evaluating the impact of various services and programs on health outcomes is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. KCOI continues to evaluate the cumulative impact of its services and programs.

The 2022 KCOI CHNA identified the following as significant needs and priority areas:

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

\*Areas of focus for implementation planning.

### Kansas City Orthopedics Institute (KCOI) Impact Evaluation for the 2023-2025 Implementation Strategy

#### Priority 1: Access to Care

- **Initiative:** Continue to provide financial assistance (charity care) pursuant to the KCOI Financial Assistance Policy. Continue providing training so that KCOI staff are able to help eligible patients receive financial assistance.
- **Highlighted Impact:** This policy has been in place and staff are trained on how to administer. Patients can obtain and access the Financial Assistance Application in various ways.
- **Initiative:** In collaboration with SLHS, continue to advocate for Medicaid expansion in Kansas and for successful implementation of expansion in Missouri.
- **Highlighted Impact:** KCOI participated in advocacy efforts through its memberships and participation with KHA, PHA, and PHK.
- **Initiative:** Continue to participate in the Wy/Jo Care Program, which improves access to specialty care for low-income and uninsured residents of Wyandotte and Johnson counties.
- **Highlighted Impact:** KCOI maintained a relationship with Wy/Jo Care (now part of MetroCare). No patient referrals were identified 2023 through 2025.
- **Initiative:** Continue to provide access to care through the urgent care clinic with extended appointment hours.
- **Highlighted Impact:** The urgent care clinic was available to patients 8am-7pm Monday-Friday and 10am-4pm Saturday and Sunday.

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- **Initiative:** Provide community benefit grants to organizations to increase access to care (including the supply of providers) in the community.
- **Highlighted Impact:** KCOI provided financial support to Peace Out Cancer, Sean D. Biggs Memorial Foundation, KC Care Health Center, and Kansas City Hospice. Additionally, KCOI hosted a blood drive for the Community Blood Centers, with 16 staff members donating blood. KCOI also supported in the University of Missouri Kansas City Orthopedic Fellow Program. Total dollar amount invested in community sponsorship is approximately \$10,000 annually. More information on KCOI and KCOA charitable giving can be found [here](#).
- **Initiative:** Screen for health related social needs that may impact access to care. Connect patients identified with a need with appropriate community resources.  
**Highlighted Impact:** KCOI screens all inpatients (860patients/year) In 2024, provided resources for 3 patients for transportation, 2 for food insecurity and 1 for interpersonal safety and many patients for DME supplies. Resources included utilizing [www.saintlukesresources.org](http://www.saintlukesresources.org) and organizations such as Blessing’s Abound thrift store for DME reduced cost supplies, Transportation via 10/10 Taxi, Ztrip, secure transportation and Harvesters and New Hope food bank for food resources.

### Priority 2: Mental Health

- **Initiative:** Continue screening urgent care and surgery patients for suicide risks, using the Patient Safety Screener (PSS-3) tool, and refer patients at risk to mental health resources.
- **Highlighted Impact:** KCOI screened 100% of patients with the PSS-3 tool, and identified 7 (3 Urgent Care and 4 Pre-op) patients at risk who were referred to area mental health support services.
- **Initiative:** Continue identifying patients who show signs of broken bones caused by domestic violence or abuse and referring them to appropriate resources. Continue referring patients experiencing (or at risk of experiencing) domestic violence to SAFEHOME.
- **Highlighted Impact:** Policy has been in place and is reviewed with all new staff as part of orientation to their job. In addition, all clinical staff are required to review this policy as part of their required learning modules. Additionally, sponsorship dollars are provided to CASA to support court appointed volunteer advocacy for children and youth who have experienced abuse.
- **Initiative:** Provide staff and financial support for “Fighting Fentanyl” events in the community
- **Highlighted Impact:** KCOI provided financial support to the Cooper Davis Memorial Foundation, which educates the community around the dangers of illicit fentanyl.



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### Priority 3: Nutrition, Physical Activity, and Obesity

- **Initiative:** Continue strategies for optimizing patients for surgery such as incorporating nutrition and physical activity themes in preoperative education for patients.
- **Highlighted Impact:** KCOI conducts pre-assessment phone calls with all total joint and spine patients that include communication on these topics.
- **Initiative:** Provide information on, and direct access to, Community Resources to connect patients to free and reduced cost resources (including healthy food options) in the community.
- **Highlighted Impact:** Saint Luke’s Community Resources established through contract with “Find Help” to connect patients to free and reduced cost resources in the community: <https://saintlukesresources.org/>.
- **Initiative:** Provide resources and education for residents of Johnson and Jackson counties regarding physical activity.
- **Highlighted Impact:** KCOI (Performance Rehab) therapists frequently provide free educational workshops and injury-prevention talks for local schools, sports teams, and community organizations.

## ■ Contact us

### **Kansas City Orthopaedic Institute**

3651 College Blvd.

Leawood, KS 6621

913-338-4100

[saintlukeskc.org/locations/kansas-city-orthopaedic-institute](https://saintlukeskc.org/locations/kansas-city-orthopaedic-institute)



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