2023-2025 AdventHealth Shawnee Mission Community Health Plan

AdventHealth

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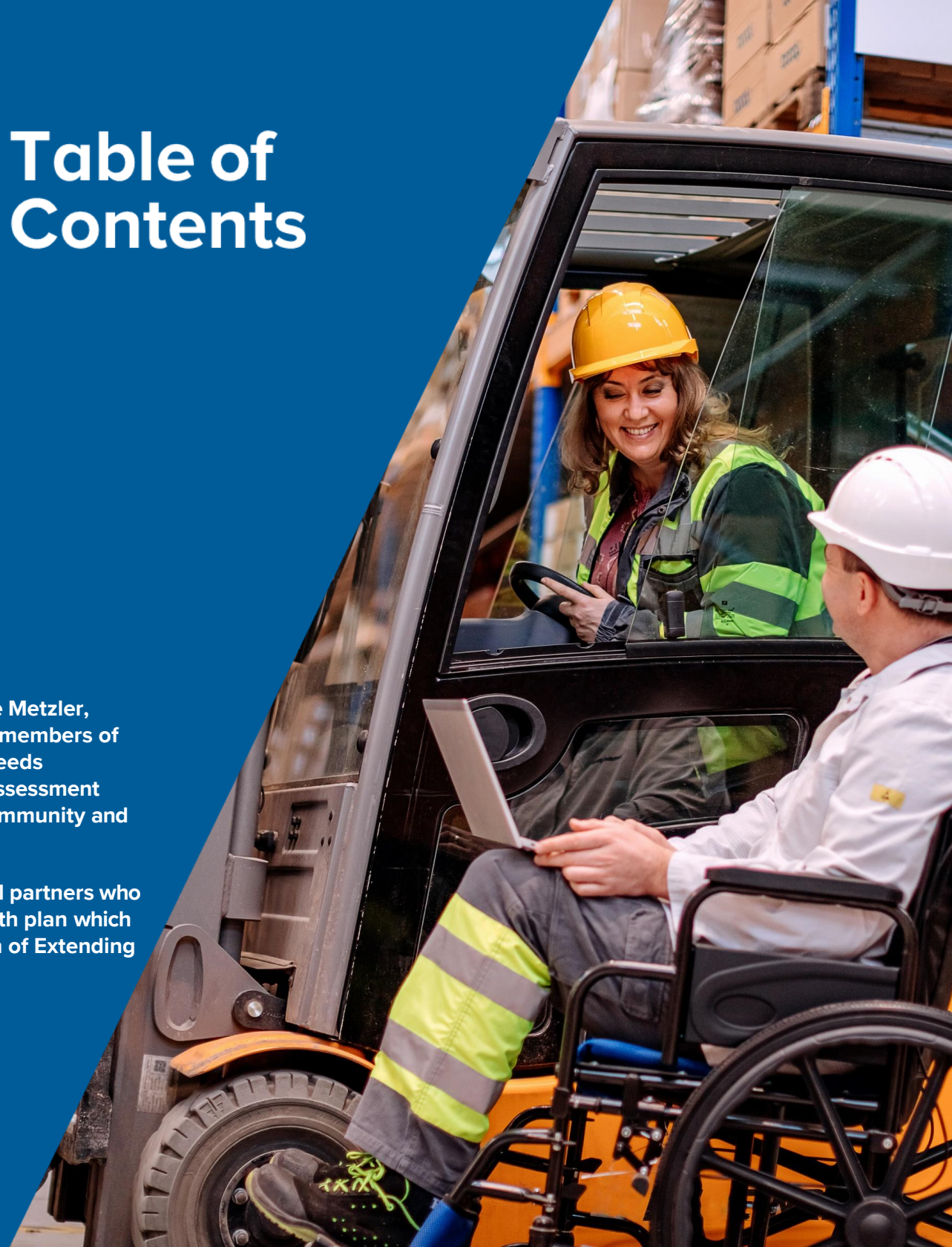


Acknowledgements

This community health plan was prepared by Jeanette Metzler, Community Benefit Manager, with contributions from members of AdventHealth Shawnee Mission Community Health Needs Assessment Committee and Hospital Health Needs Assessment Committee both representing health leaders in the community and hospital leaders.

We are especially grateful for the internal and external partners who helped guide the development of the community health plan which will enable our teams to continue fulfilling our mission of Extending the Healing Ministry of Christ.

EXECUTIVE SUMMARY

Executive Summary

Shawnee Mission Medical Center, Inc. d/b/a AdventHealth Shawnee Mission will be referred to in this document as AdventHealth Shawnee Mission or the “Hospital”.

Community Health Needs Assessment Process

AdventHealth Shawnee Mission in Johnson County, Kansas conducted a community health needs assessment in 2022. The assessment identified the health-related needs of the community including low-income, minority and other underserved populations. This assessment process was the most comprehensive to date and included survey questions related to diversity, equity and inclusion. In addition, the priorities were defined, when possible, in alignment with Healthy People 2030, national public health priorities to improve health and well-being.

In order to ensure broad community input, AdventHealth Shawnee Mission created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations. The prioritization process sought to balance our ability to impact the greatest number of people who are facing the greatest disparities.

AdventHealth Shawnee Mission also convened a Hospital Health Needs Assessment Committee (HHNAC) to help select the needs the Hospital could most effectively address to support the community. The HHNAC made decisions by reviewing the priorities selected by the CHNAC and the internal Hospital resources available.

The CHNAC and HHNAC met throughout 2021-2022. The members reviewed the primary and secondary data, helped define the priorities to be addressed and helped develop the Community Health Plan to address those priorities. Learn more about Healthy People 2030 at https://health.gov/healthypeople.

Community Health Plan Process

The Community Health Plan (CHP), or implementation strategy, is the Hospital’s action plan to address the priorities identified from the CHNA. The plan was developed by the CHNAC, HHNAC and input received from stakeholders across sectors including public health, faith-based, business and individuals directly impacted.

The CHP outlines targeted interventions and measurable outcomes for each priority noted below. It includes resources the Hospital will commit and notes any planned collaborations between the Hospital and other community organizations and hospitals.

The identified goals and objectives were carefully crafted, considering evidence-based interventions and AdventHealth’s Diversity, Equity, and Inclusion and Faith Accountability strategies. AdventHealth Shawnee Mission is committed to addressing the needs of the community, especially the most vulnerable populations, to bring wholeness to all we serve.

Executive Summary

Priorities Addressed

The priorities addressed include:

1. Behavioral Health: Mental Health and Drug Misuse
2. Nutrition and Healthy Eating
3. Preventative Care and Screenings

See page 9 for goals, objectives and next steps for each priority selected to be addressed.

Priorities Not Addressed

The priorities not addressed include:

1. Health Insurance and Access
2. Food Insecurity
3. Cardiovascular Disease – Hypertension
4. Diabetes
5. Pregnancy and Maternal Health
6. Housing

See page 19 for an explanation of why the Hospital is not addressing these issues.

The Community Health Plan is a three-year strategic plan and may be updated during implementation based on changing community needs or availability of resources. AdventHealth recognizes community health is not static and high priority needs can arise or existing needs can become less pressing. The Hospital may pivot and refocus efforts and resources to best serve the community.

Executive Summary

Board Approval

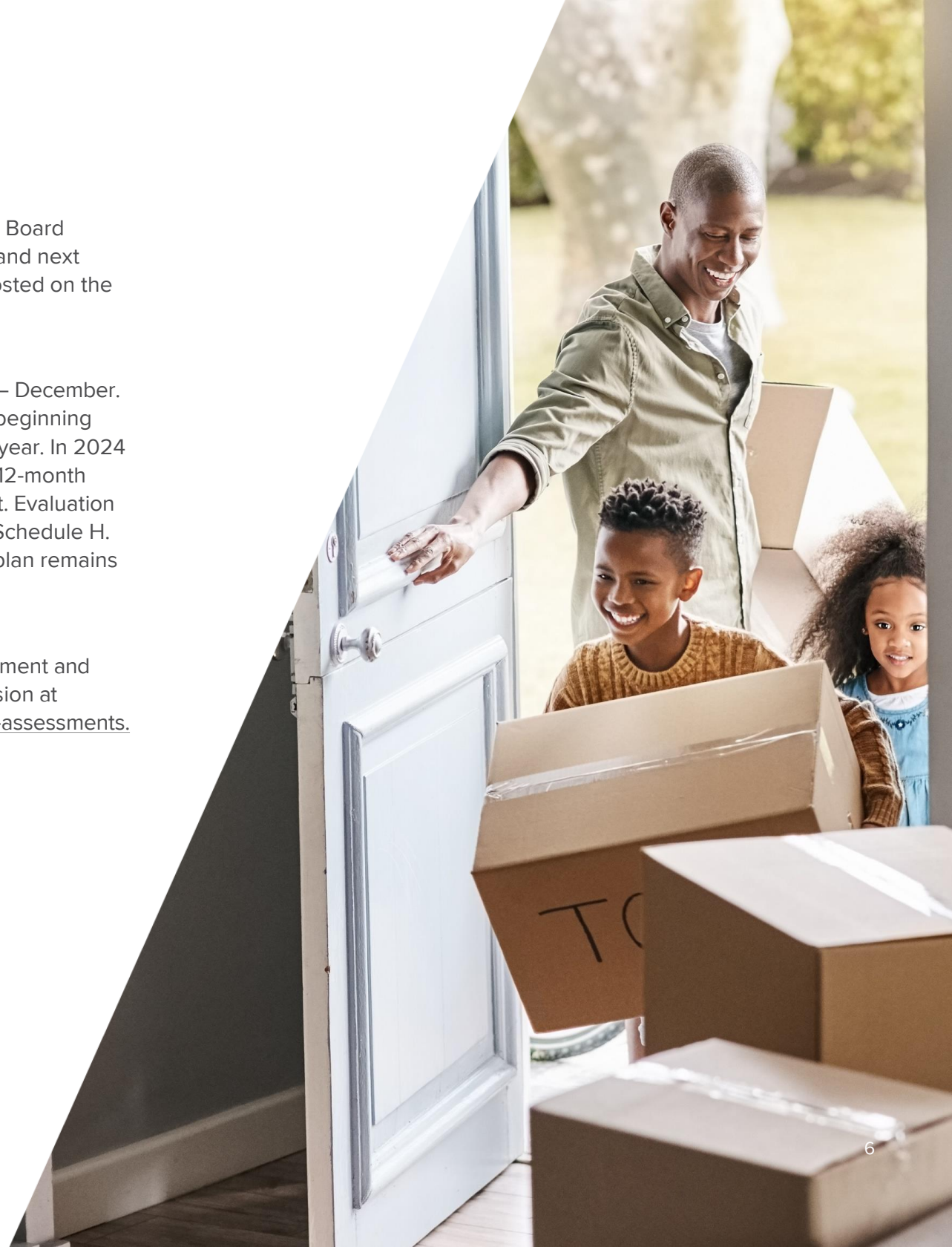
On March 21, 2023, the AdventHealth Shawnee Mission Board approved the Community Health Plan goals, objectives and next steps. A link to the 2023 Community Health Plan was posted on the Hospital's website prior to May 15, 2023.

Ongoing Evaluation

AdventHealth Shawnee Mission's fiscal year is January – December. For 2023, the Community Health Plan will be deployed beginning May 15, 2023, and evaluated at the end of the calendar year. In 2024 and beyond, the CHP will be evaluated annually for the 12-month period beginning January 1st and ending December 31st. Evaluation results will be attached to the Hospital's IRS Form 990, Schedule H. The collective monitoring and reporting will ensure the plan remains relevant and effective.

For More Information

Learn more about the Community Health Needs Assessment and Community Health Plan for AdventHealth Shawnee Mission at https://www.adventhealth.com/community-health-needs-assessments.



ABOUT ADVENTHEALTH

About AdventHealth

AdventHealth Shawnee Mission is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care. More than 80,000 skilled and compassionate caregivers serve 4.7 million patients annually. From physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, wholistic care at nearly 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in research, new technologies and the people behind them to redefine medicine and create healthier communities.

About AdventHealth Shawnee Mission

AdventHealth Shawnee Mission is at the core of AdventHealth's connected system of care in the Kansas City area. Originally built in 1962, Shawnee Mission has grown from a small community hospital (Shawnee Mission Center) to a 504-bed acute care facility, with the busiest emergency department in Johnson County. Employing over 3,600 team members, including over 2,000 nurses, physicians and medical staff, the team at Shawnee Mission offers comprehensive care for all stages of life.

- Only hospital in Johnson County to receive the prestigious Baby-Friendly® designation
- One of six hospitals in Kansas to achieve a CMS 5-Star Rating from Centers of Medicare and Medicaid Services
- Hospital has received prestigious Magnet recognition for hospitals demonstrating superior nursing practices
- Certified member of MD Anderson Cancer Network®,
- For the 17th consecutive time, Hospital awarded and "A" Hospital Safety Grade for achieving the highest national standards in patient safety.

PRIORITIES ADDRESSED

Behavioral Health: Mental Health and Drug Misuse

In the Hospital's community, 19.3% of residents have a prevalence of depression, while 12.7% of the residents report poor mental health. According to community survey respondents more than 25% have been diagnosed with a depressive order and more than 26% have been diagnosed with an anxiety disorder. Almost 60% of the community and stakeholders surveyed do not believe the community is good at treating mental health. There is also a need to address drug misuse in the community. According to the Hospital's community survey, 36.8% of respondents reported taking prescription medication for non-medical reasons, while 33.3% believe that people in the community are addicted to street drugs.

Goal 1: Improve access to mental and behavioral health services for adults in need of treatment

Objective 1.1: By December 31, 2025, the Hospital will increase the number of individuals receiving mental and behavioral treatment in adults from a baseline established in year 1 by 10%.

Objective 1.2: By December 31, 2025, the Hospital will increase the number of individuals receiving treatment for those with treatment-resistive depression in adults by 6% from a baseline established in year 1.

Target Population: Adults (18+) in the Hospital's primary service area in need of treatment for behavioral health issues

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Complete renovation of new outpatient behavioral health space, recruit and onboard staff, and execute plan to educate community and partners on new services	New outpatient behavioral health center is open and providing compassionate and effective behavioral and mental health care services	New outpatient behavioral health center Hire and train staff AdventHealth Charitable Foundation	Johnson County Mental Health Center Johnson County School Districts Heartland Regional Alcohol & Drug Assessment Center (RADAC) Primary care and specialty providers within Johnson County	X	X	X
Purchase equipment and onboard specialists to provide treatment.	Individuals with treatment-resistive depression are receiving next-level effective treatment	Purchase facility equipment and onboard specialists AdventHealth Charitable Foundation	Johnson County Mental Health Center Primary care and specialty providers within Johnson County Outpatient psychiatric providers and therapists in primary service area	X	X	X

Behavioral Health: Mental Health and Drug Misuse

Goal 2: Reduce overdoses and deaths from opioid misuse

Objective 2.1: By December 31, 2025, the Hospital will increase the number of individuals receiving treatment for drug misuse by 10% from a baseline established in year one.

Objective 2.2: The Hospital will provide professional expertise and support for the development and implementation of the Johnson County Treatment and Recovery Coalition's (JCTRC) prevention and education strategies. By December 31, 2025, Hospital leadership and staff will provide 54 hours of professional expertise to the coalition.

Target Population: Teens and adults in Hospital's primary service area at risk of overdoses and deaths from opioids.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Complete renovation of new outpatient behavioral health space, recruit and onboard staff, and execute plan to educate community and partners on new services	New outpatient behavioral health center is providing substance abuse services.	Staff time and budget for new staff Marketing and communication plan AdventHealth Charitable Foundation	Johnson County Mental Health Heartland Regional Alcohol & Drug Assessment Center (RADAC)	X	X	X
Provide leadership and actively participate in the Johnson County Treatment and Recovery Coalition (JCTRC). Work with JCTRC to implement prevention and education strategies	54 hours of staff time Six community education events	Hospital leadership and staff to provide professional expertise to JCTRC on paid staff time Hospital to provide $3,000 over three years to JCTRC for education strategy implementation	Johnson County Treatment and Recovery Coalition (JCTRC) and its partners Cooper Davis Memorial Foundation – Keepin' Clean for Coop Campaign AdventHealth partner schools and churches	X	X	X

Behavioral Health: Mental Health and Drug Misuse

Goal 3: Reduce suicide attempts and deaths in Hospital's primary service area

Objective 3.1: By December 31, 2025, the Hospital will provide leadership, professional expertise and financial support to assist Johnson County Suicide Prevention Coalition's (JCSPC) goal to reduce suicide deaths by 10% from a baseline of 90 suicide deaths in 2021.

Objective 3.2: By December 31, 2025, the Hospital will financially support regional mental health education and conferences to further the knowledge and skills of 600 health professionals.

Objective 3.3: By December 31, 2025, the Hospital will provide free non-emergent assessments to evaluate safety risk and community crisis phone line support for 3,000 individuals.

Target Population: Teens and adults in Hospital's primary service area

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Provide leadership and actively participate in Johnson County's Suicide Prevention Coalition (JCSPC) and Suicide Fatal Review Board. Provide financial support for JCSPC community awareness and education.	# of staff hours of Director and Behavioral Health team for planning and attending Coalition and review board meetings Funding	Behavioral health team leaders will attend coalition meetings. Hospital will provide $3,000 in funding over three years	Johnson County Mental Health Johnson County Suicide Coalition and partners Johnson County Fatality Review Board	X	X	X
Support regional mental health education and conferences to further knowledge and skills of behavioral health professionals	# of behavioral health professionals	Hospital will provide $4,500 in funding over three years Staff time for assistance in planning and/or presenting	Tri-County Mental Health Johnson County Mental Health	X	X	X
Behavioral health staff meets with at risk patients and respond to Mental Health Crisis	# Individuals assisted	Behavioral health staff hours	Inpatient mental health centers for referrals	X	X	X

Behavioral Health: Mental Health and Drug Misuse

Goal 4: Increase access to resources supporting parents and adults in identifying and addressing emotional and behavioral needs in children.

Objective 4.1: By December 31, 2025, the Hospital will host and / or sponsor 15 parent education events.

Objective 4.2: By December 31, 2025, 75% of the participants in hospital sponsored parent education events will report increased knowledge or confidence in parenting skills.

Objective 4.3: By December 31, 2025, the Hospital will provide support for 2,500 parents of children (ages 0-18) through groups, individual consults and parent care phone support line.

Target Population: Parents of children (ages 0 – 18) residing in the Hospital's primary service area

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Identify topics and presenters, promote to the community, and evaluate the effectiveness of the parent education events.	# of parent education events # of participants % of participants (parents, legal guardians, etc.) reporting increased knowledge and/or confidence	Staff time Presenter costs	Jewish Family Services Raising Kansas City Coalition Schools and Community Centers	X	X	X
Promote the Hospital's parent care and support services, monitor participation, and evaluate effectiveness	# of participants (parents, legal guardians, etc.) supported % of participants (parents, legal guardians, etc.) who report receiving practical tips or getting connected to community resources	Staff time	Jewish Family Services Raising Kansas City Coalition Schools and community centers	X	X	X

Nutrition and Healthy Eating

More than 41% of community survey respondents reported eating fruits and vegetables less than two days a week. Nutrition is known to be a critical influencer of health. Healthy eating improves maternal health and health at every stage of life. It builds stronger immune systems, lowers the risk of chronic diseases like diabetes and cardiovascular disease, while increasing longevity.

Goal 1: The Hospital will advance health care knowledge and improve health outcomes by participating in the Mid-America Regional Council's three-year Produce Prescription Research Program.

Objective 1.1: By December 31, 2025, identify and enroll 45 patients who are food insecure with pre-hypertension or pre-diabetes into the Produce Prescription Research Program.

Objective 1.2: By December 31, 2025, participants in the Produce Prescription Research program will increase their knowledge by 5 points from a pre to post 6-months test.

Objective 1.3: By December 31, 2025, participants in the Produce Prescription Research program will increase their consumption of fruits and vegetables by 20%.

Target Population: Low-income individuals identified as food insecure with pre-diabetes or pre-hypertension

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Identify and enroll Advent Health Medical Group patients who are food insecure into the Produce Prescription Research Program Screen participants and provide results to Kansas University Research team Support and follow up with participants Participate in Mid-America Regional Council (MARC) led meetings for continued evaluation and process improvement	# of participants	Staff hours Screening services Education location	Mid-America Regional Council (MARC) Kansas University Research Team Kansas University Nutrition Education	X	X	X

Nutrition and Healthy Eating

Goal 2: Improve health by increasing access to health-promoting foods and nutrition education.

Objective 2.1: By December 31, 2024, 2,500 families seeking food assistance will receive health-promoting food and educational information on nutrition's role in chronic disease.

Objective 2.2: By December 31, 2024, 125 low-income individuals will participate in partner-led evidence-based programs.

Objective 2.3: By December 31, 2024, 50% of participants in partner-led evidence-based programs will report an increased consumption of fruits and vegetables.

Target Population: Low-income individuals with barriers to accessing healthy food

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Financial support for Renewed Hope Food Bus Coordinate screenings and health education with food distribution events	# of families served # of distribution events # of individuals receiving education	$40,000 Funding Staff hours Education materials and supplies	New Haven Adventist Church Food Pantry Ministry Johnson County Dept of Health and Environment Nutrition and Chronic Disease Educators Kansas State Extension	X	X	
Identify chronic disease education programs to support Establish referral and tracking system for individuals identified at risk for hypertension and diabetes Evaluate participation and progress	Funding Staff time # of participants in education programs % of participants with an increased consumption of fruits / vegetables	Funding for fresh produce for program participants Staff hours	Johnson County Chronic Disease Educators Mercy & Truth Chronic Disease Community Health Worker initiative Community Health Council of Wyandotte County Community Health Worker Initiative Shawnee Parks Mobile Wellness Hub	X	X	

Preventative Care and Screenings

According to community survey respondents, 33.5% are not aware of what preventative screenings are needed. Public data shows that less than 40% of community seniors are up to date on necessary core preventative services. Preventative care has been shown to reduce the risk of disease, disabilities and death. Preventative care also improves health outcomes, quality of life and can decrease an individual's cost of care over time through early detection.

Goal 1: Improve pregnancy outcomes by improving access to prenatal and postnatal care through Maternal Community Health Worker (CHW) Initiative

Objective 1.1: By December 31, 2025, increase screenings for blood pressure and gestational diabetes among low-income and minority expecting moms by 10% from a baseline established in 2023.

Objective 1.2: By December 31, 2025, increase the number of low-income and minority families receiving childbirth, breast feeding and infant care education by 10% from a baseline established in 2023.

Target Population: Low-income minority women of childbearing age in the Hospital's primary service area

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Develop orientation plan for Maternal CHW. Educate staff on role and process of Maternal CHW initiative Educate OB/GYN practices on benefits and access to Maternal CHW's	Orientation plan complete Staff trained, monitored, and evaluated	Staff time Supporting supplies and materials	Community Health Council of Wyandotte County County health departments OB/GYN practices	X	X	X
Maternal CHWs provide support for moms during pregnancy and assist them with monitoring for risks of preeclampsia and gestational diabetes. Maternal CHW will assist moms with access to community resources supporting mom and baby during pregnancy and up to 1 year after birth	# of expecting pregnant women receiving support, monitoring and referrals # of participants receiving a CUFF kit and education to prevent preeclampsia # of CHW clients connected to social resources	Hospital to provide $15,000 in funding over three years Staff Time	Community Health Council of Wyandotte County County health departments OB/GYN practices Every Baby To 1	X	X	X

Preventative Care and Screenings

Goal 2: Improve health by providing health screenings, immunizations, and education

Objective 2.1: By December 31, 2025, in partnership with local food distribution partners, the Hospital will provide 250 screenings for hypertension or diabetes among low-income adults living in the Hospital's service area.

Target Population: Low-income individuals in the hospital's primary service area.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Coordinate with community partners and food distribution sites to provide screenings	# of screenings # of individuals receiving education	Staff and resources to provide screenings and education	Johnson County Department of Health and Environment Community Health Council of Wyandotte County Mercy & Truth Medical Missions Churches, schools and community centers Shawnee Parks Mobile Wellness Hub Renewed Hope Food Pantry Ministry	X	X	X

Preventative Care and Screenings

Goal 2 continued: Improve health by providing health screenings, immunizations, and education

Objective 2.2: By December 31, 2024, the Hospital will increase participation and completion of partner-led evidence-based programs for hypertension and diabetes among low-income individuals by funding self-monitoring blood pressure cuffs and fresh produce as incentives for 90 participants.

Objective 2.3: The Hospital will increase patient capacity for safety net clinics by 250 patients each year through financial support and patient referrals.

Target Population: Low-income individuals in the hospital's primary service area.

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Support existing Community Health Worker Chronic disease initiatives with resources (screenings, healthy food, participation incentives and professional expertise) Monitor participation and completion of education program	# of participants # of participants who completed the program	Staff time Funding for equipment and supplies	Johnson County Department of Health and Environment Community Health Council of Wyandotte County Shawnee Mobile Wellness Hub Mercy & Truth Medical Missions	X	X	
Provide funding to safety net clinics Support health events in AdventHealth partner neighborhoods to build awareness and increase referrals to safety net clinics and medical homes	# Individuals seen	Hospital to provide $90,000 to safety-net clinics Staff time	Health Partnership Clinic Mercy & Truth Medical Missions	X	X	X

PRIORITIES NOT ADDRESSED

Priorities Not Addressed

AdventHealth Shawnee Mission also identified the following priorities during the CHNA process. In reviewing the CHNA data, available resources, and ability to impact the specific identified health need, the Hospital determined these priorities will not be addressed.

Health Insurance and Access

In the Hospital's community, 13.6% of residents had no health insurance, according to public data. Of community survey respondents, 6% were uninsured. A need for increasing access to available services was heard from community and stakeholder survey respondents as well.

The Hospital believes that other organizations are better positioned in the community to address this and will support those efforts when able in the Community Health Plan through the preventative care and screenings priority.

Food Insecurity

More than 11% of the residents in the Hospital's community are food insecure according to Feeding America and 65.3% live in a low food access area. According to community survey respondents, 46.1% received SNAP benefits last year, while 40.8 felt they ate less than they should have due to cost.

The Hospital believes that other organizations are better positioned in the community to address this need directly and will support those efforts when able in the Community Health Plan through the nutrition and healthy eating priority.

Cardiovascular Disease – Hypertension

Thirty percent of residents in the Hospital's community have been told they have hypertension per public data. The number of community survey respondents reporting hypertension is even higher at 35.3% and hypertension related conditions are shown to be one of the top ten codes in Hospital visits by uninsured patients.

The Hospital did not select hypertension as a priority, as it is not positioned to directly address this in the community at large. The Hospital did choose nutrition and healthy eating however knowing that how individual eats is an integral step in treating hypertension and hopes to have an indirect impact through these efforts.

Priorities Not Addressed

Diabetes

Diabetes is shown to impact 8.7% of residents in the Hospital's community according to public data, while 25.9% of community survey respondents report having diabetes. Diabetes related conditions are also shown to be one of the top ten codes in Hospital visits by uninsured patients.

The Hospital did not select diabetes as a priority, as it is not positioned to directly address this in the community at large. The Hospital did choose nutrition and healthy eating however knowing that how individual eats is a factor in diabetes and hopes to have an indirect impact on diabetes through these efforts.

Pregnancy and Maternal Health

In Wyandotte County, only 70.1% of mothers who give birth receive prenatal care in the first trimester and the premature birth rate is at 12.9%, higher than in the rest of the country. There is also a higher infant mortality rate in Wyandotte County than in the US.

The Hospital did not select pregnancy and maternal health as a priority but will support other community partners where possible in their efforts. The Hospital did choose preventative care and screenings, however, knowing that preventive care is an important factor in maternal health and maternal health outcomes and hopes to have an indirect impact through these efforts.

Housing

In the Hospital's community, 24.8% of residents are housing cost burdened paying over 30% of their income to housing costs per public data. According to community survey respondents 44.1% report being worried they would not have stable housing in the next two months. More than 70% of the community and public health experts surveyed do not consider housing in the area affordable.

The need for safe and affordable housing in the community is significant, however the Hospital did not perceive the ability to have a measurable impact on the issue within the three years allotted for the for the Community Health Plan with the current resources available to the community and the Hospital at this time.

AdventHealth

Shawnee Mission Medical Center, Inc. d/b/a
AdventHealth Shawnee Mission

CHP Approved by the Hospital Board on: March 21, 2023

For questions or comments please contact:
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