

AdventHealth Shawnee Mission 2025 Community Health Needs Assessment

Extending the Healing Ministry of Christ



 **AdventHealth**

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Letter from Leadership

At AdventHealth, we have a sacred mission of Extending the Healing Ministry of Christ. That obligation goes beyond our hospital walls and permeates into our communities. Our commitment is to address the health care needs of our community with a wholistic focus, one that strives to heal and restore the body, mind and spirit. We want to help our communities get well and stay well.

Every three years, AdventHealth hospitals across the nation complete a Community Health Needs Assessment. During this assessment, we talk and work with community organizations, public health experts and people like you who understand our communities best. This in-depth look at the overall health of our communities and the barriers to care they experience helps AdventHealth better understand the unique needs in the various communities we serve.

We use this information to create strategic plans that address the issues that impact our communities most. At AdventHealth, we know that a healthy community is not a “one size fits all” proposition—everyone deserves a whole health approach that meets them where they are and supports their individual health journey.

This work would not be possible without the partnership of public health experts, community organizations and countless community members who helped inform this report. Through these ongoing partnerships and collaborative efforts, AdventHealth will continue to create opportunities for better health in all the communities we serve.

In His service,

Terry Shaw



Our commitment is to address the health care needs of our community with a wholistic focus, one that strives to heal and restore the body, mind and spirit.

Executive Summary

Shawnee Mission Medical Center dba AdventHealth Shawnee Mission will be referred to in this document as AdventHealth Shawnee Mission or “The Hospital.” AdventHealth Shawnee Mission conducted a community health needs assessment from February 2024 to March 2025. The goals of the assessment were to:

- Engage public health and community stakeholders, including low-income, minority and other underserved populations.
- Assess and understand the community’s health issues and needs.
- Understand the health behaviors, risk factors and social determinants that impact health.
- Identify community resources and collaborate with community partners.
- Publish the Community Health Needs Assessment.
- Use the assessment findings to develop and implement a 2026–2028 Community Health Plan based on the needs prioritized in the assessment process.

Collaborating Hospitals

AdventHealth Shawnee Mission collaborated with AdventHealth South Overland Park to complete the assessment process. Due to overlapping services areas, the Hospitals combined their service areas thereby defining a single, unified community. This approach allows the Hospitals to pool resources, avoid duplication of efforts, and create a more comprehensive assessment of the community’s health needs. It also assisted community partners who worked cross-county to focus their efforts and increase community engagement during the data collection process.

Community Health Needs Assessment Committee

To ensure broad community input, AdventHealth Shawnee Mission in collaboration with AdventHealth South Overland Park 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 CHNAC met twice in 2024. They reviewed primary and secondary data and helped to identify the top priority needs in the community.

See Prioritization Process for a list of CHNAC members.

Hospital Health Needs Assessment Committee

AdventHealth Shawnee Mission also convened a Hospital Health Needs Assessment Committee (HHNAC). The purpose of the HHNAC was to select the needs AdventHealth Shawnee Mission would address due to the findings in the assessment. The HHNAC made this decision by reviewing the priority needs that were selected by the CHNAC and by the internal hospital resources available. With this information, the HHNAC was able to determine where AdventHealth Shawnee Mission could most effectively support the community.

See Prioritization Process for a list of HHNAC members.

Data

AdventHealth Shawnee Mission in collaboration with the AdventHealth South Overland Park and the AdventHealth Corporate team collected both primary and secondary data. The primary data included community surveys and stakeholder surveys. Secondary data included internal hospital utilization data (inpatient, outpatient and emergency department). This utilization data showed the top diagnoses for visits to the Hospitals from 2022–2024. In addition, publicly available data from state and nationally recognized sources were used. Primary and secondary data was compiled and analyzed to identify the top thirteen needs.

See Process, Methods and Findings for data sources.

Community Asset Inventory

The next step was to create a community asset inventory. This inventory was designed to help the CHNAC and the HHNAC understand the existing community efforts being used to address the thirteen needs identified from the aggregate primary and secondary data. This inventory was also designed to prevent duplication of efforts.

See Available Community Resources for more.

Selection Criteria

The CHNAC participated in a prioritization process after a data review and facilitated discussion session. The identified needs were then ranked based on clearly defined criteria. The HHNAC reviewed and discussed the needs identified by the CHNAC and the available resources to address them in the community. The HHNAC also considered the Hospital's current resources and strategies. Through these discussions the Hospital selected the needs it is best positioned to impact.

See Prioritization Process for more.

The following criteria were considered during the prioritization process:

A. Impact on Community

What are the consequences to the health of the community of not addressing this issue now?

B. Resources

Are there existing, effective interventions and opportunities to partner with the community to address this issue?

C. Outcome Opportunities

Do interventions addressing this issue have an impact on other health and social issues in the community?



Priorities to Be Addressed

The priorities to be addressed are:

1. Heart Disease and Stroke
2. Mental Health
3. Health Care Access and Quality

See Priorities Addressed for more.

Approval

On March 11, 2025, the AdventHealth Shawnee Mission board approved the Community Health Needs Assessment findings, priority needs and final report. A link to the 2025 Community Health Needs Assessment was posted on the Hospital's website prior to December 31, 2025.

Next Steps

AdventHealth Shawnee Mission will work with the CHNAC and the HHNAC to develop a measurable implementation strategy called the 2026–2028 Community Health Plan to address the priority needs. The plan will be completed and posted on the Hospital's website prior to May 15, 2026.

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 100,000 talented and compassionate team members serve over 8 million patients annually. From physician practices, hospitals and outpatient clinics to skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, whole-person care at more than 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in new technologies, research and the brightest minds to redefine wellness, advance medicine and create healthier communities.

In a 2020 study by Stanford University, physicians and researchers from AdventHealth were featured in the ranking of the world's top 2% of scientists. These critical thinkers are shaping the future of health care.

Amwell, a national telehealth leader, named AdventHealth the winner of its Innovation Integration Award. This telemedicine accreditation recognizes organizations that have identified connection points within digital health care to improve clinical outcomes and user experiences. AdventHealth was recognized for its innovative digital front door strategy, which is making it possible for patients to seamlessly

navigate their health care journey. From checking health documentation and paying bills to conducting a virtual urgent care visit with a provider, we're making health care easier—creating pathways to holistic care no matter where your health journey starts.

AdventHealth is also an award-winning workplace aiming to promote personal, professional and spiritual growth with its team culture. Recognized by Becker's Hospital

Review on its "150 Top Places to Work in Healthcare" several years in a row, this recognition is given annually to health care organizations that promote workplace diversity, employee engagement and professional growth. In 2024, the organization was named by Newsweek as one of the Greatest Workplaces for Diversity and a Most Trustworthy Company in America.

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 Medical Center, to a 504-bed acute care facility, with the busiest Emergency Department in Johnson County. Employing over 3,400 team members, including over 2,000 nurses, physicians and medical staff, the team at AdventHealth Shawnee Mission offers comprehensive care for all stages of life.

- AdventHealth Shawnee Mission is the first and only health care provider in Kansas City to provide MRI-Guided Radiation, an advanced cancer therapy that allows a tumor to be seen while it is being treated, resulting in pinpoint precision, fewer treatments, reduced side effects and better outcomes.
- AdventHealth Shawnee Mission achieved the prestigious Magnet recognition from the American Nurses Credentialing Center, which recognized hospitals that demonstrate superior nursing practices and outcomes.
- AdventHealth Shawnee Mission is the only hospital in Johnson County to receive the prestigious Baby-Friendly® designation.
- US News & World Report named AdventHealth Shawnee Mission a 2024 High Performing hospital for Maternity Care (Uncomplicated Pregnancy). This is the highest award a hospital can earn for U.S. News' Best Hospitals for Maternity Care.
- The Joint Commission Perinatal Center of Excellence Certification was awarded to AdventHealth Shawnee Mission, recognizing that the program has met and exceeded strict standards of care for maternal, fetal and newborn health.



**AdventHealth
Shawnee Mission
is at the core of
AdventHealth's
connected system
of care in the
Kansas City area.**





Community Overview

Community Description

Located in Johnson County, Kansas, AdventHealth Shawnee Mission and AdventHealth South Overland Park combined their service areas to define their community as the Primary Service Area (PSA), the area in which 75–80% of its patient population lives. This includes forty-five zip codes across Johnson County, Linn County, Miami County and Wyandotte County. AdventHealth Shawnee Mission's and AdventHealth South Overland Park's combined community will be referred to as the "Hospitals' community" or "Hospitals' PSA."

Demographic and community profile data in this report are from publicly available data sources such as the U.S. Census Bureau and the Center for Disease Control and Prevention (CDC), unless indicated otherwise. Data are reported for the Hospitals' PSA, unless listed differently. Data are also provided to show how the community compares locally, in the state, and at a national level for some indicators.

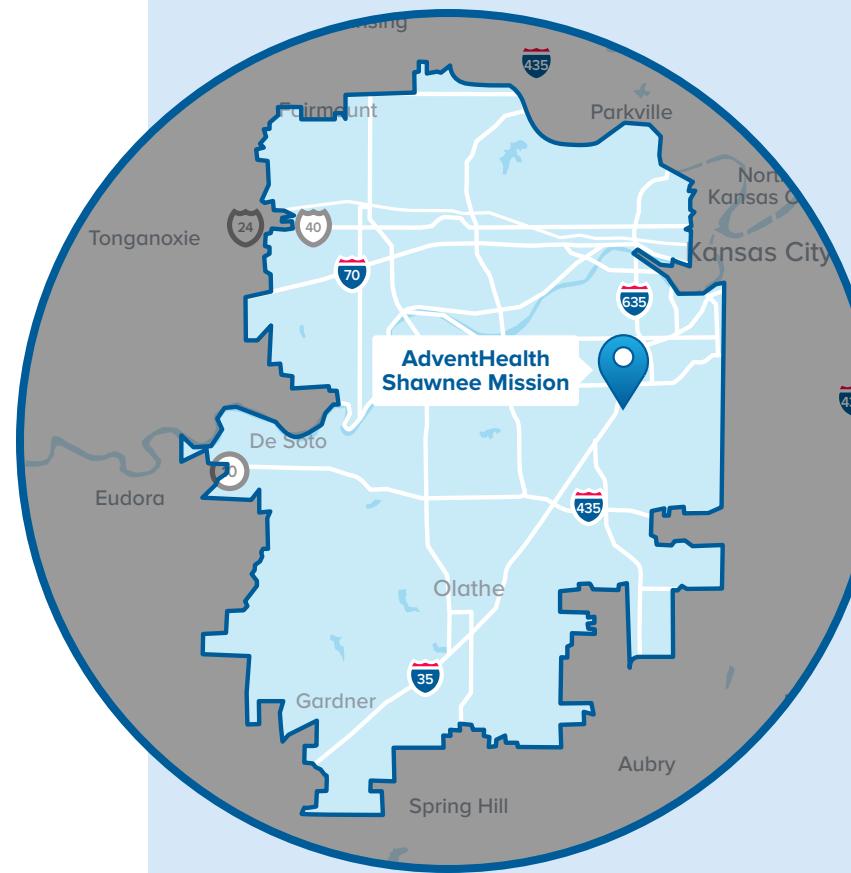
Community Profile

Age and Sex

The median age in the Hospitals' community is 37.7, slightly higher than that of state which is 37.6 and lower than the US, 39.

Women are the majority, representing 50.2% of the population. Middle-aged women, 40–64 are the largest demographic in the community at 15.8%.

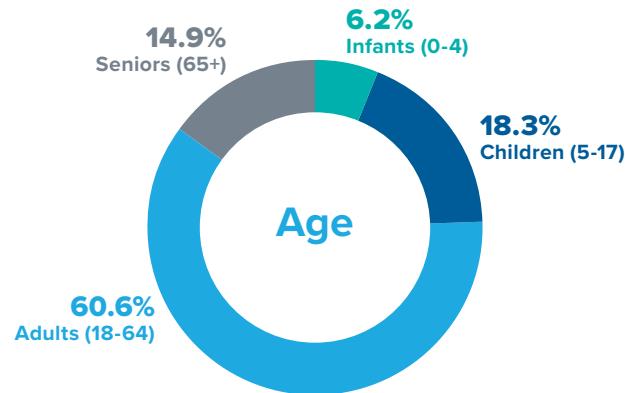
Children make up 24.5% of the total population in the community. Infants, those zero to four, are 6.2% of that number. The community birth rate is 55.7 births per



AdventHealth Shawnee Mission and AdventHealth South Overland Park... define their community as... the area in which 75–80% of its patient population lives. This includes forty-five zip codes.

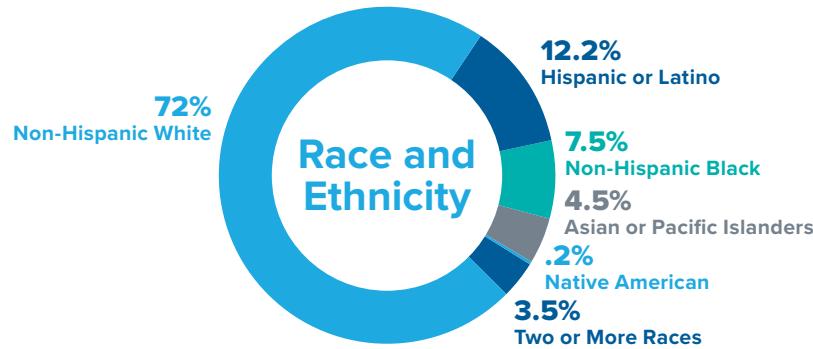
1,000 women aged 15–50. This is higher than the U.S. average of 51.6, but lower than that of the state, 59.9. In the Hospitals' community, 9.7% of children aged 0–4 and 8.7% of children aged 5–17 are in poverty.

Persons 65 and older, represent 14.9% of the total population in the community. Women are 55% of the total older population.



Race and Ethnicity

In the Hospitals' community, 72% of the residents are non-Hispanic White, 7.5% are non-Hispanic Black and 12.2% are Hispanic or Latino. Residents who are of Asian or Pacific Islander descent represent 4.5% of the total population, while 0.2% are Native American and 3.5% are two or more races.



Economic Stability

Income

The median household income in the Hospitals' community is \$92,435. This is above the median for both the state (\$63,953) and the US (\$68,906). Although above the median, 7.5% of residents live in poverty, the majority of whom are under the age of 18.



Housing Stability

Increasingly, evidence is showing a connection between stable and affordable housing and health.¹ When households are cost burdened or severely cost burdened, they have less money to spend on food, health care and other necessities. Having less access can result in more negative health outcomes. Households are considered cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more than 50%. The percentage of residents in the Hospitals' PSA experiencing housing cost burden is 24.5%.



¹ Severe housing cost burden* | County Health Rankings & Roadmaps



Education Access and Quality

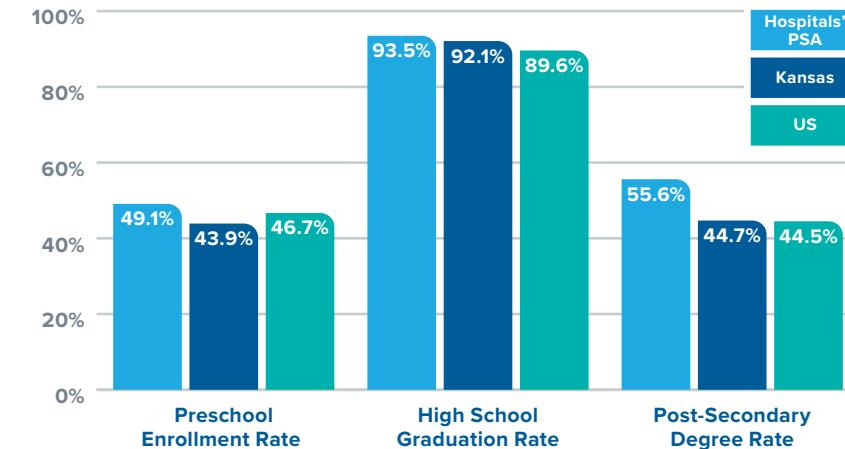
Research shows that education can be a predictor of health outcomes, as well a path to address inequality in communities.² Better education can lead to people having an increased understanding of their personal health and health needs. Higher education can also lead to better jobs, which can result in increased wages and access to health insurance.

In the Hospitals' community, there is a 93.5% high school graduation rate, which is higher than both the state (92.1%) and national average (89.6%). The rate of people with a post-secondary degree is higher in the Hospitals' PSA at 55.6% than in both the state (44.7%) and nation (44.5%).

Early childhood education is uniquely important and can improve children's cognitive and social development. It helps provide the foundation for long-term academic success, as well as improved health outcomes. Research on early childhood education programs shows that long-term benefits include improved health outcomes, savings in health care costs and increased lifetime earnings.³

In the Hospitals' community, 49.1% of three- and four-year olds were enrolled in preschool. Although higher than both the state (43.9%) and the national (46.7%) average, there is still a large percentage of children in the community who may not be receiving these early foundational learnings.

Educational Attainment



2 The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015 | Archives of Public Health | Full Text (biomedcentral.com)

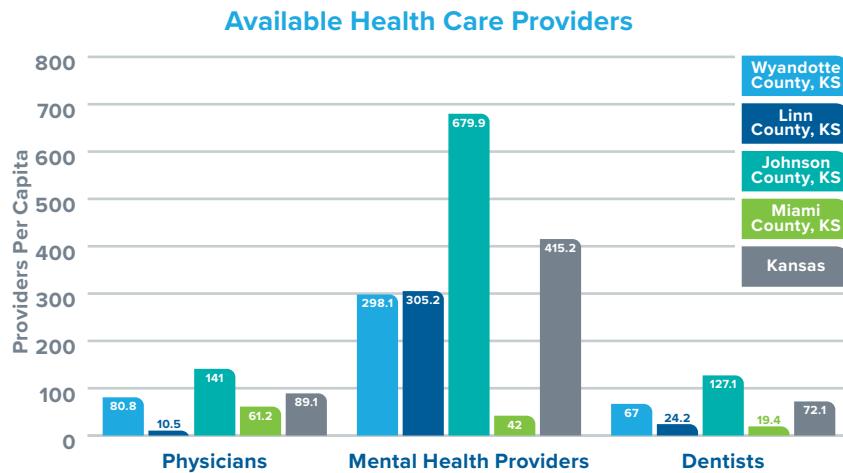
3 Early Childhood Education | U.S. Department of Health and Human Services

Health Care Access and Quality

In 2022, 9.5% of community members aged 18–64 were found to lack health insurance. Without access to health insurance, these individuals may experience delayed care, resulting in more serious health conditions and increased treatment costs. Although health insurance coverage levels can be a strong indicator of a person's ability to access care, there are other potential barriers that can delay care for many people.⁴

Accessing health care requires more than just insurance. There must also be health care professionals available to provide care. When more providers are available in a community access can be easier, particularly for those experiencing transportation challenges. Among the counties that AdventHealth Shawnee Mission and AdventHealth South Overland Park serves, Johnson County has the most care providers available, higher than the state and national averages.

Routine checkups can provide an opportunity to identify potential health issues and when needed develop care plans. In the Hospitals' community, 76.3% of people report visiting their doctor for routine care.



Neighborhood and Built Environment

Increasingly, a community's neighborhoods and built environment are shown to impact health outcomes. If a neighborhood is considered to have low food access, which is defined as being more than $\frac{1}{2}$ mile from the nearest supermarket in an urban area or ten miles in a rural area, it may make it harder for people to have a healthy diet. A very low food access area is defined as being more than one mile from your nearest supermarket in an urban area or 20 miles in a rural area.

A person's diet can have a significant impact on health, so access to healthy food is important. For example, the largest contributors to cardiovascular disease are obesity and type 2 diabetes, both of which can be impacted by diet.⁵ In the Hospitals' community, 62.7% of the community lives in a low food access area, while 21.9% live in a very low food access area.



People who are food insecure, who have reduced quality or food intake, may be at an increased risk of negative health outcomes. Studies have shown an increased risk of obesity and chronic disease in adults who are food insecure. Children who are food insecure have been found to have an increased risk of obesity and developmental problems compared to children who are not.⁶ According to Feeding America estimates for 2022⁷ the food insecurity rates in Wyandotte County and Johnson County, where the Hospitals are located, is 14% and 9.2%, respectively.

Access to public transportation is also an important part of a built environment. For people who do not have cars, reliable public transportation can be essential to access health care, healthy food and steady employment. In the Hospitals' community, 4% of the households do not have an available vehicle.

5 Heart Disease Risk Factors | CDC

6 Facts About Child Hunger | Feeding America

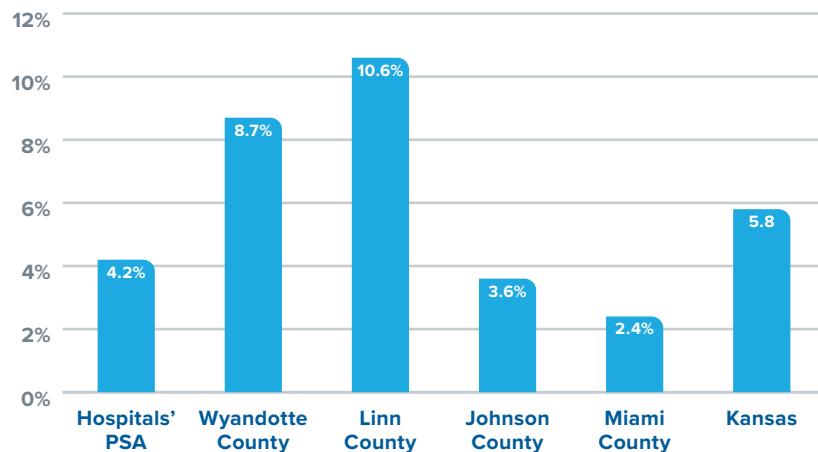
7 Map the Meal Gap 2022 | Feeding America

Social and Community Context

People's relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being.⁸ When faced with challenges outside of their control, positive relationships with others can help reduce negative impacts. People can connect through work, community clubs or others to build their own relationships and social supports. There can be challenges to building these relationships when people don't have connections to create them or there are barriers, such as language.

Data from the American Community Survey shows that in the Hospitals' community, 4.2% of youth aged 16–19 were reported as disconnected, meaning they were neither enrolled in school nor working at the time. The percentage of disconnected youth was highest in Linn County at 10.6%.

Disconnected Youth



Also, in the Hospitals' community 25.7% of older adults (age 65 and older) report living alone and 2.2% of residents report having limited English proficiency. These factors can create barriers to feeling connected in the community.

⁸ Social and Community Context - Healthy People 2030 | U.S. Department of Health and Human Services

Social Determinants of Health

According to the CDC, social determinants of health (SDOH) are the conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. Social determinants of health are increasingly seen as the largest contributing factor to health outcomes in communities throughout the country.

The Hospital categorized and analyzed SDOH data following the Healthy People 2030 model. This approach was chosen so the Hospital could align its work with national efforts when addressing social determinants of health when possible. For the purposes of CHNA, the Hospital will follow this model for reporting any related data.

The Healthy People 2030 place-based framework outlines five areas of SDOH:

Economic Stability

Includes areas such as income, cost of living and housing stability.

Education Access and Quality

This framework focuses on topics such as high school graduation rates, enrollment in higher education, literacy and early childhood education and development.

Health Care Access and Quality

Covers topics such as access to health care, access to primary care and health insurance coverage.

Neighborhood and Built Environment

Includes quality of housing, access to transportation, food security, and neighborhood crime and violence.

Social and Community Context

Focuses on topics such as community cohesion, civic participation, discrimination and incarceration.



Process, Methods and Findings

Process and Methods

The Process

The health of people living in the same community can be very different, because there are so many influencing factors. To understand and assess the most important health needs of its unique community and the people in it, the Hospitals solicited input directly from the community and from individuals who represent the broad interests of the community. A real effort was made to reach out to all members of the community to obtain perspectives across age, race and ethnicity, gender, profession, household income, education level and geographic location. The Hospitals also collected publicly available and internal hospital utilization data for review.

The Hospitals partnered with local community organizations and stakeholders, including those in public health and those who represent the interests of medically underserved, low-income and minority community members, to form a Community Health Needs Assessment Committee (CHNAC) to guide the assessment process.

During data review sessions, community members of the CHNAC provided insight on how health conditions and areas of need were impacting those they represented. The CHNAC used the data review and discussion sessions to understand the most important health needs and barriers to health the community was facing and to guide the selection of needs to be addressed in the 2025 CHNA.



A real effort was made to reach out to all members of the community to obtain perspectives across age, race and ethnicity, gender, profession, household income, education level and geographic location.

Community Input

The Hospitals collected input directly from the community and from community stakeholders, including individuals working in organizations addressing the needs and interests of the community.

Input was collected through two different surveys: the community health survey and the stakeholder survey.

Community Health Survey

- The survey was provided in both English and Spanish to anyone in the community and accessible through weblinks and QR codes.
- Links and QR codes were shared through targeted social media posts and with community partners, including public health organizations. Partners were provided links to the survey, with the request that it be sent to electronic mailing lists they maintained, and, when possible, shared on their own social media channels.
- Paper surveys were given to partners to place at their organizations with the goal of reaching those who might not have access otherwise and who experience barriers to responding electronically. Responses from paper surveys were recorded using survey weblinks.

Stakeholder Survey

- Participants were asked to provide input on health, and barriers to health, that they saw in the community.
- Surveys were sent to individuals working at community organizations, including public health organizations, that work to improve the health and well-being of the community.
- Efforts were focused on stakeholders who represent or serve underserved, underrepresented communities that are lower income, and are more likely to be impacted by the social determinants of health.



Public and Community Health Experts Consulted

A total of six stakeholders provided their expertise and knowledge regarding their communities, including:

Name	Organization	Services Provided	Populations Served
Sondra Wallace , Director of Community Investment	AdventHealth	Health care/public health, Education/youth services, Mental health, Behavioral health	Infant/Children/Adolescents, LGBTQIA+, Elderly, Parents or Caregivers, People with Disabilities, Women, Homeless, Low Income, Veterans, General Public
Karen Morerod , Outreach Coordinator	Mercy & Truth Healthcare Ministry	Health care/public health, Education/youth services, Transportation, Behavioral health, Food assistance, financial support	Infant/Children/Adolescents, LGBTQIA+, Elderly, Parents or Caregivers, People with Disabilities, Women, Homeless, Low Income, Veterans, General Public
Korrie Snell , Director of CSBG Operations	East Central Kansas Economic Opportunity Corporation (ECKAN)	Education/youth services, Housing, Food assistance, Employment assistance, Financial support, Weatherization, Head Start, Early Head Start, Section-8/Housing Choice Voucher	Infant/Children/Adolescents, LGBTQIA+, Elderly, Parents or Caregivers, People with Disabilities, Women, Homeless, Low Income, Veterans
Sylvia Romero , Executive Director	Center of Grace	Education/youth services, Food assistance, Employment assistance, financial support, JCCC English classes for adult immigrants	Infant/Children/Adolescents, LGBTQIA+, Elderly, Parents or Caregivers, People with Disabilities, Women, Homeless, Low Income, Veterans, General Public, Immigrant/Refugees
Leslie Bjork , Executive Director	Elizabeth Layton Center, Inc.	Mental health, Behavioral health, ELC provides other services on this list for individuals in our care who meet eligibility	Infant/Children/Adolescents, LGBTQIA+, Elderly, Parents or Caregivers, People with Disabilities, Women, Homeless, Low Income, Veterans, General Public, Franklin?? Miami County Residents
Alison Tellatin , Kesher, Social Work Manager	Jewish Family Services	Mental health, Food assistance, Financial support, Behavioral health, Transportation, Resource referral and social work services for 18+; Education/youth services	Parents or Caregivers, Elderly, LGBTQIA+; Infant, Children, Adolescents, People with disabilities, Women, Low income, Veterans, General public, Unhoused for food assistance only



Secondary Data

To inform the assessment process, the Hospitals collected existing health-related and demographic data about the community from public sources. This included data on health conditions, social determinants of health and health behaviors.

The most current publicly available data for the assessment was compiled and sourced from government and public health organizations including:

- US Census Bureau
- Centers for Disease Control and Prevention
- Feeding America
- County Health Rankings
- The State Health Department

Hospital utilization data for uninsured or self-pay patients who visited the Hospitals for emergency department, inpatient or outpatient services in 2022 – 2024 was also used in the assessment. The top ten diagnosis codes were provided by the AdventHealth Information Technology team.

The Findings

To identify the top needs, the Hospitals analyzed the data collected across all sources. At the conclusion of the data analysis, there were thirteen needs that rose to the top. These needs were identified as being the most prevalent in the community and frequently mentioned among community members and stakeholders.

The significant needs identified in the assessment process included:



Asthma

Asthma is a disease that affects your lungs. It causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma can be controlled by taking medicine and avoiding the triggers that can cause an attack.



Cancer

Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body. Cancer can start almost anywhere in the human body, which is made up of trillions of cells. Normally, human cells grow and multiply (through a process called cell division) to form new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place. Sometimes this orderly process breaks down, and abnormal or damaged cells grow and multiply when they should not. These cells may form tumors, which are lumps of tissue. Tumors can be cancerous or not cancerous (benign).



Diabetes

Diabetes is a group of diseases characterized by high blood sugar. When a person has diabetes, the body either does not make enough insulin (type 1) or is unable to properly use insulin (type 2). When the body does not have enough insulin or cannot use it properly, blood

sugar (glucose) builds up in the blood. Prediabetes is a condition in which blood sugar is higher than normal but not high enough to be classified as diabetes.



Heart Disease and Stroke

Cardiovascular disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease.



Mental Health

Mental illnesses are conditions that affect a person's thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day. Mental health includes our emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.



Obesity

About 2 in 5 adults and 1 in 5 children and adolescents in the United States have obesity and many others are overweight. Healthy People 2030 focuses on helping people eat healthy and get enough physical activity to reach and maintain a healthy weight. Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.



Drug and Alcohol Use

Healthy People 2030 focuses on preventing drug and alcohol misuse and helping people with substance use disorders get the treatment they need. Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.



Physical Activity

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people do not get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.



Tobacco Use

Tobacco smoking is the practice of burning tobacco and ingesting the smoke produced. Smoking leads to disease, disability, and harms nearly every organ of the body. Additionally, smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.



Economic Stability

People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or conditions like arthritis may be especially limited in their ability to work. In addition, many people with steady work still do not earn enough to afford the things they need to stay healthy.



Education Access and Quality

People with higher levels of education are more likely to be healthier and live longer. Healthy People 2030 focuses on providing high-quality educational opportunities for children and adolescents — and on helping them do well in school. Children from low-income families, children with disabilities, and children who routinely experience forms of social discrimination — like bullying — are more likely to struggle with math and reading.



Health Care Access and Quality

Many people in the United States do not get the health care services they need. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.



Neighborhood and Built Environment—Food Security

Food security exists when all people, always, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences. A lack of food security has been linked to negative health outcomes in children and adult, as well as potentially causing trouble for children in schools.





Priorities Selection

The CHNAC through data review and discussion, narrowed the health needs of the community from a list of thirteen to a list of six. Community partners on the CHNAC represented the broad range of interests and needs, from public health to the economy of underserved, low-income and minority people in the community. During the fall of 2024, the CHNAC met to review and discuss the collected data and select the top community needs.

Members of the CHNAC included:

Community Members

- Matt Adams, Westside Family Church
- Paula Bunde, Shawnee Mission School District
- Hannah Carlisle, Health Partnership Clinics of Johnson County
- Michael Fink, Pharmacy of Grace
- Matt Mann, Shawnee Parks and Recreation
- Brent Morris, Mercy & Truth Medical Missions
- Korrie Snell, East Central Economic Opportunity Corporation (ECKAN)
- Mindy Wells, Blue Valley Schools

AdventHealth Team Members

AdventHealth Mid-America Region

- David Kennedy, VP Mission and Ministry
- Juliet Santos, Director Population Health and Care Navigation
- Raimonda Shelton, VP Chief Nursing Officer
- Doug Spear, VP Marketing and Communication

AdventHealth Shawnee Mission and AdventHealth South Overland Park

- Nicole Fowler, Director Communications
- Molly Haase, Director Advocacy, Marketing and Strategic Engagement
- Ashley Huber, Regional Director, Clinical Mission Integration
- Laurie McCormack, Executive Director, AHKC Foundation
- Erin Reed, Exec. Regional Executive Director, Cancer Services



Community partners on the CHNAC represented the broad range of interests and needs, from public health to the economy of underserved, low-income and minority people in the community.



AdventHealth Shawnee Mission

- Alan Verrill, President-Chief Executive Officer
- Mairilise Pothin Owen, Chief Financial Officer
- Kate Buenger, Partnerships and Events Manager
- Rennie McKinney, Administrative Director Behavioral Health
- Seabrin Jensen, Women and Children Business Development Director
- Tricia Rausch, Maternal Patient Education and Perinatal Bereavement Coordinator

AdventHealth South Overland Park

- Dallas Purkeypile, President-Chief Executive Officer
- Brenda Quinlan, Human Resources Director
- Carly Beckett, Marketing Manager
- Dayton Botts, VP Chief Financial Officer
- Michele Jean-Francios, Chief Medical Officer
- Monica Natzke, Chief Nursing Officer

AdventHealth Lenexa City Center

- Sissel Jacob, President-Chief Executive Officer
- Rodney Allen, Chief Financial Officer

Public Health Experts

- Barbara Mitchell, Johnson County Department of Health and Environment
- K.D. Pond, Miami County Health Department
- Mariah Chrans, Wyandotte County Community Health Council
- Alissa Cunningham, Mid-America Regional Council

Prioritization Process

To identify the top needs the CHNAC participated in a prioritization session. During the session, the data behind each need was reviewed, followed by a discussion of the need, the impact it had on the community and the resources available to address it. CHNAC members then ranked the needs via an online survey.

The CHNAC (n=36) were asked to select the three needs they thought the Hospital should address in the community.

The following criteria were considered during the prioritization process:

A. Impact on Community

What are the consequences to the health of the community of not addressing this issue now?

B. Resources

Are there existing, effective interventions and opportunities to partner with the community to address this issue?

C. Outcome Opportunities

Do interventions addressing this issue have an impact on other health and social issues in the community?

The following needs rose to the top during the CHNAC's discussion and prioritization session. The needs receiving the most votes were considered the highest priority by the CHNAC.

Top Identified Needs	# of Votes	% of Responses
Health Care Access and Quality	28	77.8%
Mental Health	26	72.2%
Heart Disease and Stroke	16	44.4%
Neighborhood and Built Environment—Food Security	10	27.8%
Obesity	9	25%
Cancer	7	19.4%
Economic Stability	7	19.4%
Diabetes	5	13.9%
Drug and Alcohol Use	5	13.9%
Education Access and Quality	5	13.9%
Physical Activity	1	2.8%
Asthma	0	0%
Tobacco Use	0	0%

After a list of the top health needs of the community had been voted on by the CHNAC, the top ranked six needs were presented, on separate occasions, to the regional Mission Council, the regional Sustainability council, and the Hospital Health Needs Assessment Committee (HHNAC). During each meeting, the data behind the selected needs and the available resources to address them in the community were reviewed. Each group also considered the Hospital's current resources and strategies to find ways to address the needs most effectively. Through these discussions the Hospital selected the needs it is best positioned to impact.

Members of the Mission Council included:

AdventHealth Mid-America Region

- David Kennedy, VP Mission and Ministry

AdventHealth Shawnee Mission and

AdventHealth South Overland Park

- Ashley Huber, Regional Director of Clinical Mission Integration
- Molly Haase, Director of Advocacy, Marketing and Strategic Engagement
- Laurie McCormack, Executive Director, AdventHealth Kansas City Foundation

AdventHealth Shawnee Mission

- Rennie McKinney, Administrative Director of Behavioral Health Services
- Seabrin Jensen, Women and Children Business Development Director

Members of the Sustainability Council included:

AdventHealth Mid-America Region

- Gina Creek, VP Chief People Officer
- Raimonda Shelton, VP Chief Nursing Officer
- Juliet Santos, Director Population Health and Care Navigation

AdventHealth Shawnee Mission and

AdventHealth South Overland Park

- Dr. Lisa Hayes, VP Chief Medical Officer

AdventHealth Shawnee Mission

- Dr. Alan Verrill, President-Chief Executive Officer
- Kate Buenger, Partnerships and Events Manager
- Patricia Saggia-Thomas, Registered Nurse
- Elizabeth Marin Rodriguez, Spiritual Care Manager
- Morgan Shandler, Regional Director of Consumer Experience

AdventHealth Corporate

- Micah Fry, Social Media Specialist
- Josie Peterson, Leadership Resident
- Madison Verrill, Leadership Resident

Members of the AdventHealth Shawnee Mission HHNAC included:

- Dr. Alan Verrill, President-Chief Executive Officer
- Mairilise Pothin Owen, Chief Financial Officer
- Danny Fontoura, SVP Chief Operating Officer
- Dr. Lisa Hayes, VP Chief Medical Officer
- Lana Deason, Administrative Director of Human Resources

- Raimonda Shelton, VP Chief Nursing Officer, AdventHealth Mid-America Region
- Doug Spear, VP Marketing and Communication, AdventHealth Mid-America Region
- Nicole Fowler, Director Communications, AdventHealth Shawnee Mission and AdventHealth South Overland Park

The Mission Council, Sustainability Council and HHNAC narrowed down the list to three priority needs:

- Heart Disease and Stroke
- Mental Health
- Health Care Access and Quality

Available Community Resources

As part of the assessment process, a list of resources or organizations addressing the top needs in the community was created. Although not a complete list, it helped to show where there were gaps in support and opportunities for partnership in the community when the CHNAC chose which priorities to address.

Top Needs	Current Community Programs	Current Hospital Programs	
Asthma	<ul style="list-style-type: none">• American Lung Association• Mercy & Truth Healthcare	<ul style="list-style-type: none">• Pharmacy of Grace• AdventHealth	<ul style="list-style-type: none">• Education, Resources• Reduced costs of care (safety net clinic)• Reduced costs of meds
Cancer	<ul style="list-style-type: none">• American Cancer Society• Leukemia & Lymphoma Society• Head & Neck Foundation	<ul style="list-style-type: none">• Cancer Action• Kansas Cancer Partnership• Gilda's Club	<ul style="list-style-type: none">• Hope Lodge, Screenings, Research• Access to care, prevention, funding and research• Rides, wigs, financial• Prevention, screening, survivorship• Counseling-Support Groups
Diabetes	<ul style="list-style-type: none">• Johnson County Parks and Rec• Blue Valley Parks and Rec• Trail Systems Parks	<ul style="list-style-type: none">• Mercy & Truth Healthcare• Mid-America Regional Council• Community Health Clinic of Wyandotte County	<ul style="list-style-type: none">• Prevention: Exercise• Reduced costs of care (safety net clinic)• Fresh Rx Produce Prescription• DPP in English and Spanish

Top Needs	Current Community Programs	Current Hospital Programs
Heart Disease and Stroke	<ul style="list-style-type: none"> Johnson County Parks and Rec Blue Valley Parks and Rec Trail Systems Parks 	<ul style="list-style-type: none"> Mercy & Truth Healthcare Community Health Clinic of Wyandotte County
Mental Health	<ul style="list-style-type: none"> Regional Alcohol & Drug Assessment Center (RADAC) Solace House Health Partnership Clinic Community Mental Health Centers Allies Therapeutic Services Interpersonal Psych 	<ul style="list-style-type: none"> Elemental Health Youth Crisis Center of Johnson County Johnson County Mental Health Center Jewish Family Services of Greater KC Wyandotte County Mental Health Mocsa
Obesity	<ul style="list-style-type: none"> Whole Health Institute 	<ul style="list-style-type: none"> Weight Management
Drug and Alcohol Use	<ul style="list-style-type: none"> Oxford House Jay Doc Free Clinic Johnson County Healthy and Addiction First Call Johnson County Mental Health Center BHAC Welcome House Shelter KC 	<ul style="list-style-type: none"> Shelter KC Women's Center Oxford House Treat Sisters of Recovery Program Keeler's Women Center DCCCA Family Services Kansas City Recovery AA Anonymous
Physical Activity	<ul style="list-style-type: none"> Whole Health Institute Girls on the Run Win for KC Johnson County Parks and Rec Blue Valley Recreation 	<ul style="list-style-type: none"> Trails Systems Community Wellness Living in Vitality Team Activities Johnson County Department of Health and Environment
Tobacco Use	<ul style="list-style-type: none"> Whole Health Institute American Cancer Society KAN Quit Hotline KU Tobacco Treatment 	<ul style="list-style-type: none"> The Lung Association Tobacco Free Kansas Health Partnership Clinic KAN Stop
Economic Stability	<ul style="list-style-type: none"> WEN—Women's Employment Network Bessie's House—transitional housing for women out of prison Jobs KC—Access to job training 	<ul style="list-style-type: none"> Happy Bottoms—Free diapers Piper's Project—Care packages CHC Wyandotte County—Pack n Plays

Top Needs	Current Community Programs	Current Hospital Programs
Education Access and Quality	<ul style="list-style-type: none"> Johnson County Health Services Mid-America Regional Council—Head Start/Early Learning Program Growing Future—Head Start Program East Central Economic Opportunity Corporation (ECKAN)—Head Start Program 	<ul style="list-style-type: none"> Johnson County Community College Operation Breakthrough Turn the Page KC Community Toolbox—JOCO Mental Health Center
Health Care Access and Quality	<ul style="list-style-type: none"> First Source—Assist with Medicaid applications (KS/MO) Pharmacy of Grace—medical costs Miami County Health Department—cash price labs KC Medical Society 	<ul style="list-style-type: none"> United Way 211 IRIS Wyandotte County Pregnancy Clinic El Centro Unite Us Hub
Neighborhood and Built Environment—Food Security	<ul style="list-style-type: none"> Flourish Furnishings—Home furnishings for re-entry to community MCR Social Connections Food Equity Initiative Mid-America Regional Council—KC Fresh Rx—produce prescription program 	<ul style="list-style-type: none"> Pete's Garden—Double up food bucks Harvesters Jewish Family Services The Hope Bus—Mobile food pantry Uplift Prospect KC Catholic Charities



Priorities Addressed

The priorities to be addressed include:



Heart Disease and Stroke

According to secondary data, 5.7% of residents in the Hospitals' community have coronary heart disease which is the same as the state average. Wyandotte County had the highest rate with 6.9% of adults having the disease. According to the community survey, 15% of respondents have been diagnosed with coronary heart disease. In the Hospital's community, 36.7% of residents have high cholesterol, while 31.7% of residents have high blood pressure. According to the community survey, 46% of respondents reported having high blood pressure.

The cardiovascular disease needs in the community are significant. Including cardiovascular disease as a priority, the Hospital can align to local, state and national efforts for resources and to create better outcome opportunities over the next three years.



Mental Health

In the Hospitals' community, 18.3% of residents have a prevalence of depression, which is below the state average of 20%. The depression rate was highest in Linn County at 21%. Secondary data also showed 14.8% of the residents report poor mental health. According to the community survey, 26% of respondents have been diagnosed with a depressive order and 28% have been diagnosed with an anxiety disorder. Stakeholders chose mental health as a top health condition affecting the community.

Awareness and the need to address mental health disorders has been growing in the country. Including mental health as a priority, the Hospital can align to local, state and national efforts for resources and to create better outcome opportunities over the next three years.



Health Care Access and Quality

In the Hospitals' community, 9.8% of residents do not have health insurance. According to the community survey, 29% of respondents said they needed to see a doctor in the past 12 months but couldn't due to cost. When asked what type of care cost has prevented, 709 respondents said medical care and 616 respondents said dental care. Stakeholders also pointed to a lack of Medicaid expansion in the state as a barrier for residents to receive medical and mental health services.

Awareness and the need to address health care access and quality has been growing in the country. Including health care access and quality as a priority, the Hospital can align to local, state and national efforts for resources and to create better outcome opportunities over the next three years.

Priorities Not Addressed

The priorities not to be addressed include:



Asthma

Asthma is shown to impact 10% of residents in the Hospitals' community according to public data, while 15% of community survey respondents report having asthma. The Hospital did not select asthma as a priority, as it is not positioned to directly address this in the community at large and will focus its available resources where there is the greatest opportunity for positive impact.



Cancer

In the Hospitals' community, 7.9% of residents have a prevalence of cancer, which is higher than the state (7.1%) and national average (6.9%). According to the community survey, 18% of respondents reported having been diagnosed with cancer. Of those respondents who said they had cancer, the most common types were skin, breast and prostate cancer.

While the Hospital did not select cancer as a priority, the need for cancer prevention and treatment is significant. The Hospital currently provides several cancer treatment options for patients and continues to prepare itself to meet additional needs in the future. In the meantime, the Hospital will support partners who address unmet needs.

Diabetes

Diabetes is shown to impact 10.6% of residents in the Hospitals' community according to public data, while 25% of community survey respondents report having diabetes. Wyandotte county had the highest rates of adults diagnosed with diabetes, at 15.1% which is much higher than the state average of 10.4%. Diabetes-related conditions are also shown to be one of the top ten codes in Hospital visits by uninsured patients.

While the Hospital did not select diabetes as a priority, the need for diabetes prevention and treatment in the community is significant. Due to the significant difference between the primary (25%) and secondary (10.6%) data sources, the Hospital recommended addressing this need through the health care access and quality and heart disease and stroke priorities.

Obesity

In the Hospital's community, 34.5% of residents are overweight or obese, which is higher than the national average of 33.8%. According to secondary data, 41.5% of adults in Wyandotte County are obese, which is the highest rate among the counties the Hospitals serve.

The obesity need 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 Community Health Plan with the current resources available to the community and the Hospital at this time.



Drug and Alcohol Use

Drug and alcohol use was a top health behavior as chosen by the stakeholders. In the Hospitals' community, 17.4% of residents binge drinking, with every county surpassing the state (18.3%) and national (18.6%) average. Binge drinking is when an individual reports having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. According to the community survey, 27% of respondents reported taking prescription medication for non-medical reasons. Meanwhile, 22% of community survey respondents report taking prescription pain medication without a doctor's prescription.

The need to address drug and alcohol use has been a growing trend across the country, however, the Hospital did not perceive the ability to have a measurable impact on the issue within the three years allotted for the Community Health Plan with the current resources available to the community and the Hospital at this time.



Physical Activity

In the Hospitals' community, 22% of residents report not engaging in any physical activity in the past 30 days, with Linn County (25.3%) surpassing both the state (23.7%) and national averages (23.7%). Among community survey respondents, 13% reported not exercising in the past 30 days while 26% reported exercising 1-2 times per week.

Community members in the assessment cited a need for more low-cost fitness centers and accessible community spaces for recreation. The Hospital did not prioritize physical activity as it believes that other organizations are better positioned in the community to address this need directly and will support those efforts when able.



Tobacco Use

In the Hospitals' community, 12.6% of residents smoke cigarettes, with Wyandotte County (19.4%) surpassing both the state (15.6%) and national (14.6%) averages. The rate in Linn county (17.4%) was the second highest. According to the community survey, 25% of respondents smoke cigarettes, and 25% vape or use e-cigarettes.

The Hospital did not prioritize tobacco use as it already addresses tobacco use through smoking cessation programming. Several community partners also address this issue in the community. Therefore, the Hospital will prioritize other health needs impacting the community.



Economic Stability

Stakeholders ranked living wage, poverty and affordable housing as top community conditions impacting the health of the community. In the Hospital's community, 24.5% of residents are housing cost-burdened, while 10.2% of residents are severely housing cost-burdened. According to the community survey, 24% of respondents reported being worried they would not have stable housing in the next two months.

Economic stability has been a growing concern across the country; however, the Hospital did not perceive the ability to have a measurable impact on the issue within the three years allotted for the Community Health Plan with the current resources available to the community and the Hospital at this time.



Education Access and Quality

According to secondary data, 93.2% of adult residents in the Hospitals' community have graduated high school, 47.7% have a college degree, while 49.1% of residents aged three-four are enrolled in preschool. Wyandotte County had the lowest high school

graduation rate at 81.4% of adult residents, which is below the state average of 92.1%. The Hospital did not select education access and quality as a priority due to a lack of resources and will support external partners to address these issues whenever possible.



Neighborhood and Built Environment—Food Security

Approximately 4.2% of the households in the Hospitals' community reported receiving SNAP benefits in the past 12 months, which is below the state average of 7%. In Wyandotte county, 12.9% of households receive SNAP benefits. According to the community survey, 21.6% of respondents received SNAP benefits. Additionally, 24.5% of survey respondents are food insecure meaning they reported eating less than they should in the past 12 months due to cost. The Hospital did not prioritize this need and believes that other organizations are better positioned in the community to address this need directly and will support those efforts when able.

Next Steps

The CHNAC will work with the Hospital and other community partners to develop a measurable Community Health Plan for 2026–2028 to address the priority needs. For each priority, specific goals will be developed, including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence-based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly, with an annual assessment of progress. A presentation of progress on the plan will also be presented annually to the Hospital board. A link to the Community Health Plan will be posted on AdventHealth.com prior to May 15, 2026.



Community Health Plan

2023 Community Health Plan Review

The Hospital evaluates the progress made on the implementation strategies from the Community Health Plan annually. The following is a summary of progress made on our most recently adopted plan. The full evaluation is available upon request.



Priority 1: Behavioral Health — Mental Health and Drug Misuse

During the 2022 needs assessment, secondary data showed 19.3% of residents in the Hospital's community have depression and 12.7% reported poor mental health. On the community survey, 25% of respondents had been diagnosed with depression and 26% had anxiety.

Since adopting this plan, AdventHealth Shawnee Mission established baselines of individuals receiving Behavioral Health treatment as 10,248, individuals receiving resistive depression treatment as 47, and individuals receiving treatment for drug misuse as 2,055. These baselines provide the newly renovated Behavioral Health Center with the evidence needed for continuous improvement.

AdventHealth Shawnee Mission provides leadership, professional expertise and financial support for a variety of community stakeholders including Johnson County Suicide Prevention Coalition, Johnson County Prevention and Recovery Coalition, Mental Health KC, Johnson County Friends of Mental Health, SASS MO-Kan, Beacon Mental Health.

Several prevention resources and programs have been implemented to support parents and adults in identifying and addressing emotional and behavioral needs in children. Meeting families where they are already engaged with the community has proven to be the most effective approach, as well as on-line resources, such



The Hospital evaluates the progress made on the implementation strategies from the Community Health Plan annually.

as ParentCare. AdventHealth Shawnee Mission team members have engaged with families at 30 different community, school or faith-based events since 2023 to share prevention resources and programs.

Priority 2: Nutrition and Healthy Eating

The Hospital selected nutrition and healthy eating as a priority during the 2022 CHNA. Data showed more than 41% of community survey respondents reported eating fruits and vegetables less than two days a week. The Hospital chose this priority since it is a critical influencer of health.

In 2024, AdventHealth Shawnee Mission established a collaborative partnership with Mid-America Regional Council to help advance health care knowledge and improve health outcomes by participating in their three-year Produce Prescription Research Program. This program provides education and financial support to increase participants' consumption of fruits and vegetables, with the goal to decrease pre-hypertension and pre-diabetic indicators. AdventHealth Shawnee Mission provides testing to program participants to track fruit and vegetable consumption.



Access to health-promoting foods and nutrition education is supported through AdventHealth Shawnee Mission's partnership with New Haven ReNewed Hope Food Pantry's Mobile Bus. Since 2022, the New Haven ReNewed Hope Food Pantry's Mobile Bus has distributed more than 300,000 pounds of food to more than 10,000

families. AdventHealth Shawnee Mission's financial support for the Hope Bus increases their capacity to serve additional communities including South Overland Park and Ottawa.

The Healthy Heart Ambassador program is an evidence-based, 4-month course for low-income individuals to receive education, fresh produce bags and blood pressure monitors, with the goal to decrease pre-hypertension and pre-diabetic indicators. Since 2023, AdventHealth Shawnee Mission has contributed a total of \$40,000 to 6 different community partners implementing the Healthy Heart Ambassador program.

Priority 3: Preventative Care and Screenings

Preventative care and screenings was the third need prioritized during the 2022 needs assessment. The community survey showed, 33.5% of respondents were not aware of what preventative screenings are needed. Secondary data showed less than 40% of seniors in the community were up to date on necessary preventative services. The Hospital focused preventative efforts to impact hypertension, diabetes, pregnancy and maternal health.

To improve pregnancy outcomes for expectant mothers at risk for gestational diabetes or hypertension, the AdventHealth Shawnee Mission Patient Education Coordinator and Women and Children's Business Development Director provided staff education on the Maternal Community Health Workers initiative for OB/GYN practices. The Community Health Workers engage with expectant mothers early in their pregnancy, providing childbirth, breast feeding and infant care education, CUFF kits and pre-eclampsia education.

In collaboration with several community partners, AdventHealth Shawnee Mission provided education, screenings, blood pressure cuffs, fresh produce and financial support to partner-led evidence-based programs for hypertension or diabetes among low-income adults. Financial support allowed safety net clinics to increase their capacity to provide immunizations and school physicals at Back-to-Events and ensure students are in compliance with state and local guidelines.



2022 Community Health Needs Assessment Comments

We posted a link to the most recently conducted CHNA and the most recently adopted implementation strategy, 2023 Community Health Plan on our hospital website as well as on AdventHealth.com prior to May 15, 2023 and have not received any written comments.



Shawnee Mission Medical Center, Inc. dba AdventHealth Shawnee Mission

CHNA Approved by the Hospital board on: March 11, 2025

For questions or comments, please contact
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