AdventHealth South Overland Park

2026 – 2028 Community Health Plan

AdventHealth

Table of Contents

3 Executive Summary

7 About AdventHealth

10 Priorities Addressed

11 Heart Disease and Stroke

14 Obesity

15 Mental Health

18 Health Care Access and Quality

21 Priorities Not Addressed

Acknowledgements

This community health plan was prepared by Sondra Wallace with contributions from members of AdventHealth South Overland Park Community Health Needs Assessment Committee and Hospital Health Needs Assessment Committee both representing health leaders in the community and AdventHealth South Overland Park 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

AdventHealth South Overland Park, Inc. d/b/a AdventHealth South Overland Park will be referred to in this document as AdventHealth South Overland Park or the "Hospital".

Community Health Needs Assessment Process

AdventHealth South Overland Park in Johnson County, Kansas, conducted a community health needs assessment from February 2024 to June 2025. The assessment identified the health-related needs of the community, including low-income, minority and other underserved populations. The priorities were defined in alignment with Healthy People 2030, the national initiative aimed at improving the health and well-being of people in the United States.

In order to ensure broad community input, 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.

AdventHealth South Overland Park also convened a Hospital Health Needs Assessment Committee (HHNAC) to help select the needs the Hospital would most effectively address to support the community. The HHNAC made this decision by reviewing the priority needs selected by the CHNAC and the internal Hospital resources available.

The CHNAC met twice in 2024. The members reviewed the primary and secondary data, helped define the priorities to be addressed and helped develop the Community Health Plan (CHP) to address those priorities. Learn more about Healthy People 2030 at 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 and HHNAC, and input was received from stakeholders across sectors, including public health, faith-based, business and those 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 defined goals and activities were carefully crafted, considering evidence-based resources and sought to align with AdventHealth's organizational and strategic plans. AdventHealth South Overland Park is committed to addressing the needs of the community, especially the most vulnerable populations, to bring wholeness to our communities.

Executive Summary

Priorities Addressed

The priorities addressed include:

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

See page 10 for the defined strategies and next steps for each priority selected to be addressed.

Priorities Not Addressed

The priorities not addressed include:

1. Asthma
2. Cancer
3. Diabetes
4. Drug and Alcohol Use
5. Physical Activity
6. Tobacco Use
7. Economic Stability
8. Education Access and Quality
9. Neighborhood and Built Environment - Food Security

See page 21 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 and priorities. 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 December 18, 2025, the AdventHealth South Overland Park Board approved the Community Health Plan goals, activities and next steps. A link to the 2026-2028 Community Health Plan was posted on the Hospital's website on May 15, 2026.

Ongoing Evaluation

AdventHealth South Overland Park's fiscal year is January 1 – December 31. For 2026, the Community Health Plan will be deployed beginning January 1, 2026, and evaluated at the end of the calendar year. In 2027 and beyond, the CHP will be evaluated annually for the 12-month period beginning January 1 and ending December 31. 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 South Overland Park adventhealth.com/community-health-needs-assessments.

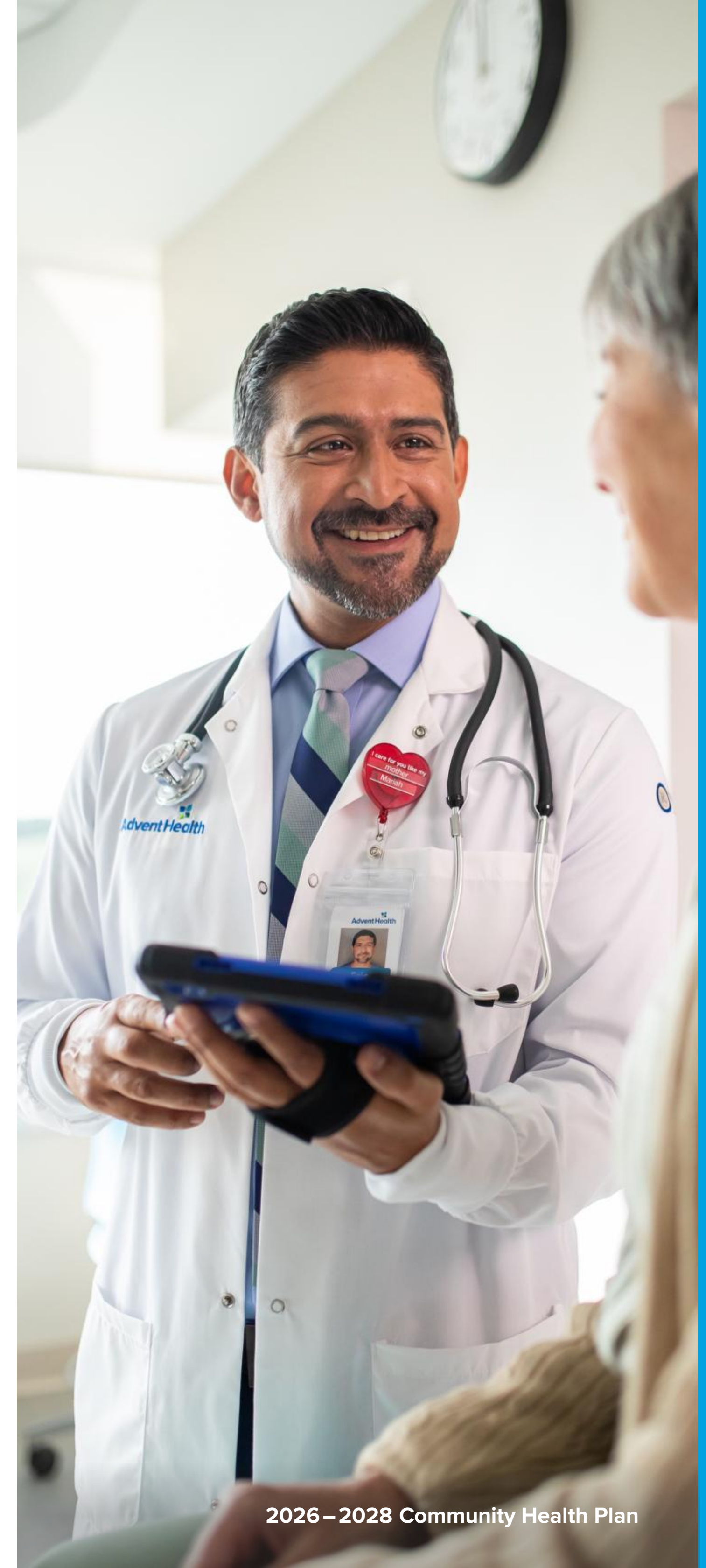
About AdventHealth

About AdventHealth

AdventHealth South Overland Park 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 wholistic 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 South Overland Park

AdventHealth South Overland Park is honored to serve its growing community from its Johnson County location in the Bluhawk development at 165th Street and U.S. 69 Highway. Since opening in 2017, our campus has offered a wide range of services including a 24/7 emergency department, lab and imaging, primary care, physical therapy and a variety of physician specialties.

In October 2021, we expanded by 193,000 square feet, opening a 45-bed inpatient hospital. Today, we've grown to a 66-bed facility designed to meet the evolving needs of our community. The campus includes a dedicated Birth Center, advanced heart care, surgical and orthopedic services, an intensive care unit and more.

Recognized for delivering highly safe care and exceptional patient experience, our team at AdventHealth South Overland Park is dedicated to compassionate, whole-person care that nurtures body, mind and spirit. With more than 350 team members — including over 150 nurses and 650 medical staff — we are proud to be a trusted health care partner for the families in our community.

- The Joint Commission®, American Heart Association® and American Stroke Association® Primary Stroke Center
- The Leapfrog Group Top General Hospital – 2023, 2025
- 2025 Get with The Guidelines® Resuscitation – Gold
- Cribs for Kids Certified Safe Sleep Hospital – Silver
- High 5 for Mom & Baby Recognition
- AdventHealth Patient Experience, AHMG Pulmonology, 2024
- AdventHealth Patient Experience, Inpatient – 2023, 2024, 2025
- AdventHealth Patient Experience, Outpatient – 2023, 2025
- AdventHealth Patient Experience, ED – 2021, 2024, 2025

The Joint Commission

American Heart Association

American Stroke Association

CERTIFICATION

Meets standards for

Primary Stroke Center

RECOGNIZED

High 5 for Mom & Baby Facility

Priorities Addressed

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.

Goal

Improve cardiovascular health and reduce deaths from heart disease and stroke through expanded access to education, preventive resources, and follow-up care.

Activity

Through partnerships and hospital support, equip heart attack survivors with the knowledge, tools, and community connections, including access to nutritious food, primary care, and recovery education, that address social drivers of health and reduce barriers to rehabilitation.

Output

- Number of blood pressure cuffs provided
- Number of educational materials provided
- Number of referrals to FQHC partners (uninsured for primary care)
- Number of healthy food resource referrals made
- Amount of funding (both cash & in-kind)
- Number of team member volunteer hours

Outcome

By December 31, 2028, achieve a 10% increase in the number of adult heart attack survivors participating in a cardiac rehabilitation program after discharge.

Hospital Contributions

- CB Cash: FQHC and community partners
  - $5,000/yr = $15,000 for 26-28 CHP
- CB In-kind: Blood pressure cuffs
  - $1,000/yr=$3,000 for 26-28 CHP
- In-kind donation of food resources
  - $2,000/yr=$6,000 for 26-28 CHP
- AH Teams (Cardio & Whole Health Institute) will:
  - Develop and distribute culturally relevant educational materials
  - Coordinate with food resource partners to support nutritional needs

Community Partnership

- Health Partnership Clinic
- Renewed Hope Food Pantry Bus
- Kansas State University Extension

Heart Disease and Stroke

Activity

Offer preventive health programs and screening to community members, providing education, screenings, and referrals to reduce risk factors for heart disease and stroke. Programs will:

- Offer group-based classes focused on lifestyle modification, nutrition, and physical activity.
- Provide free blood glucose screenings to identify at-risk participants.
- Distribute culturally relevant education materials to support behavior change.
- Connect uninsured or underinsured participants to FQHCs and community health partners for ongoing care. Support participants with navigation resources, including food access and wellness programs, to reduce barriers to long-term health improvements.

Output

- Number of classes offered
- Number of participants attending classes
- Number of educational materials distributed
- Number of blood glucose screenings performed
- Number of referrals to FQHC and community health partner
- Amount of funding (both cash & in-kind)
- Number of team member volunteer hours

Outcome

By December 31, 2028, at least 75% of program participants will demonstrate a reduced A1C (test to measure average blood sugar levels, crucial for diagnosing and managing diabetes) following program completion.

Hospital Contributions

- CB Cash: FQHC and community partners
  - $1,000/yr.=$3,000 for 26-28 CHP
- CB: In-Kind: blood glucose screenings
  - $1,000/yr.=$3,000 for 26-28 CHP
- AH Teams (Cardio Clinic & Whole Health Institute) will:
  - Distribute culturally relevant educational materials
  - Perform pre- and post-screenings and participant in coaching

Community Partnership

- Health Partnership Clinic
- Johnson County Health & Environment

Heart Disease and Stroke

Activity

Offer preventive health programming to adults with hypertension, focusing on education, self-monitoring and lifestyle modification. Programs will:

- Provide group-based education on blood pressure management, lifestyle modification, and risk reduction.
- Distribute blood pressure cuffs and teach participants how to monitor and record their readings at home.
- Share culturally relevant educational materials on diet, exercise, and medication adherence.
- Connect participants to primary care and community health partners for ongoing follow-up and support
- Address social drivers of health by linking participants to food, housing, and wellness resources through partner organizations.

Output

- Number of participants enrolled programs
- Number of participants demonstrating improved knowledge of blood pressure management as measured by pre/post survey
- Number of educational materials provided
- Number of blood pressure cuffs distributed
- Amount of funding (both cash & in-kind)
- Number of team member volunteer hours

Outcome

By December 31, 2028, achieve a 10% increase in blood pressure control among adults with hypertension who complete the program.

Hospital Contributions

- CB: Cash: Program Leadership & Course Materials
  - $3,000/yr.=$9,000 for 26-28 CHP
- CB: In-Kind: Blood Pressure Cuffs
  - $2,000/yr=$6,000 for 26-28 CHP
- CB: In-Kind: AH SOP Cardio Clinic & Whole Health Inst.
  - Distribution of program materials
  - Navigation support for primary care and community services

Community Partnership

- Health Partnership Clinic
- Johnson County Health & Environment
- Kansas State University Extension

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. Based on the data findings, there is a need to address obesity in the community. With the Hospital's GI clinic and the WholeHealth Institute, it is directly positioned to address this need in the community. The Hospital will also collaborate with other organizations addressing this issue to maximize impact and outcomes over the next three years.

Goal

Increase the proportion of adults receiving expanded access to education, preventive resources, and follow-up care for obesity in the primary service area.

Activity

Support the Food Is Medicine initiative in collaboration with community organizations to prevent, manage, and treat diet-related disease and promote health and wellbeing through food and nutrition.

Output

- Number of participants enrolled in programs
- Number of participants demonstrating improved knowledge as measured by pre/post surveys
- Number of educational materials provided
- Number of pounds of healthy food distributed
- Amount of funding (both cash & in-kind)
- Number of team member volunteer hours

Outcome

By December 31, 2028, 75% of program participants will indicate an increase in education and understanding of interventions that can reduce the likelihood of progress toward chronic disease related to obesity.

Hospital Contributions

- CB: Cash: Program Leadership & Course Materials
  - $3,000/yr.=$9,000 for 26-28 CHP
- CB: In-Kind: Healthy Food Resources
  - $5,000/yr=$15,000 for 26-28 CHP
- CB: In-Kind: AH SOP Bariatric Clinic, Whole Health Inst., Social Work & Care Management Teams
  - Distribution of program materials
  - Navigation support for primary care and community services

Community Partnership

- Kansas State University Extension
- Johnson County Health & Environment
- Health Partnership Clinic

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.

Goal

Improve mental health through expanded access to holistic supports, early screening, and integrated recovery resources.

Activity

Expand access to evidence-based, whole-person strategies for improving mental health, including stress-reduction workshops, resilience-building education, recovery ministry support groups, and wellness walking/running programs. Supports will also include counseling referrals and integration of social drivers of health such as food security.

Output

- Number of participants engaged in holistic mental health programs
- Number of workshops or educational sessions provided
- Number of referrals to recovery ministry & support groups
- Number of families connected to supportive resources
- Amount of funding (both cash & In-kind)

Outcome

By December 31, 2028, at least 70% of participants in holistic programs will report reduced symptoms of anxiety and depression, improved coping skills, or greater access to mental health resources.

Hospital Contributions

- CB: Cash: Recovery Ministry & Support Groups
  - $5,000/yr.=$15,000 for 26-28 CHP
- CB: In-Kind: AH Behavioral Health Team
  - Program oversight and participant support
- CB: In-Kind: AH Whole Health Institute
  - Education and wellness program leadership
- CB: In-Kind: AH Spiritual Integration Specialists
  - Resilience and coping supports
- CB: In-Kind: AH Social Work & Care Management Team
  - Navigation and referrals

Community Partnership

- Johnson County Mental Health: Suicide Prevention Coalition and Prevention & Recovery Coalition
- Blue Valley School District
- BV Well
- Johnson County School Districts
- Resurrection Recovery Ministry

Mental Health

Activity

Develop and distribute mental health education materials and programming specifically for expectant and new mothers.

Output

- Number of materials distributed
- Number of programs offered
- Number of participants in programming
- Amount of funding (both cash & in-kind)
- Number of team member volunteer hours

Outcome

By December 31, 2028, access to maternal mental health resources for residents in the hospital's PSA, with a 10% increase in program participation by expectant or new mothers.

Hospital Contributions

- CB: Cash: $5,000/yr. =$15,000 for CHP 2026-28
- CB: In-Kind: Comprehensive Women's Program
  - Material & program oversight
- CB: In-Kind: AH Behavioral Health Team
  - Material & program expertise
- CB: In-Kind: AH Social Work and Care Management Team
  - Navigation and referrals

Community Partnership

- Elizabeth Layton Center
- Health Partnership Clinic
- Johnson County Mental Health Department
- Kansas State University Extension

Mental Health

Activity

AdventHealth team members will contribute leadership, expertise, and strategic planning to expand access to relationship violence and personal safety resources. Engagement will include forensic nurses, social workers, chaplains, care management team, and FACT (Forensic Assessment Consultation and Treatment) Team representatives.

Output

- Resource guide developed and disseminated
- Number of new community partners engaged
- Number of engaged Team Members (forensic nurses, social workers, community health workers)
- Amount of funding (both cash & in-kind)
- Number of team member volunteer hours

Outcome

By December 31, 2028, access to resources for individuals who have experienced relationship violence will be increased, demonstrated through expanded referral pathways and stronger support systems.

Hospital Contributions

- CB: Cash: $5,000/yr. =$15,000 for CHP 2026-28
- CB: In-Kind: Behavioral Health Team
  - Program participation and oversight
- CB: In-Kind: FACT Team
  - Program participation and oversight
  - Forensic and advocacy support
- CB: In-Kind: Spiritual Integration Specialists
  - Trauma-informed support for survivors
- CB: In-Kind: Social Work & Care Management Teams
  - Navigation and follow-up

Community Partnership

- Johnson County Health & Environment Department
- 1/99 Johnson County Organization
- Sunflower House
- MOCSA (Metropolitan Organization Countering Sexual Assault)
- SafeHome

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 could not 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.

Goal

Increase access to comprehensive, high-quality health care services through improved communication, preventive care, and reduced barriers, including language, transportation and fo od security.

Activity

Distribute health communication materials and programming in both English and Spanish to ensure patients and families have access to critical health information.

Output

- Number of materials distributed
- Number of programs offered
- Number of participants in programming
- Amount of funding (both cash & in-kind)
- Number of team member volunteer hours

Outcome

By December 31, 2028, access to health communication resources will increase for residents in the hospital's PSA, with measurable growth in program participation and material distribution.

Hospital Contributions

- CB: Cash
- CB: In-Kind: Health Equity Team
- CB: In-Kind: Social Work & Care Management Teams
    - Distribution of materials
- CB: In-Kind: Clinical Managers

Community Partnership

- Health Partnership Clinic
- KC Medical Society Foundation
- Jewish Family Services
- JoCo Health & Environment Department
- Mid-America Regional Council

Health Care Access and Quality

Activity

Offer preventive health programs and screenings at no cost to reduce barriers to early detection and improve long-term health outcomes.

Output

- Number of participants in preventive programs
- Number of offerings of evidence-based preventive services
- Amount of funding (both cash & in-kind)
- Number of team member volunteer hours

Outcome

By December 31, 2028, achieve a 10% increase in the number of patients in the hospital's PSA who receive appropriate evidence-based preventive services.

Hospital Contributions

- CB: Cash: $3,000/yr. =$6,000 for CHP 2026-28
- CB: In-Kind: Health Equity Team
  - Program design and delivery
- CB: In-Kind: Social Work & Care Management Teams
  - Navigation and support
- CB: In-Kind: Clinical Managers

Community Partnership

- Health Partnership Clinic
- Jewish Family Services
- JoCo Health & Environment Department
- Mid-America Regional Council

Health Care Access and Quality

Activity

Offer preventive/early detection health programs, screenings and access to social drivers of health at no cost to expectant and new moms to reduce barriers and improve long-term health outcomes for mother & baby.

Output

- Number of programs offered
- Number of participants in programming
- Amount of funding (both cash & in-kind)
- Number of team member volunteer hours

Outcome

By December 31, 2028, achieve a 10% increase in access to programs, screenings and social drivers of health of evidence-based preventive services for expectant or new moms.

Hospital Contributions

- CB: Cash: $5,000/yr. =$15,000 for CHP 2026-28
- CB: In-Kind: Comprehensive Women's Program
  - Maternal health services
- CB: In-Kind: Social Work & Care Management Teams
  - Distribution of program offerings

Community Partnership

- Johnson County Health & Environment Department
- Health Partnership Clinic
- Kansas State University Extension

Priorities Not Addressed

Priorities Not Addressed

AdventHealth South Overland Park also identified the following health needs during the CHNA process. In reviewing the CHNA data, available resources and ability to impact, the Hospital determined these needs will not be addressed.

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 will continue to connect with the Shawnee Mission Cancer Institute and community partners to 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.

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 drink, 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%).

Priorities Not Addressed

Among community survey respondents, 13% reported not exercising in the past 30 days while 26% reported exercising one to two 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 programing. 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 costburdened, while 10.2% of residents are severely housing costburdened. 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.

AdventHealth South Overland Park, Inc. d/b/a
AdventHealth South Overland Park

CHP Approved by the Hospital Board on: December 18, 2025

For questions or comments please contact:
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