

Community Health Needs Assessment  
Mercy Hospital Joplin  
2012



**Community Health Needs Assessment Implementation Plan**  
**Mercy Hospital Joplin**  
**Joplin, Missouri**  
**Submitted: November 2013**

**Section I: Needs Assessment**

**Introduction**

Mercy Hospital Joplin has been an integral part of the Joplin area in Jasper and Newton counties since 1896. Serving the needs of the mining community, the Sisters of Mercy who had traveled to the community from Louisville Kentucky to operate a school at the invitation of the local, Catholic pastor trying to successfully run a school for the children, sponsored Joplin's first hospital. Collaboration with the city officials, mine owners and the community in general, they were able to build and open the first permanent structure to house the hospital in 1900. Changing names and even locations as growth and increased need for service demanded it, the Sisters of Mercy, who arrived here in 1885, have a commitment to this area that runs deep and is very much woven into the area's history. Mercy Hospital Joplin is listed by our area Chamber of Commerce as being Joplin's third largest employer.

**Description of Community Served by Mercy Hospital Joplin**

Joplin, where the main campus for Mercy Hospital Joplin is located, was established in 1873. It is a city in southern Jasper County and northern Newton County in the southwestern corner of the state of Missouri. Joplin is the largest city in Jasper County, although Carthage serves as the county seat and Neosho serves for Newton County. In 2010, the surrounding Metropolitan Statistical Area had an estimated population of 175,518. (*See map, Attachment A, page 9*)

Lead was discovered in the Joplin Creek Valley before the Civil War, but it was only after the war that significant development took place. By 1871, numerous mining camps sprang up in the valley and the Joplin area grew. Mining was not limited to Joplin proper. Other towns in Jasper and Newton counties were also engaged in mining activities.

While Joplin was first settled because of lead mining, zinc, often referred to as "jack", was the mineral resource on which the town built its economy. As railroads connected Joplin to major markets in other cities, it was on the verge of dramatic growth. By the start of the 20th century, the city was becoming a regional metropolis. Trolley and rail lines made Joplin the hub of southwest Missouri and, as the center of the "Tri-state district", it soon became the lead and zinc mining capital of the world.

Joplin expanded significantly from the wealth created by the mining of zinc; its growth faltered after World War II when the price of the mineral collapsed.

As a result of extensive surface and deep mining, the area is dotted with open pit mines and mine shafts. Mining left many tailings piles, which are considered unsightly locally. The open pit mines pose both hazards, but some find them to have a kind of beauty as well. The main part of Joplin is nearly 75% undermined, creating unique challenges. These mine shafts have occasionally caved in, creating sink holes.

As of the census of 2010, Joplin had 50,150 people, 20,860 households, and 12,212 families residing in the city. The racial makeup of the city is 43,954 White, 1,657 African American, 911 Native American, 801 Asian, 154 Pacific Islander, 875 from other races, and 1,798 from two or more races. Hispanic or Latino of any race is 2,241 of the population. In 2012, Jasper County’s median household income was \$39,522. Newton County’s was \$41,873 “County Health Rankings and Roadmaps” currently shows Jasper with a 21% and Newton with a 19% uninsured rate as compared to 15% across the state of Missouri and an 11% national benchmark.

On May 22, 2011, Joplin was struck by an extremely powerful EF-5 tornado, which resulted in at least 161 deaths and more than 900 injuries; there was also the total destruction of thousands of houses, and severe damage to numerous apartments and businesses, St. John's Medical Center, (since renamed Mercy hospital) and multiple school buildings. Enormous attention and resources have been applied to the rebuilding of the community, including new schools, a new hospital, basic housing and employment for people displaced by the storm. FEMA served its purpose and has now concluded its temporary housing program within the city.

	<b>Jasper County</b>	<b>Newton County</b>
<b>2009 Population</b>	118,179	56,121
<b>Population Setting</b>	Urban	Rural
<b>Median Household Income – 2008</b>	\$38,085	\$41,822
<b>% of Population Age 0-17</b>	26%	25.6%
<b>% of Population Over 65</b>	11.4%	14.4%
<b>% of Uninsured Individuals</b>	17.7%	23.3%
<b>Individuals Below Poverty Level</b>	17.9%	14.6%

Source: MODHSS (Missouri Department of Health and Human Services). MICA. In Economic and Social County-level Indicators MICA. [www.dhss.mo.gov](http://www.dhss.mo.gov)

For Jasper county, the Medicare population comprises 18% of our population, and the Medicaid population comprises 16% of our population. For Newton County, the Medicare population comprises 12 % of our population, and the Medicaid population comprises 16% of our population.

### **Hospital Service Area**

Mercy Hospital Joplin reaches nine counties in Missouri, Kansas and Oklahoma. However, its primary service area lies in Jasper and Newton Counties with a total population of 175,518 (2010). It is the primary service area that is the focus of our Community Health Needs Assessment and Implementation initiatives. It is likewise the service area for our local health collaborative with which Mercy Hospital has had a long membership. (See Attachment C)

### **Who Was Involved in Assessment**

The following groups took part in some phase of the work that generated Joplin's Community Health Needs Assessment and Implementation Plan:

- Mercy Planning and Research Department which provided some of the data used in the assessment.
- Mercy Executive Council who serves as the Community Benefit Team for purposes of discussion, advice and approvals of priorities, budgets and initiatives.
- Mercy Coworkers who served on teams, organized roundtables and developed programs to respond to identified needs.
- Mercy Hospital Joplin Board of Trustees who reviewed and approved the proposed initiatives.
- Joplin Schools' Project Hope Staff have been active partners with us in the identification of post disaster recovery needs as well as the development of ideas for class programming that gave some continuity between the program in the schools and what Mercy's resilience project planned in the evenings for the children within the program. Joplin Schools Administrative staff assisted in both Community Roundtables and the smaller Focus Groups as well.
- Broad spectrum of area residents who participated in Community Roundtable discussion, and follow-up focus groups. Approximately 200 people participated in roundtables and focus groups.

## **How the Needs Assessment Was Conducted**

Our needs assessment process involved the following **five steps**:

### **Step 1. Examine existing community health needs assessments.**

The needs assessment examination process included the collection and analysis of quantitative data available in community/public health resources. Mercy staff and members of the Jasper and Newton County Community Health Collaborative reviewed the following data:

- *The County Health Rankings for 2011 and 2012*
- *Community Health Status Report – Jasper County and Newton County, Mo. 2009* (communityhealth.hhs.gov.)
- *Community Data Profiles & Missouri Information for Community Assessment (MICA).*
- Missouri Department of Health & Senior Services-Bureau of Health Informatics ,
- *Issues in Missouri Health Care 2009*  
Health Management Association, Inc., Missouri Foundation for Health, Health care Foundation for Greater Kansas City.
- Data from Mercy's Health Information Systems Department  
Data from Mercy's own records was pulled and used to assess the needs of the community.
- *Jasper and Newton County Community Health Collaborative*  
The Jasper and Newton Counties Community Health Collaborative completed an in-depth Community Health Status Report in 2010. The report reflects the compilation and analysis of

extensive data sources to identify issues having a significant impact on the health and general well being of area residents. (see Attachment D)

- Truvan Health Analytics, 2012

### **Step 2. Conduct roundtable discussions with community members.**

In an effort to dialogue directly with the community and include qualitative data, input from both community individuals served by Mercy and those with expertise in public health were invited to community roundtable meetings to share their views on the needs of their communities.

### **Step 3. Analyze and summarize the data to prioritize needs**

After analysis of the data collected, health needs were identified. Overall, in health status and outcomes, a 10 year trend report completed by the Agency for Healthcare and Quality, Missouri ranks 42 of the 50 states in the US. All preventable and chronic preventable hospitalizations fell between the years 2003 and 2012 across Missouri. However, in 2012, chronic conditions consistently made up 58.9% of preventable admissions to hospitals. Three conditions account for most of those: CHF, COPD and bacterial pneumonia.

According to the Behavioral Risk Factor Surveillance System, 60% of our adult citizens are overweight or obese in our two-county area. We are statistically higher than the state rates for people reporting no leisure activity (29.1%), and eating less than the recommended five fruits and vegetables per day (80.5%).

Poverty indicators are significantly higher than indicators for Missouri and the United States. The 2013 County Rankings Report lists 21% of Jasper County 19% of Newton County citizens as having no health care coverage and both counties are medically underserved shortage areas.

We rank significantly higher than the state and the nation in mortality for heart disease, diabetes, chronic obstructive pulmonary disease, and stroke. In addition, post tornado disaster we have an emerging need to refocus our community's mindset back on healthy and active living versus basic daily needs such as housing, jobs, income, and emotional distress.

In addition to our own internal analysis and round table meetings with community members, the Jasper and Newton County Community Health Collaborative completed an in-depth Community Health Status Report in 2010. The report reflects the compilation and analysis of extensive data sources to identify issues having a significant impact on the health and general well being of area residents.

### **Step 4. Review current community benefit activities**

Using Lyon Software's CBISA tool, we reviewed current community benefit activities and what programs Mercy was presently sponsoring that met identified community priorities. From this starting point, the process to develop other initiatives to meet needs began.

### **Step 5. Create an action plan**

In collaboration with other Mercy departments and community organizations, including CHC, Mercy's community health team developed programs based on the results of the needs assessment and the review of current activity.

## **Section II: Implementation Strategy**

### **Implementation Strategy Development**

Following community Round Table discussion hosted by Mercy Hospital Joplin, further focus group efforts assisted us to identify more detail in the area of health, drilling down from the higher level input acquired at the roundtable discussions.

Mercy Hospital Joplin's community health strategy has been consistently rooted in the CHC's regular community assessments, along with its own data and service experience. Generally the selections made for inclusion in our own planning processes take into account the expertise the organization can offer to the improvement of a specific health status concern. The priorities listed in this document are no exception. Generally focused on programming within the top five community health priorities, the exception in this plan is a program to address the mid and long term psychological recovery needs of Joplin citizens that falls under personal and family safety listed as the eighth priority. This is driven by the ongoing community recovery following the 2011 tornado that devastated a third of the community. Rebuilding continues as does work to develop our resilience for post storm stresses and community endurance for each spring's tornado season.

Mercy Hospital Joplin and Mercy McCune Hospital in Carthage shared conversation about the selection of priority programming. That specific working relationship began in January of 2012, and is discovering opportunities to expand our reach to community need together. Priority selection and initiative selection were completed in cooperation with the Mercy hospital in Carthage.

### **Target Area and Populations**

Given the fact that many of the health statistics in the counties included in our primary service area indicate that we are performing at levels and rates worse than state and national averages, there is an abundance of work that could be done. Our CHC selected 10 priorities and Jasper and Newton county statistics provide health rankings that unfortunately support those priorities. 2012 Kids Count in Missouri places a composite rank for health, wellbeing, safety and education for Jasper County at 78 of the 115 counties in the state of Missouri, and a 95 composite rank for Newton County, with demographics from 2010 that places between 23-24% of children living in poverty. Adult Health behavior indicators are worse than 2013 national benchmarks in each Health Behavior category represented in the current County Rankings Report. Obesity, smoking and teen birth rates are significantly higher than national rates. 21% of Jasper County and 19% of Newton county residents are uninsured compared to the 11% National benchmark for the country's counties.

Access to healthy food rates at 9% for both counties included in this plan compared to the 1 % national rate. Percentages of children enrolled in free/reduced lunch programs align as expected to this statistic. (Jasper County-53.4%, Newton-59.7%)

Initiatives that address access, and healthy behaviors continue to be an appropriate focus for the work of the members within our local health collaborative as well as priorities for Mercy Hospital as it falls within its capability and expertise. Community Conversation about coordinated efforts to address families in poverty has begun. Although not ready for inclusion at the writing of this plan, Mercy is at the discussion table for poverty initiatives and will undoubtedly place it among its priorities in the near future. Poverty impacts a number of human service issues including health.

For Jasper County, the Medicare population comprises 18% of our population, and the Medicaid population comprises 16% of our population. For Newton County, the Medicare population comprises 12 % of our population, and the Medicaid population comprises 16% of our population.

### **Selection and Development of Initiatives**

Following priority setting given the round table results, the focus group results and review of our health status data, we formed small work teams to develop the various initiatives within the plan. Generally, when Mercy Hospital Joplin owns implementation of an initiative that is based on CHC priorities, that initiative is presented to its members at a regular meeting for discussion and approval.

An exception is the Mercy Community Connection initiative which although it was developed by a team of Mercy Joplin coworkers, it partnered with colleagues in New Orleans who had experienced Katrina and the Gulf Oil Spill to develop recovery programming. The Director of Social Work and Psychology Services completed training for more than 200 people at Mercy's request, including many community caseworkers. He continues as our advisor in this initiative. Locally, that initiative was presented to the Long Term Recovery Team for comment and discussion.

A second exception to this particular plan includes Mercy Hospital's cooperative work with Freeman Health system located in Newton County to plan and deliver together public information regarding the Affordable Care Act across Jasper and Newton Counties. This work will extend throughout the enrollment period. It was approved by our hospital based Community Benefit Team and encouraged by our national professional organizations.

### **Major Needs and How Priorities Were Established**

The Jasper and Newton Counties Community Health Collaborative developed an initial listing of community health issues using the Missouri Department of Health and Senior Services' MICA Prioritization tool. From this initial set of issues, the CHC worked with other community organizations and individuals to arrive at a set of ten key areas of concern. Community members and partners then completed individual prioritization surveys to arrive at condition and risk factor rankings.

### **Summaries: Assessments and Priorities**

The Jasper and Newton County Community Health Collaborative developed an initial listing of community health issues using the Missouri Department of Health and Senior Services' MICA Prioritization tool. From this initial set of issues, the CHC worked with other community organizations and individuals to arrive at a set of ten key areas of concern. Community members and partners then completed individual prioritization surveys to arrive at condition and risk factor rankings.

Ten issues were prioritized by the group. Community stakeholders were invited to prioritize the issues of most importance to them, keeping in mind how aware the community was of each issue and how difficult the issue was to change. As a result, the issues fell into the following order of priority.

1. Healthy Behaviors
2. Child and Maternal Health
3. Smoking and Tobacco
4. Access to Health Care Services
5. Disease and Mortality
6. Unintentional Injuries
7. Environment
8. Personal and Family Safety
9. Income, Employment, and Education
10. Alcohol and Drugs

To set priorities, criteria focused on identifying disproportionate unmet need, primary prevention strategies, advancements toward a continuum of care and a program that is collaborative and involves the community. Mercy Hospital Joplin will focus on the top five community health priorities:

1. Healthy Behaviors
2. Child and Maternal Health
3. Smoking and Tobacco
4. Access to Health Care Services
5. Disease and Mortality

**NOTE:** Joplin experienced an EF-5 tornado in May 2011. Although state stats will not reflect the need, our community has used psychological recovery and resilience services since then. Mercy Joplin developed a community-based program using Skills for Psychological Recovery: A Field Operations Guide funded by SAMSHA and developed by the National Child Traumatic Stress Network and the National Post Traumatic Stress Network. We have partnered with colleagues in New Orleans to learn what we can about post disaster service. It seemed responsible and appropriate to include it in this document because of the extreme and unusual circumstances our community finds itself. Our program development was supported by other organizations such as Rebuild Joplin, United Way and Community Foundation of the Ozarks. It is called Mercy Community Connection. Although “Personal Health and Safety” is eighth on the priority list, our unique situation has caused us to focus the Mercy Community Connection program on it.

### **Health Initiatives to address prioritized Community Health Needs**

The following are brief summaries of the programming Mercy Hospital Joplin has selected to use to impact positive results for identified community needs. Initiatives are at various stages of implementation and or

continuation. Budget numbers are not inclusive of all program expenses, i.e. some staff participation, facility or overhead costs.

### **Diabetes Self Management (I CAN)**

The combination of the chronic disease priority set by the CHC and Mercy Joplin's own experience of repeat patients using the Emergency Department to manage diabetes generated the development of this program. It seemed those visits were unnecessary and that life style management for the diabetic patient was the real issue. We took the issue to the CHC and received their support for the development of a diabetic management program for patients who could not afford to access support to manage their disease successfully. We believed we could improve patient status as well as reduce inappropriate use of emergency services with a program that would improve meaningful access to health care, increase health literacy of patients with type 2 diabetes, and partner with them to make long-term lifestyle changes. We developed a community-based self-management program to ensure participants were knowledgeable and empowered to play the key role in their care and self-management. Per capita income in our service area is lower than Missouri's state averages, so access can prove to be a very real issue. Two full time equivalents staff are dedicated to this project that is seated in area community based clinics.

According to WebMD uncontrolled Diabetes can generate treatment costs of \$10,000 per year. Education and case management services to achieve our program goals seem a wiser use of health resources than the costs associated with avoidable hospital admissions.

An AHRQ study of Preventable Hospitalizations identified a ten year trend (2003-2012) of significant decline in preventable hospitalizations in chronic and acute conditions. Although not in the top three causes of those admissions (COPD, bacterial pneumonia and CHF) it does fall in the top eight causes and diabetes short-term complications have dramatically increased since 2009, a 52% increase since 2003. This initiative is currently in place and has shown positive results for patients. Missouri state statistics certainly indicate the need to continue the self-management program for patients. It currently serves 267 patients in four free and reduced fee clinics located in three communities.

### **Measures of Success**

**Goal 1.** Expand multidisciplinary teams to address all key functions of chronic care management.

**Objective 1:** Create a system of chronic care management that provides a PCMH that result in statically significant improvements in HbA1c, blood pressure and LDL.

**Objective 2:** Create a system of chronic care management that provides a PCMH that result in lifestyle behavior choices improvements including 40% of patients quitting or attempting to quit smoking, 80% with annual foot exams, 40% with annual eye exams, 30% with annual dental exams, and 50% with flu shots. (Note: The vast majority of patients upon program enrollment have not had recommended annual exams – baseline of 0%.)

**Goal 2.** Facilitate integration of chronic care management into the organization's usual system of care.

**Objective 1:** I CAN PCMH sites will make significant improvement in at least two organization support domains on the PCRS as measured by an 80% increase from the pre-report to post PCRS data over the three year time span

Goal 3. Create a system of chronic care management that provides a patient centered model of care that goes beyond clinical care and provides emotional and social support.

Objective 1: 80% of I CAN participants will attend educational sessions, set individual goals, and progress or complete goals.

Goal 4. Create a system of chronic care management that is sustainable.

Objective 1: I CAN will significantly improve healthcare resource utilization by decreasing inpatient and outpatient visits and costs as compared to the baseline period prior to program enrollment. (Significant improvement in healthcare resource utilization will be defined as program expenses at or below cost avoidance.)

Goal 5. Explore the feasibility of expanding this program to Carthage, Missouri.

**Responsible Initiators:** Nancy Orton, Nancy Betasso

**Annual Budget:** \$100,000

**Community Partners:** Joplin Community Clinic, Access Family Care Clinic,

**Health Priority:** Disease and Mortality, Access to Health Care Services, Healthy behaviors

### **School Based Clinic**

Access was an issue discussed at one of the small focus groups that we initiated following the Community Based Roundtable discussions. The nearly 60 percent average free and reduced lunches in area school districts is indicative of the low-income needs within our communities. Health care is no exception. Jasper and Newton counties have 21% and 19% uninsured individuals respectively as reported for 2103 County Rankings Report.

Mercy Hospital Joplin has begun to explore the potential of school based clinics in our primary service area. They have held that dialogue directly with school district administration and School Boards. Currently two schools districts have expressed interest and received Board accent to explore the feasibility. The next step will be a survey process to determine broader interest and financial feasibility of initiating access to care in school buildings. This specific need was identified by a local school district that experienced difficulty in providing school nurses. They reached to Mercy Hospital for assistance. Consistence with our own needs assessment priority of access encouraged the additional conversation. There are approximately 2000 such clinics across the United States.

**Measure of Success:** Process and decision completion

Goal 1. Complete a feasibility survey to determine the breadth of the interest and financial feasibility of establishing a clinic in Carl Junction School District

Goal 2. Complete a feasibility survey to determine the breadth of the interest and financial feasibility of establishing a clinic in the Webb City School District

Goal 3. Determine a position on initiating clinics in each of the interested districts.

**Responsible Initiator:** Scott Watson

**Annual Budget:** None at this time

**Health Priority:** Access to Health Services

**Community Partners:** Webb City Schools, Carl Junction Schools

### **Live Smart SWMO**

Based on health statistics higher than averages, CHC elected to develop a program to improve public awareness about the importance of balancing food choices and physical activity and increasing the opportunities citizens had to engage in physical activity and healthy eating habits. Mercy Hospital developed grant applications for CHC and served as the fiscal agent for the program until June of 2012. Although our role in this program is now changed, we continue to serve as an active member of CHC and assist with activity established to meet its goals. There are no longer specific dollars for its activity in the hospital's budget as there were the previous three years. We do continue to support efforts to meet them, and serve on the related work teams.

- Maintain Live Smart website with updates as needed. This is a tool accessible to anyone seeking information about nutrition and physical activity
- Safe walking trails mapped on the Live Smart website
- Sponsor a Healthy eating challenges in local schools
- Support of the Community Garden projects
- "Move It" physical activity projects in schools
- "Breathe Easy" tobacco free designations in area restaurants and businesses
- Plan an annual community challenge, i.e. a "walking day" per month

**Responsible Initiators:** Health Department Directors, Health Collaborative Members

**Budget:** none at this time in Mercy's budget

**Health Priority:** Healthy Behaviors, Smoking and Tobacco

**Community Partners:** Health Departments, hospitals, Alliance of Southwest Missouri

### **Silver Linings Teen Pregnancy Program**

Although we have addressed teen pregnancy in the past, Mercy Joplin did not address this issue for this implementation cycle because Mercy Hospital Carthage also located in Jasper County chose to work collaboratively with the Alliance of Southwest Missouri to improve Jasper County's rate by focusing on this program in the Carthage schools.

Mercy McCune Brooks Hospital in Carthage, located in Jasper County, has selected this issue as a priority. Teen pregnancy is higher in Jasper County (64) than the Newton County (52) rate and national benchmarks as of 2013 as listed in the County Rankings Report.

**Responsible Initiator:** Pamela Barlet, Mercy McCune Brooks Hospital

**Budget:** Held in Carthage

**Health Priority:** Child and Maternal Health, Access to Health Care Services

**Community Partners:** Carthage Schools, Alliance of Southwest Missouri

### **Mercy Community Connections (MCC)**

Following the May 22, 2011 tornado, Mercy Hospital Joplin partnered with colleagues at Mercy Family Center in New Orleans who had experienced Katrina to develop a mid and long term psychological recovery program to address the needs of our own coworkers and those of the broader community. The various activity initiated under the MCC umbrella is rooted in the Skills for Psychological Recovery: A Field Operations Guide funded by SAMSHA and developed by the National Child Traumatic Stress Network and the National Post Traumatic Stress Network, and published in 2010.

The goals that follow reflect the phase of the work occurring in this current and the next fiscal year. It is our hope to package what we have developed in a manner that permits us to share it with other communities stricken by disasters quickly. Months of time could potentially be saved for those places whose recovery can benefit from the type of programming Joplin has offered.

Mercy intends to develop and implement a shortened course with home activity tools for Joplin families that encourages them and provides them with the resources to take hold of their own recovery and develop skills to be successful long term. Families will be invited to attend five dinners, one for each skill set. They will receive skills instruction at each dinner and receive information about the exercises they will initiate at home during the interim time between course sessions. Families will discuss the home experience with the trained facilitators and other participants at the next dinner class.

### **Measures of Success**

Evaluation will encompass process, outcome and qualitative components. There is no baseline measure available. What we are able to measure is resource provision and effectiveness.

Goal 1. Process evaluation will examine how well we developed and offered the proposed services.

Goal 2. Development and pilot a five-session, classroom style course based on the Skills for Psychological Recovery.

Objective 1. Development of a home materials tool to reinforce the skills taught at course sessions

Objective 2. Offer at least four, five session courses between August 2013 and June 2014.

Objective 3. Pilot the program with 50 families. Note that it is our intent to offer courses throughout the time frame to reach as many families as possible.

Goal 3. Impact evaluation will consist of an exit survey to be completed at the end of each five session course and compared to similar surveying done with participants in the 10 week course.

Goal 4. Improve participant family confidence in the future as measured by assessment before and after course attendance.

Goal 5. Continue the activities of Mercy Community Connection as funding permits

- **Senior Connections:** opportunities for staying connected is planned to reduce isolation intensified by the volume of destruction in Joplin and Duquesne city limits. Organizations that provide services for senior citizens within the area were, of course, effected by the storm.
- **Skills for Resilience Classes:** ten-session course offered to a maximum of ten people per class trains participants in the five Skills for Psychological Recovery (**SPR**) developed by the NCTSN and NPTSN, 2010.
- **School-Home dinner classes:** a five session version of SPR is offered in two local schools in a dinner setting to adults, while children take part in skill based play activity rooted in the skill set their caregivers learn in class.
- Hospital staff support as appropriate

**Responsible Initiators:** Theresa Wachter, Janie Hall, Alicia West

**Annual Budget:** \$120,000

**Health Priority:** Personal and family safety

**Community Partners:** Project Hope, Joplin Schools,

### **Health Teacher**

Health Teacher is an online resource of health education tools including lessons, interactive presentations and additional resources to integrate health into classrooms k-12. Health Teacher is designed to get kids moving and to develop healthy behaviors that last a lifetime. It creates programming around youth health issues including physical activity, nutrition and social and emotional well-being.

Mercy sponsors Health Teacher for the school districts in our Jasper and Newton County service area. There are currently 530 users with accounts to the tools in our area. Health teacher's focus in our area is to work with current users, ensuring that they continue to take advantage of the resource. Mercy Hospital Joplin is joining Health Teacher to sponsor community events that focus on the health of area children and increase area teachers' knowledge about what the tools can offer their individual classroom. An example is planned for February 2014 for middle school aged children. Called a "boot camp," area fifth graders will be invited to attend sessions that help them prepare for changes middle school presents. Topics will include stress management, hygiene, care of the body and making positive choices.

### **Measures of Success**

**Goal 1.** Offer a user conference once each year to improve the familiarity of the product to area users

**Goal 2.** Offer at least two community events per year that involves children and faculty and the material on health topics found within the menu of Health Teacher.

**Responsible Initiator:** Morgan Ramsey, Local Health Teacher Representative, Kim Kory, Mercy's Local Healthification Leader

**Annual Budget:** \$100,477

**Health Priority:** Healthy Behaviors

**Community Partners:** Mercy Hospital Joplin, Area Schools

## **Public Education about the Affordable Care Act (ACA)**

Mercy Hospital Joplin and Freeman Health System have partnered with Missouri University Extension Services to organize and present public education regarding the ACA and the Insurance Marketplace in our area. 21% of Jasper and 19% of Newton county residents have no health insurance. The University delivers the session and hospital Certified Application Counselor's serve as a panel to answer questions.

### **Measures of Success**

Goal 1. Present at least four events in the region that provide the public opportunity to learn about the ACA in cooperation with Freeman Health System at sites in Jasper and Newton Counties.

Goal 2. Coordinate with Freeman Health System on at least a dozen additional visits to area organizations that could be a source to provide materials to the public.

**Responsible Initiator:** Julie Beatty, Theresa Wachter

**Annual Budget:** none allocated to ACA education

**Health Priority:** Access to Health Services

**Community Partners:** Freeman Health System, University of Missouri Extension Services

## **Community Assets Identified**

### **Jasper and Newton County Health Collaborative (CHC)**

The collaboration generated by members of the Jasper and Newton County Health Collaborative is an asset to many categories of our area health status.

The collaborative began its work together with a core group of individuals and organizations in 1999. It has focused on community health needs since then. Three area health departments and three hospitals are active at this collaboration table along with the Alliance of Southwest Missouri, and other health related organizations. Mercy Hospital's health initiatives normally draw areas for focus from the needs assessment effort performed collaboratively within this group.

Recognition that the improved health of the community was not the responsibility of any one entity, rather the coordinated efforts of many, both public and private organizations, continues to motivate the direction of the group. CHC members work together to measure health status and reduce duplication of efforts, thereby providing a more efficient use of limited resources

### **Local Hospitals and Clinics**

Given our chronic disease priority, local hospitals located in the two counties identified as the coverage area for our local health collaborative and primary service area for Mercy Hospital Joplin, are clearly applicable assets: Mercy Hospital Joplin, Freeman Health System, Freeman Neosho as well as Mercy McCune Hospital in Carthage and two free and reduced fee clinics for the uninsured and under-insured, Joplin Community Clinic and Access Family Care, provide both improved access to care and space for community-based outreach to people with chronic disease in Joplin. *(See Attachment A, page 5 and Attachment B, page 5)*

### **Long Term Recovery Team**

The Long Term Recovery Team has functioned since shortly after the 2011 tornado that struck our community. It has gathered together and coordinated Joplin's human services including temporary housing, psycho-social needs and agency coordination. Although reaching completion of its work by the end of this assessment cycle, it is functioning collaboratively at this writing and brought much to the Joplin area.

### **United Way of Southwest Missouri and Southeast Kansas**

United Way has been an asset providing additional funding for psychological programs such as Mercy Joplin's Mercy Community Connection. Its "Advancing the Common Good initiative" provides an additional source for community measures and priorities in the areas of Education, Income, Health and safety and Safety Net.

### **Not-for-profits**

Joplin alone is the location for 500 not-for-profit organizations, many of which are eager to dialogue and work cooperatively for the coordination and resolution of common concerns.

### **Colleges**

Joplin is home to Missouri Southern State University, founded in 1937. There is also a bible college, Ozark Christian College in Joplin as well as a business college, Vatterot. Crowder College is located in Neosho in Newton County.

### **Trails and Parks**

Joplin's park system has nearly 1,000 acres and includes a golf course, three swimming pools, 15 miles of walking/biking trails, the world's largest remaining globally unique Chert Glades and Missouri's first Audubon Nature Center located in Wildcat Park. Condition and usability of parks and trails have greatly benefitted from a citizen approved sales tax. A waterfall, Grand Falls, the highest continuously flowing in the state, is on Shoal Creek on the southern end of the city. Local parks are also available within the city limits of Carthage and Neosho.

## **Sources of Information**

Truven Health Analytics, 2012

Mercy Electronic Health Record Data / local experience

Jasper and Newton County Community Needs Assessment (2010)

Wikipedia/ City of Joplin Website ([www.joplinmo.org](http://www.joplinmo.org))

Annie E. Casey Foundation, Kids Count Data Center ([www.kidscount.org](http://www.kidscount.org))

Results of local Community Roundtable discussions (Joplin and Carthage)

Results of local community Focus Groups

Robert Wood Johnson Foundation, 2012 County Health Ranking ([www.countyhealthrankings.org](http://www.countyhealthrankings.org))

University of Wisconsin Population Health Institute

Data support from Mercy Planning Research

Missouri Department of Health and Human Services, MICA, Economic and Social County-level Indicators ([www.dhss.mo.gov](http://www.dhss.mo.gov))

2010 United States Census Bureau

Hospital Industry Data Institute (HIDI), 2012

National Association of Counties ([www.nac.org](http://www.nac.org))

## **Attachment A**

**Mercy Hospital Joplin\Assessment data**



# Joplin, MO

Community Needs Assessment  
February 2013

# MARKET OVERVIEW

Joplin 9-County PSA

## Demographics

DEMOGRAPHIC CHARACTERISTICS									
	PSA	MO	USA			2012	2017	% Change	
2000 Total Population	342,170	5,595,230	281,421,906		Total Male Population	180,058	187,678	4.2%	
2012 Total Population	366,513	6,056,620	313,095,504		Total Female Population	186,455	194,298	4.2%	
2017 Total Population	381,976	6,258,528	325,256,835		Females, Child Bearing Age (15-44)	70,524	71,659	1.6%	
% Change 2012 - 2017	4.2%	3.3%	3.9%						
Average Household Income	\$46,526	\$58,645	\$67,315						
POPULATION DISTRIBUTION						HOUSEHOLD INCOME DISTRIBUTION			
Age Distribution						Income Distribution			
Age Group	2012	% of Total	2017	% of Total	USA 2012 % of Total	2012 Household Income	HH Count	% of Total	USA % of Total
0-14	75,674	20.6%	79,768	20.9%	20.2%	<\$15K	26,077	18.1%	13.0%
15-17	15,578	4.3%	15,134	4.0%	4.3%	\$15-25K	22,498	15.6%	10.8%
18-24	36,923	10.1%	38,999	10.2%	9.7%	\$25-50K	47,767	33.2%	26.7%
25-34	46,369	12.7%	48,208	12.6%	13.5%	\$50-75K	26,157	18.2%	19.5%
35-54	94,522	25.8%	91,264	23.9%	28.1%	\$75-100K	10,908	7.6%	11.9%
55-64	42,807	11.7%	46,637	12.2%	11.4%	Over \$100K	10,367	7.2%	18.2%
65-79	39,469	10.8%	45,757	12.0%	9.2%				
80+	15,171	4.1%	16,209	4.2%	3.7%				
<b>Total</b>	<b>366,513</b>	<b>100.0%</b>	<b>381,976</b>	<b>100.0%</b>	<b>100.0%</b>	<b>Total</b>	<b>143,774</b>	<b>100.0%</b>	<b>100.0%</b>
EDUCATION LEVEL						RACE/ETHNICITY			
Education Level Distribution						Race/Ethnicity Distribution			
2012 Adult Education Level	Pop Age 25+	% of Total	USA % of Total			Race/Ethnicity	2012 Pop	% of Total	USA % of Total
Less than High School	13,136	5.5%	6.3%			White Non-Hispanic	302,754	82.6%	62.8%
Some High School	25,454	10.7%	8.6%			Black Non-Hispanic	4,173	1.1%	12.3%
High School Degree	87,418	36.7%	28.7%			Hispanic	19,992	5.5%	17.0%
Some College/Assoc. Degree	72,408	30.4%	28.5%			Asian & Pacific Is. Non-Hispanic	5,369	1.5%	5.0%
Bachelor's Degree or Greater	39,922	16.8%	27.8%			All Others	34,225	9.3%	2.9%
<b>Total</b>	<b>238,338</b>	<b>100.0%</b>	<b>100.0%</b>			<b>Total</b>	<b>366,513</b>	<b>100.0%</b>	<b>100.0%</b>

# MARKET OVERVIEW

Joplin 9-County PSA

## Emergency Department Visit Estimates by Age/Gender Groups and Acuity Status (Emergent vs. Urgent)

In the Joplin 9-County Primary Service Area, **63%** of all ED visits are **considered urgent**.

On a national scale, 62% of ED visits are considered urgent and **can likely be treated in different care settings**.

	Age Group	2012 Emergent Visits	2012 Urgent Visits	2012 Total ED Visits
Female	00-17	3,971	17,141	21,112
	18-44	12,166	32,986	45,152
	45-64	11,868	13,672	25,540
	65+	15,404	6,138	21,542
Male	00-17	4,140	18,976	23,116
	18-44	7,539	19,746	27,285
	45-64	8,351	11,027	19,378
	65+	9,936	4,185	14,120
<b>Total</b>		<b>73,374</b>	<b>123,872</b>	<b>197,245</b>

The **18-44 age cohort** account for **37% of all ED visits** in the Joplin PSA

- ▶ Within that age group, the majority of visits (73%) are urgent (non-emergent)

Source: Truven Health Analytics Emergency Department Estimates, 2012

### Top ED Diagnosis Codes

Diagnosis	3-digit ICD9	Volume	%
SYMPTOMS INVOLVING RESPIRATORY SYSTEM/CHEST	786	5,513	9.6%
OTHER SYMPTOMS INVOLVING ABDOMEN & PELVIS	789	5,091	8.9%
GENERAL SYMPTOMS	780	3,415	5.9%
SYMPTOMS INVOLVING HEAD & NECK	784	1,594	2.8%
SYMPTOMS INVOLVING DIGESTIVE SYSTEM	787	1,345	2.3%
ASTHMA	493	1,342	2.3%
DISORDERS OF URETHRA & URINARY TRACT NEC	599	1,301	2.3%
OTHER & UNSPECIFIED BACK DISORDER	724	1,099	1.9%
INJURY NEC & NOS	959	1,016	1.8%
OTHER DIAGNOSES	XXX	987	1.7%

Emergent

Diagnosis	3-digit ICD9	Volume	%
OTHER DIAGNOSES	XXX	4,428	3.4%
OTHER & UNSPECIFIED BACK DISORDER	724	4,257	3.3%
ACUTE UPPER RESPIRATORY INFECTION MULT SITES NOS	465	4,199	3.3%
GENERAL SYMPTOMS	780	3,686	2.9%
OTHER CELLULITIS & ABSCESS	682	3,447	2.7%
BACK SPRAINS & STRAINS NEC & NOS	847	3,408	2.6%
OTHER SYMPTOMS INVOLVING ABDOMEN & PELVIS	789	3,377	2.6%
SUPPURATIVE/NOS OTITIS MEDIA	382	3,248	2.5%
SYMPTOMS INVOLVING RESPIRATORY SYSTEM/CHEST	786	3,133	2.4%
ACUTE PHARYNGITIS	462	2,775	2.2%

Urgent



Prepared by Mercy Planning Research

Source: Truven Health Analytics Outpatient Health Profiles, 2012

# MARKET OVERVIEW

Joplin 9-County PSA

## Chronic Conditions Identified Among 18+ Population in the PSA

Disease	Prevalent		Prevalence in Ages < 65		Prevalence in Ages 65+	
	Cases	% of 18+ Pop	Count	% of Total Cases	Count	% of Total Cases
Pain/Aching of Joints	92,296	34%	65,970	72%	26,326	29%
Hypertension	83,186	30%	49,461	60%	33,726	41%
Low Back Pain	78,479	29%	61,006	78%	17,473	22%
Arthritis	66,642	24%	38,657	58%	27,985	42%
Migraine Headaches	39,782	14%	37,028	93%	2,754	7%
Sinusitis	37,391	14%	29,581	79%	7,810	21%
Asthma	34,630	13%	28,615	83%	6,015	17%
Depression/Anxiety	31,590	11%	26,290	83%	5,300	17%
Diabetes	23,266	8%	13,082	56%	10,184	44%
Hay Fever	23,117	8%	19,139	83%	3,978	17%
Hearing Impairment	18,106	7%	8,328	46%	9,778	54%
Coronary Heart Disease	13,318	5%	4,923	37%	8,395	63%
Chronic Bronchitis	12,549	5%	9,256	74%	3,294	26%
Heart Attack	10,381	4%	4,030	39%	6,352	61%
Stroke	7,974	3%	3,268	41%	4,705	59%
Angina	6,829	2%	3,194	47%	3,635	53%
Emphysema	5,682	2%	2,449	43%	3,233	57%
Congestive Heart Failure	5,360	2%	1,945	36%	3,415	64%
Ulcers	5,170	2%	4,108	80%	1,062	21%
Weak/Failing Kidneys	4,475	2%	2,379	53%	2,095	47%
Breast Cancer	4,420	2%	1,741	39%	2,679	61%
Liver Condition	3,919	1%	3,160	81%	758	19%
Prostate Cancer	3,072	1%	769	25%	2,303	75%
Skin Cancer	2,312	1%	1,140	49%	1,171	51%
Cervical Cancer	2,061	1%	1,747	85%	314	15%
Colon/Rectal Cancer	1,626	1%	494	30%	1,132	70%
Uterine Cancer	1,110	0%	625	56%	485	44%
Lung Cancer	615	0%	167	27%	449	73%

Source: Truven Health Analytics Continuum of Care, 2012



Prepared by Mercy Planning Research

# MARKET OVERVIEW

Jasper County, MO

## Chronic Conditions Identified Among 18+ Population in the county

Disease	Prevalent		Prevalence in Ages < 65		Prevalence in Ages 65+	
	Cases	% of 18+ Pop	Count	% of Total Cases	Count	% of Total Cases
Pain/Aching of Joints	33,416	33%	24,579	74%	8,837	26%
Hypertension	29,255	29%	18,046	62%	11,209	38%
Low Back Pain	28,797	29%	22,966	80%	5,831	20%
Arthritis	23,637	24%	14,219	60%	9,417	40%
Migraine Headaches	15,048	15%	14,121	94%	927	6%
Sinusitis	13,770	14%	11,133	81%	2,638	19%
Asthma	12,752	13%	10,749	84%	2,003	16%
Depression/Anxiety	11,792	12%	10,013	85%	1,778	15%
Hay Fever	8,377	8%	7,041	84%	1,337	16%
Diabetes	8,070	8%	4,715	58%	3,355	42%
Hearing Impairment	6,330	6%	3,075	49%	3,255	51%
Chronic Bronchitis	4,606	5%	3,482	76%	1,124	24%
Coronary Heart Disease	4,555	5%	1,761	39%	2,794	61%
Heart Attack	3,571	4%	1,457	41%	2,114	59%
Stroke	2,783	3%	1,201	43%	1,582	57%
Angina	2,379	2%	1,164	49%	1,214	51%
Emphysema	1,971	2%	888	45%	1,083	55%
Ulcers	1,903	2%	1,563	82%	340	18%
Congestive Heart Failure	1,850	2%	685	37%	1,166	63%
Weak/Failing Kidneys	1,593	2%	889	56%	704	44%
Breast Cancer	1,525	2%	624	41%	901	59%
Liver Condition	1,394	1%	1,161	83%	232	17%
Prostate Cancer	1,034	1%	271	26%	763	74%
Skin Cancer	820	1%	423	52%	397	48%
Cervical Cancer	789	1%	680	86%	109	14%
Colon/Rectal Cancer	558	1%	176	32%	382	68%
Uterine Cancer	389	0%	218	56%	171	44%
Lung Cancer	211	0%	62	30%	149	71%

Source: Truven Health Analytics Continuum of Care, 2012

# MARKET OVERVIEW Jasper County, MO

## County Health Ranking

\*National Benchmark = 90th percentile (i.e., only 10% are better)  
 Note: Blank values reflect unreliable or missing data

Source: 2012 County Health Rankings provided by the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute

	Jasper County	Error Margin	National Benchmark*	Missouri	Rank out of 115 counties
<b>HEALTH OUTCOMES</b>					<b>41</b>
<b>Mortality</b>					<b>57</b>
Premature death	8,499	6,509-6,892	5,466	7,981	
<b>Morbidity</b>					<b>26</b>
Poor or fair health	14%	11-14%	10%	16%	
Poor physical health days	3.7	2.4-3.1	2.6	3.6	
Poor mental health days	3.7	2.5-3.3	2.3	3.7	
Low birthweight	6.7%	8.7-9.1%	6.0%	8.1%	
<b>HEALTH FACTORS</b>					<b>56</b>
<b>Health Behaviors</b>					<b>76</b>
Adult smoking	24%	16-20%	14%	24%	
Adult obesity	33%	27-31%	25%	31%	
Physical inactivity	27%	23-27%	21%	28%	
Excessive drinking	15%	17-22%	8%	17%	
Motor vehicle crash death rate	22	9-10	12	19	
Sexually transmitted infections	430		84	438	
Teen birth rate	68	26-28	22	44	
<b>Clinical Care</b>					<b>28</b>
Uninsured	18%	10-12%	11%	15%	
Primary care physicians	1,372:1		631:1	1,274:1	
Preventable hospital stays	74	63-66	49	75	
Diabetic screening	83%	81-84%	89%	84%	
Mammography screening	66%	70-74%	74%	65%	
<b>Social &amp; Economic Factors</b>					<b>59</b>
High school graduation	84%			86%	
Some college	52%	73-75%	68%	61%	
Unemployment	8.4%		5.4%	9.6%	
Children in poverty	23%	12-16%	13%	21%	
Inadequate social support	20%	16-21%	14%	19%	
Children in single-parent households	35%	32-35%	20%	32%	
Violent crime rate	438		73	518	
<b>Physical Environment</b>					<b>76</b>
Air pollution-particulate matter days	0		0	0	
Air pollution-ozone days	0		0	7	
Access to recreational facilities	11		16	10	
Limited access to healthy foods	19%		0%	8%	
Fast food restaurants	49%		25%	47%	

### Child Health Indicators

Children in poverty (Percent)		
1990	2000	2007
18.6%	19.2%	24.7%

Children under 6 in poverty (Percent)		
1990	2000	2007
22.3%	23.5%	28.7%

Children enrolled in MO HealthNet for Kids (Percent)				
2004	2005	2006	2007	2008
49.7%	48.7%	42.8%	41.3%	39.9%

Children receiving public SED mental health services (Number)				
2003	2004	2005	2006	2008
1,388	1,548	1,525	313	280

Children receiving subsidized child care (Number)				
2004	2005	2006	2007	2008
587	567	582	485	430

Percentage of Children receiving cash assistance (Percent)				
2004	2005	2006	2007	2008
7.4%	6.7%	6.2%	5.6%	4.4%

Children receiving food stamps (Percent)				
2004	2005	2006	2007	2008
38.7%	40.1%	38.3%	37.8%	37.9%

Students enrolled in free/reduced price lunch (Percent)				
2004	2005	2006	2007	2008
46.8%	49.1%	49.4%	48.6%	49.2%

Low birth weight infants (Percent)				
2002	2003	2004	2005	2006
6.9%	6.9%	6.8%	6.7%	6.6%

Infant mortality (per 1,000 live births) (Rate)				
2002	2003	2004	2005	2006
6.9	6.6	5.8	4.6	3.6

Public clinic immunization (Percent)				
2001	2002	2003	2004	2005
73.4%	73.4%	67.1%	82.8%	67.1%

Births to teens, ages 15-19 (per 1,000) (Rate)				
2004	2005	2006	2007	2008
64.2	65.8	68.2	69.3	68.8

Children in single parent families (Percent)		
1990	2000	2007
19.3%	24.5%	32.9%

Child abuse and neglect (per 1,000) (Rate)				
2004	2005	2006	2007	2008
64.7	52.6	47.6	43.1	38.7

Child deaths, ages 1-14 (per 100,000) (Rate)				
2002	2003	2004	2005	2006
20.6	21.5	18.4	23.5	25.9

Source: The Annie E. Casey Foundation Kids Count Data Center; Missouri Partnership for Children



Prepared by Mercy Planning Research



# REGIONAL PROVIDERS

Joplin 9-County PSA

	Hospitals ( <i>*indicates on-site outpatient surgery center</i> )	Health System Affiliation
1	Mercy Hospital Joplin* ( <i>new facility to open early 2015</i> )	Mercy
2	Mercy McCune-Brooks Hospital	Mercy
3	Mercy Maude Norton Hospital	Mercy
4	Freeman Hospital West	Freeman Health System
5	Freeman Neosho Hospital	Freeman Health System
6	Via Christi Hospital*	Via Christi Health
7	Integrus Baptist Regional Health Center*	Integrus Health
8	Integrus Grove General Hospital*	Integrus Health
9	Nevada Regional Medical Center*	Independent
10	Barton County Memorial Hospital	Independent
11	Girard Medical Center*	Independent
12	Stateline Specialty Hospital ( <i>new facility to open in 2013</i> )	Physician Owned



Prepared by Mercy Planning and Research

## Top Acute Inpatient Discharges

July 1, 2011 – June 30, 2012

**Note: Accounts for 36% of their total 4,475 Acute IP Discharges**

MSDRG Code	MSDRG Description	Inpatient Discharges	% of Total Inpatient Discharges	Age Breakouts									
				< 18	%	18-44	%	45-64	%	65-79	%	80+	%
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	433	10%	0	0%	293	68%	135	31%	4	1%	1	0%
885	PSYCHOSES	409	9%	0	0%	275	67%	120	29%	13	3%	1	0%
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	171	4%	0	0%	18	11%	36	21%	73	43%	44	26%
881	DEPRESSIVE NEUROSES	107	2%	0	0%	76	71%	30	28%	1	1%	0	0%
882	NEUROSES EXCEPT DEPRESSIVE	95	2%	0	0%	70	74%	25	26%	0	0%	0	0%
193	SIMPLE PNEUMONIA & PLEURISY W MCC	94	2%	0	0%	0	0%	23	24%	43	46%	28	30%
194	SIMPLE PNEUMONIA & PLEURISY W CC	85	2%	6	7%	9	11%	22	26%	32	38%	16	19%
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	84	2%	1	1%	16	19%	23	27%	31	37%	13	15%
291	HEART FAILURE & SHOCK W MCC	70	2%	0	0%	2	3%	18	26%	21	30%	29	41%
310	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	69	2%	0	0%	1	1%	15	22%	36	52%	17	25%
<b>TOTAL</b>		<b>1,617</b>	<b>36%</b>	<b>7</b>	<b>0.4%</b>	<b>760</b>	<b>47%</b>	<b>447</b>	<b>28%</b>	<b>254</b>	<b>16%</b>	<b>149</b>	<b>9%</b>

### Top Inpatient Admissions from the ED

July 1, 2011 – June 30, 2012

**Note: Accounts for 36% of their total 3,328 ED Admissions**

MSDRG Description	ED Inpatient Admissions	% of Total ED Inpatient Admissions	Age Breakouts									
			< 18	%	18-44	%	45-64	%	65-79	%	80+	%
Chest pain	338	10%	0	0%	25	7%	170	50%	89	26%	54	16%
Sick	185	6%	3	2%	32	17%	62	34%	53	29%	35	19%
Pneumonia	176	5%	8	5%	13	7%	34	19%	74	42%	47	27%
Suicidal ideation	102	3%	0	0%	69	68%	33	32%	0	0%	0	0%
Depression	94	3%	0	0%	66	70%	27	29%	1	1%	0	0%
COPD (chronic obstructive pulmonary disease)	72	2%	0	0%	0	0%	26	36%	37	51%	9	13%
Dyspnea	59	2%	0	0%	0	0%	12	20%	24	41%	23	39%
Other unknown and unspecified cause of morbidity or mortality	57	2%	0	0%	12	21%	15	26%	18	32%	12	21%
Altered mental status	54	2%	1	2%	5	9%	17	31%	14	26%	17	31%
CHF (congestive heart failure)	51	2%	0	0%	0	0%	14	27%	12	24%	25	49%
<b>TOTAL</b>	<b>1,188</b>	<b>36%</b>	<b>12</b>	<b>1%</b>	<b>222</b>	<b>19%</b>	<b>410</b>	<b>35%</b>	<b>322</b>	<b>27%</b>	<b>222</b>	<b>19%</b>

Source: Epic - Report ED0004: Inpatient admits from the ED (patient class includes emergency, inpatient, surgery, surgical OP/extended care, and observation)

### Top ED Visit Volume By ICD9 Codes

July 1, 2011 – June 30, 2012

**Note: Accounts for 16% of their total 23,861 ED Visit Volume**

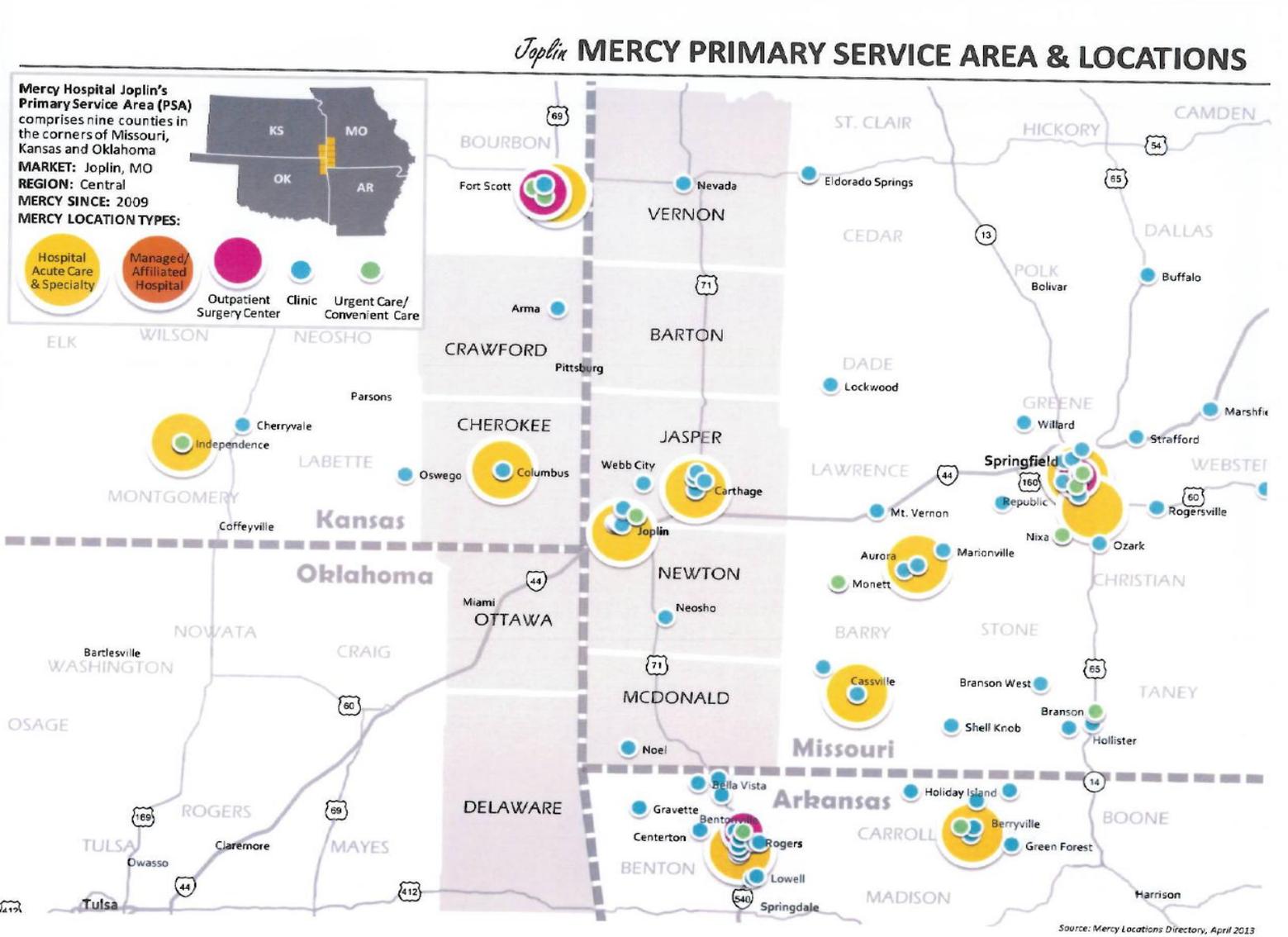
ICD9 Code	Diagnosis	ED Volume	% of ED Volume	Age Breakouts									
				<18	%	18-44	%	45-64	%	65-79	%	80+	%
599.0	Urinary tract infection, site not specified	611	3%	52	9%	284	46%	119	19%	87	14%	69	11%
465.9	Acute upper respiratory infections of unspecified site	504	2%	268	53%	176	35%	38	8%	14	3%	8	2%
724.2	Lumbago	440	2%	4	1%	250	57%	139	32%	34	8%	13	3%
786.59	Other chest pain	414	2%	6	1%	119	29%	186	45%	68	16%	35	8%
486	Pneumonia, organism unspecified	413	2%	55	13%	52	13%	107	26%	112	27%	87	21%
784.0	Headache	324	1%	25	8%	194	60%	75	23%	20	6%	10	3%
462	Acute pharyngitis	280	1%	133	48%	117	42%	18	6%	8	3%	4	1%
786.50	Chest pain, unspecified	280	1%	3	1%	51	18%	134	48%	62	22%	30	11%
490	Bronchitis, not specified as acute or chronic	256	1%	20	8%	137	54%	63	25%	25	10%	11	4%
525.9	Unspecified disorder of the teeth and supporting structures	247	1%	9	4%	215	87%	22	9%	1	0%	0	0%
<b>TOTAL</b>		<b>3,769</b>	<b>16%</b>	<b>575</b>	<b>15%</b>	<b>1,595</b>	<b>42%</b>	<b>901</b>	<b>24%</b>	<b>431</b>	<b>11%</b>	<b>267</b>	<b>7%</b>

Note: 434 (2%) of ED discharges did not list diagnosis

Source: Epic - Report ED0018: ED Visit Reason

# Attachment B

## Service Area Map



## **Attachment C**

### **Jasper and Newton County Needs Assessment**

This Assessment is located [www.joplinmo.org](http://www.joplinmo.org) in the document section of the site