

2022

JOPLIN COMMUNITY SUMMARY


Regional Health
Assessment



(This document covers Mercy Joplin, Mercy Carthage, Mercy Columbus, and
Mercy Specialty Hospital of Southeast Kansas)

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“Give everyone free training and education classes to help everyone get jobs and have a better life.”

-Joplin Community Stakeholder/Focus Group Respondent

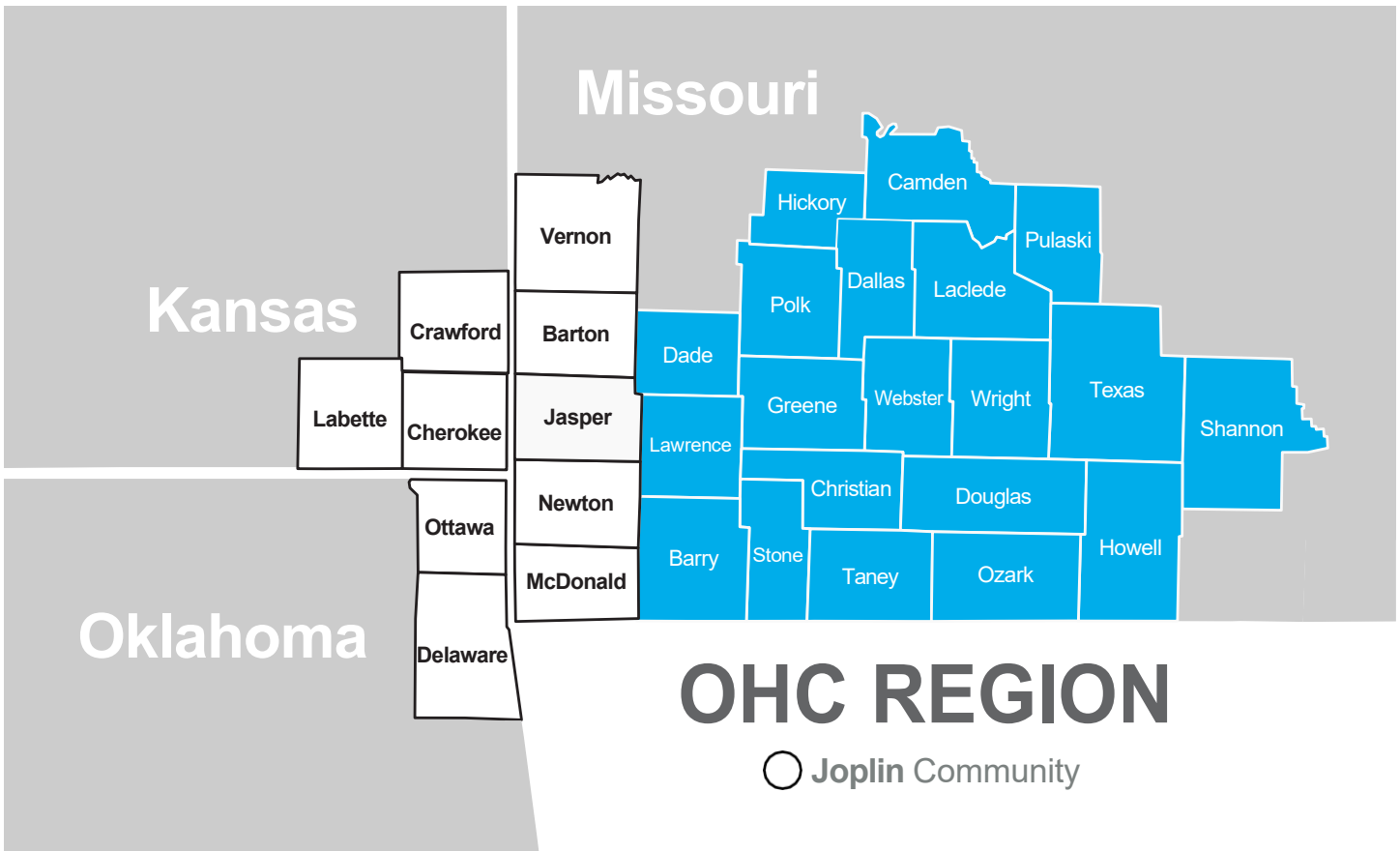
INTRODUCTION



Every three years since 2016, organizations under the umbrella of Ozarks Health Commission (the Commission) come together to publish a Regional Health Assessment (RHA). The Commission's work has been recognized at the annual meeting of the American Public Health Association, honored as a Promising Practice by the National Association of County and City Health Officials and awarded the Group Merit Award from the Missouri Public Health Association.

Building upon the success of the 2016 and 2019 regional health assessments, in 2021 partners again sought to better understand the health status, behaviors and needs of the populations served. The resulting 2022 OHC Regional Health Assessment combines more than 200 hospital and community indicators with feedback from stakeholders and citizens. The Region includes 30 counties spanning southwest Missouri, southeast Kansas and northeast Oklahoma. The full Ozarks Health Commission RHA can be found at www.ozarkshealthcommission.org/.

Within the Commission Region, seven multi-county Communities were defined based on hospital service areas. The Joplin Community is a 10-county area that includes hospitals of CoxHealth, Freeman Health System and Mercy Hospitals. This Joplin Community Summary presents key findings for the area and describes the process used to prioritize the top assessed health issues of concern. The document provides local stakeholders and organizations with information necessary to better understand the health needs of their communities.



SERVICE AREA

The Joplin Community is made up of 10 counties: Vernon, Barton, Jasper, Newton and McDonald in Missouri; Crawford, Cherokee and Labette in Kansas and Ottawa and Delaware in Oklahoma. The counties included in the Joplin Community were based on participating hospitals serving this area: Cox Barton County Hospital, Mercy Hospital Columbus, Mercy Specialty Hospital-Southeast Kansas, Freeman Hospital West, Freeman Hospital East and Freeman Hospital Neosho.

The Joplin Community is home to 386,427 individuals, a growth of 6% between 2000 and 2010. The area includes Tribal lands, rural communities, small townships, and six cities with hospitals, including Carthage, Joplin, Lamar, Neosho and Nevada in Missouri, and Pittsburg in Kansas. Joplin is a commercial, medical, and cultural hub. The city of 50,000 provides services for a daytime population estimated at 250,000. The industry in this growing region is supported by a diverse economy. As a regional provider of medical services, Joplin employs more than 5,000 people in healthcare. Joplin is also considered the “Crossroads of America” due to the trucking industry being another major employer. It is home to two 4-year colleges, Missouri Southern State University and Ozark Christian College. In 2017, the Kansas City University School of Medicine opened its doors to the first class of medical students, and a KCU Dental School is now under construction. Pittsburg has a history in coal mining, and transportation and manufacturing have contributed to its economic growth. The city hosts Pittsburg State University, a 223-acre campus with the state-of-the-art Kansas Technology Center.



POPULATION OVERVIEW

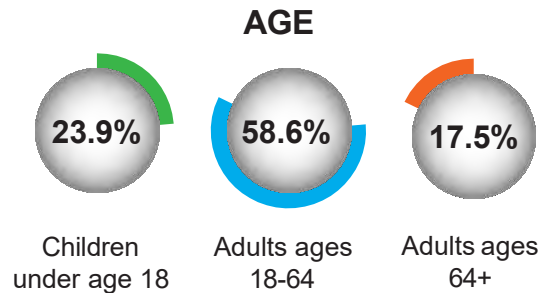
The Commission noted several important demographic and population trends within the Joplin Community. Nearly 24% of residents are minors under the age of 17, while approximately 17.5% are over the age of 60. Meaning, that the population is, on average, older than both the Region and nation. Older residents are more likely to be living with chronic illnesses and require access to more health services. Further, approximately 58% of residents are within the age grouping of 18-64, which drives the workforce in the community.

Approximately 17% of the total population is living with a disability, which is roughly the same as the Commission region but higher than the national rate of 12.62%. This may contribute to access to care and disparities amongst the disability community members. Considerations to take into account when planning for improvement in rural vs urban areas.

A few of these factors contribute to the overall vulnerability of the population of the Community. Vulnerable populations, such as people in poverty, minorities and the elderly, often experience higher rates of chronic illness and worse health outcomes. To ensure **vulnerable** and **at-risk populations** were considered when identifying and addressing community health needs, the Commission identified them in each Community using the Center for Disease Control and Prevention (CDC) Social Vulnerability Index (SVI). Using U.S. Census and American Community Survey data, the SVI identifies the most vulnerable groups across all comparative census tracts.

Out of the highest vulnerability score of 1.0, the Joplin Community has an overall SVI score of 0.7, meaning that it is more vulnerable than 70% of the rest of counties in the OHC Region. Scores for Socioeconomic Status (0.6), Household Composition and Disability (0.7), Housing Type and Transportation (0.6), and Minority Status and Language (0.5) demonstrate significant vulnerability of the local population.

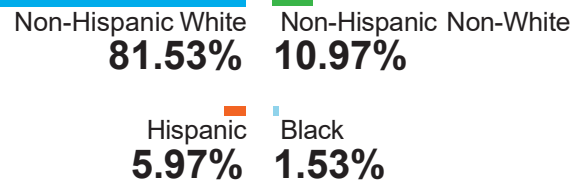
JOPLIN DEMOGRAPHICS



FAMILIES
Families with children make up **31.2%** of the Joplin Community population.

POPULATION
The Joplin Community population has decreased by **0.7%** since 2010.

RACE & ETHNICITY



WHAT MAKES A POPULATION VULNERABLE?

SOCIO-ECONOMIC STATUS

- Below poverty
- Unemployed
- Income
- No High School Diploma

HOUSEHOLD COMPOSITION & DISABILITY

- Aged 65 or older
- Aged 17 or younger
- Civilian with a Disability
- Single-Parent Households

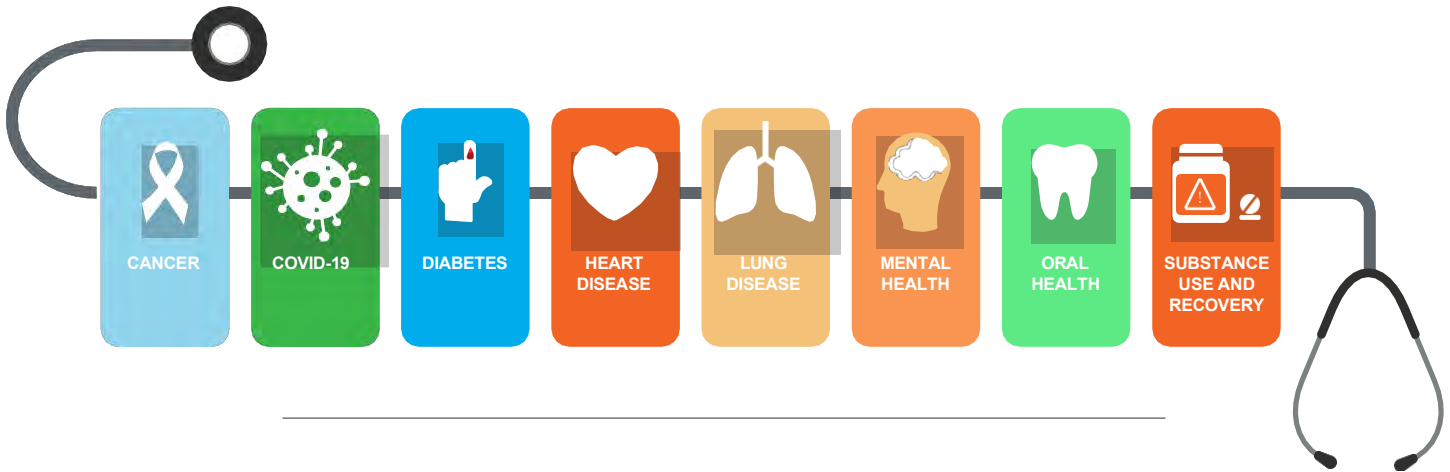
MINORITY STATUS & LANGUAGE

- Minority
- Aged 5 or older who speaks English "Less than Well"

HOUSEHOLD TYPE & TRANSPORTATION

- Multi-Unit Structures
- Mobile Homes
- Crowding
- No Vehicle
- Group Quarters

ASSESSED HEALTH ISSUES



Commission stakeholders began the RHA process with analysis of publicly available health data (secondary data) and participating health systems' emergency room utilization data (primary data) to identify health issues of greatest concern across the region. The result was a ranked list of eight Ozarks Health Commission Region health issues. A full description of the health issues and indicators used can be found in the OHC Regional Health Assessment.

To represent diverse views from across the region and population, qualitative data was garnered. Across the OHC Region these viewpoints were solicited via 75 individual interviews, 10 focus groups and 2,638 surveys. Methodologies used for the initial scoring/ranking of the health issues and the full report of the qualitative work can be found in OHC Regional Report. This prioritization information can be used by organizations to develop community health improvement plans, guide decision making, and foster collaboration across initiatives.

During Sept. and Oct. 2021, 25 individual interviews and three focus groups were conducted in the Joplin Community. Those interviewed represented health and social service organizations, education and community collaboratives.

Of the 2,628 survey respondents from the Region, 45% indicated they lived in the Joplin Community. Respondents were asked to rank perceived community needs, and the top 10 that emerged were:

1. Affordable, quality childcare
2. Adolescent and child mental health counseling services
3. Adult mental health counseling services
4. Affordable housing
5. Emergency mental health services
6. Substance use treatment
7. Co-located medical and behavioral services
8. Prevention, education, and early intervention services for substance use
9. Care coordination between hospitals, clinics, and other health care settings
10. Social services for individuals experiencing homelessness

Those interviewed represented health and social service organizations, education and community collaboratives. Stakeholders participating in individual interviews and focus groups agreed with survey respondents about affordable housing, mental health services and care coordination. However, in contrast to survey respondents, those interviewed ranked food insecurity and transportation as top concerns. Also juxtaposed was a lack of priority for job training by those surveyed, where those interviewed felt free training and education would be a "magic wand" to increase quality of life.

JOPLIN COMMUNITY HEALTH PRIORITIES

Each Commission Community convened stakeholders to assess the feasibility of addressing the health issues identified through primary and secondary data sources, and further illuminated with qualitative community feedback. In the Joplin Community, this was organized by the Joplin Health Department and Jasper County Health Department, which dedicated a meeting of the Jasper-Newton County Community Health Collaborative (CHC) on Nov. 12, 2021, to the process. Effort was made to invite all public health agencies, organizations engaged by Crescendo Consulting, CHC members, and leaders of vulnerable and underrepresented communities in the hybrid in-person/virtual meeting.

Based on the eight health issues identified by the Commission using publicly available and participating health systems' data, stakeholders from the Joplin Community were convened to further consider top priorities.

The feasibility of changing each issue and readiness to address each issue was assessed. Feasibility rankings were influenced by stakeholders' perceptions of the readiness of the community to address an issue, existing initiatives or momentum, whether leadership was established around the condition, perceived feasibility to change, complexity of the issue and the time frame to improve the issue (within 2-3 years or more than 2-3 years). The higher the score, the more significant the impact of the condition on the community, and the more difficult the condition was to address.

Feasibility was assessed by participants using a short survey, which was opened one week before the meeting to accommodate those unable to attend the live session. A total of 37 stakeholders completed the survey. Survey responses equaled roughly 50% of the total weighted ranking for each health issue.

JOPLIN COMMUNITY: ASSESSED HEALTH ISSUES RANKINGS

Rank	Initial Ranking Primary & Secondary Data	Final Ranking Primary, Secondary and Feasibility Data	Rank Change
1	Lung Disease 3.18	Lung Disease 2.94	no change
2	COVID-19 3.17	Heart Disease 2.78	+1
3	Heart Disease 2.91	Oral Health 2.66	+2
4	Mental Health 2.75	Cancer 2.58	+3
5	Oral Health 2.67	Mental Health 2.52	-1
6	Diabetes 2.47	Diabetes 2.47	no change
7	Cancer 2.35	COVID-19 2.42	-5
8	Substance Use & Recovery 1.85	Substance Use & Recovery 2.15	no change

The table above shows Joplin Community health issue rankings based on primary and secondary data (left) and the change after feasibility rankings were included (right). The higher the score, the more significant the impact of the condition on the community, and also the more difficult the condition was to address. It should be noted that feasibility was assessed using a 5-point scale, and the difference between the highest and lowest scores shrank considerably with the introduction of the feasibility rankings, moving from a range of 1.85 to 3.18 to 2.15 to 2.94.

JOPLIN COMMUNITY PRIORITY HEALTH ISSUES



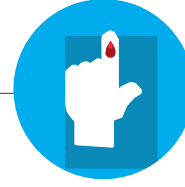
LUNG DISEASE



HEART DISEASE



MENTAL HEALTH



DIABETES

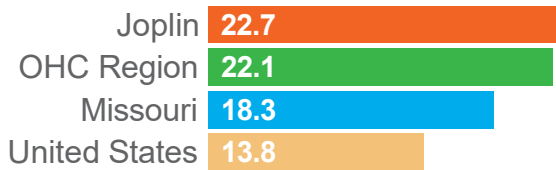
Stakeholders selected Lung Disease, Heart Disease, Mental Health and Diabetes as the top four issues facing the community. The prioritization process began with a comparison of supporting metrics, as illustrated here. While these data points are important, the final selection of priority health issues was determined by the community based on local hospital ED data, and stakeholder opinions of the feasibility to change.



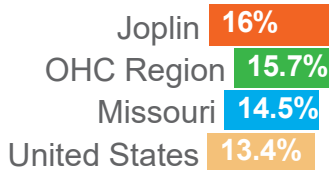
MENTAL HEALTH

SUICIDE MORTALITY

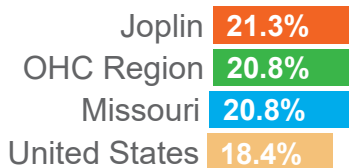
Rate per 100,000 population



POOR MENTAL HEALTH

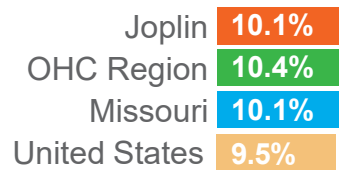


DEPRESSION PREVALENCE

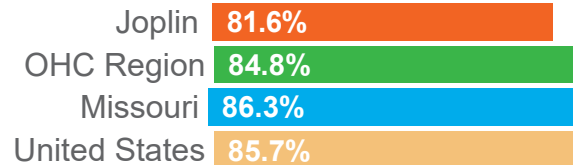


DIABETES

DIABETES PREVALENCE



ANNUAL HEMOGLOBIN A1c TEST

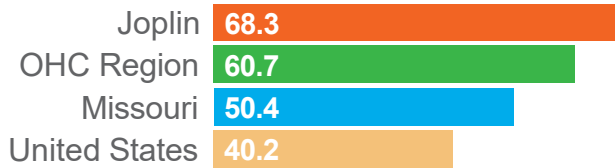




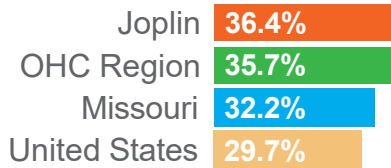
LUNG DISEASE

LUNG DISEASE MORTALITY

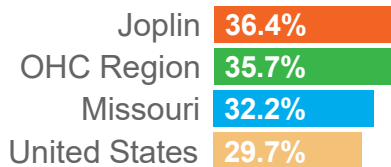
Rate per 100,000 population



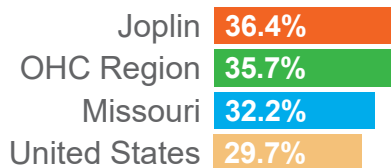
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) PREVALENCE



POOR PHYSICAL HEALTH PREVALENCE



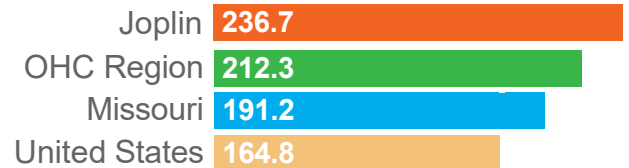
ASTHMA PREVALENCE



HEART DISEASE

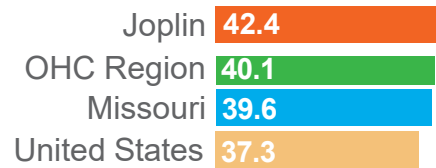
HEART DISEASE MORTALITY

Rate per 100,000 population

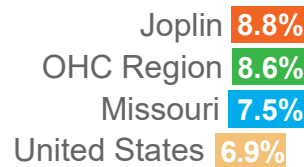


STROKE MORTALITY

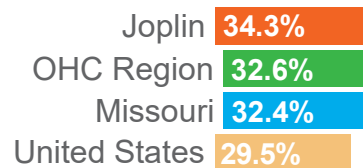
Rate per 100,000 population



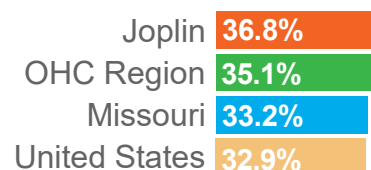
CORONARY HEART DISEASE PREVALENCE



OBESITY PREVALENCE



HIGH BLOOD PRESSURE PREVALENCE



SPECIAL HEALTH ISSUE: COVID-19

The onset of the COVID-19 pandemic in March 2020 greatly impacted all aspects of the health care industry, as is evident in its high ranking as an assessed health issue. Compared to nationwide data, the Joplin Community had a roughly 25% higher case rate and a 17% lower vaccination rate. When compared to Missouri statewide data, the 10-county region fared 25% worse in all indicators for COVID-19. When feasibility and readiness to change were factored in, COVID-19 dropped five places, with stakeholder consensus being that there were robust systems in place to continue to address screening, testing, contact tracing, vaccination, and treatment. The ongoing efforts and the lack of confidence that the virus would continue to be a dominating issue over the next several years resulted in the determination that COVID-19 is not a priority health issue.

In qualitative feedback, 56% of survey respondents stated that COVID-19 had affected either their mental health or that of someone who lives with them, and 69% indicated they had children at home impacted by the pandemic.

Feedback from individual interviews and focus groups about the impact of the COVID-19 pandemic on the Joplin Community emphasized healthcare provider burnout leading to workforce shortages, as well as a rise in respiratory complications and mental health disorders.

At the end of 2021, both the short- and long-term health impacts of COVID-19 are unknown at a population level. Mortality and morbidity factors in chronic disease secondary data will become evident by the next CHNA cycle, as vaccination and treatment efficacy, breakthrough infection trends, and “long-COVID” impacts are tracked and analyzed. The appearance of the Delta variant, which hit the OHC Region very hard in summer 2021, and the Omicron variant identified as present in Missouri as of Dec. 2021, are examples of the unpredictable nature of viral mutations. Having reliable data sources will continue to be critical to understand how COVID-19 may impact individuals with chronic diseases and conditions that are known co-morbidities.

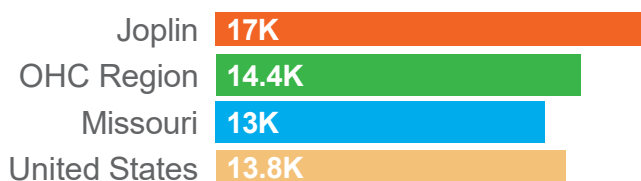
COVID-19 MORTALITY

Rate per 100,000 population
As of 10/29/21



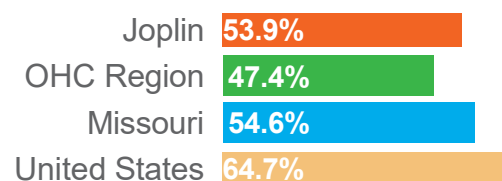
COVID-19 CASE RATE

Rate per 100,000 population
As of 10/29/21



PERCENTAGE OF FULLY-VACCINATED ADULTS

As of 10/29/21



SOCIAL DETERMINANTS OF HEALTH

Additional data critical to understanding the health of the population and the vulnerability of the Community was discerned by examining six groupings classified as social determinants of health: Economic Stability, Education Access and Quality, Healthcare Access and Quality, Neighborhood and Built Environment, Social and Community Context and Health Behaviors. The social determinants of health play a significant role in the impact the assessed health issues have on the Joplin Community. For instance, smoking tobacco can lead to lung disease and the Joplin Community has an above average rate of current smokers. This would lead to the outcomes illustrated by the primary and secondary data: above average rates of emergency visits and mortality due to lung disease and heart disease.

HEALTH BEHAVIORS

Health behaviors include individual-level behaviors, often influenced by access or quality of services, that can impact the overall health of an individual or community. Behaviors related to substance use, healthy eating, physical activity, and practicing safe sexual practices are behaviors often influenced by the conditions in the environments where people are born, live, learn, work, play, worship, and age. These behaviors can affect a wide range of health, functioning, and quality-of-life outcomes and risks.

NEIGHBORHOOD & BUILT ENVIRONMENT

The neighborhoods people live in have a major impact on their health and well-being. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. Racial/ethnic minorities and people with low incomes are more likely to live in places with these risks. In addition, some people are exposed to things at work that can harm their health, like secondhand smoke or loud noises.

EDUCATION ACCESS & QUALITY

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. They're also less likely to graduate from high school or go to college.

SOCIAL & COMMUNITY CONTEXT

People's relationships can have a major impact on their health and well-being. Many people face challenges and dangers they can't control — like unsafe neighborhoods, discrimination, or trouble affording the things they need.

HEALTHCARE ACCESS

Many people in the United States don't get the health care services they need. About 1 in 10 people don't have health insurance. 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. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services. Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

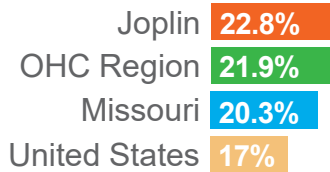
ECONOMIC STABILITY

In the United States, 1 in 10 people live in poverty, and many people can't afford things like healthy foods, health care, and housing. 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 don't earn enough to afford the things they need to stay healthy. Employment programs, career counseling, and high-quality child care opportunities can help more people find and keep jobs. In addition, policies to help people pay for food, housing, health care, and education can reduce poverty and improve health and well-being.

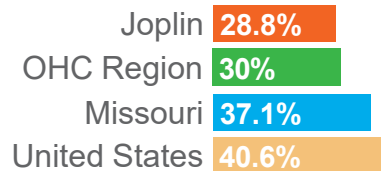


All 10 Missouri, Kansas and Oklahoma counties in the Joplin Community perform worse than their respective state and national averages on the following key Social Determinant of Health measures.

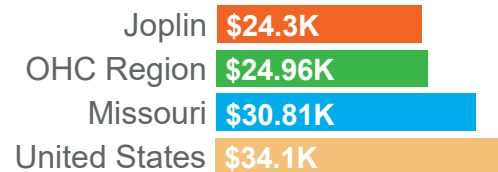
POPULATION CURRENT SMOKERS



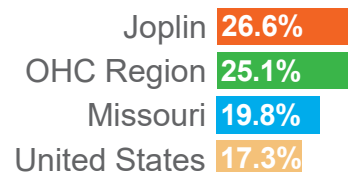
RESIDENTS WITH ASSOCIATES OR HIGHER DEGREE



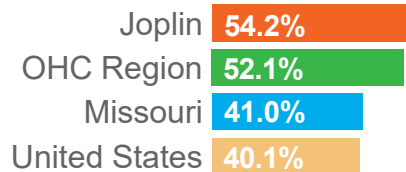
PER CAPITA INCOME



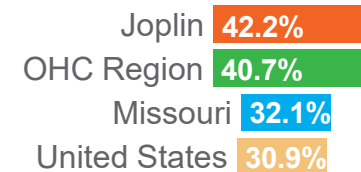
HOUSEHOLDS WITH LOW OR SLOW INTERNET ACCESS



CHILDREN LIVING 200% BELOW FEDERAL POVERTY LEVEL

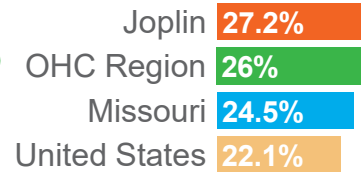


ADULTS LIVING 200% BELOW FEDERAL POVERTY LEVEL

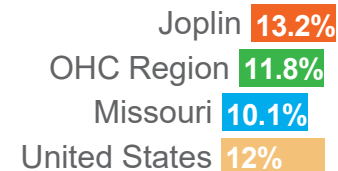


Eight of the 10 counties in the Joplin Community perform worse than their respective state and national averages on the following key Social Determinant of Health measures.

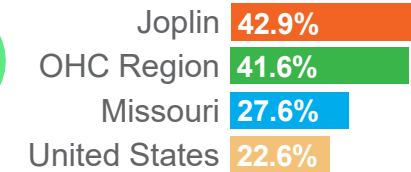
PHYSICAL INACTIVITY



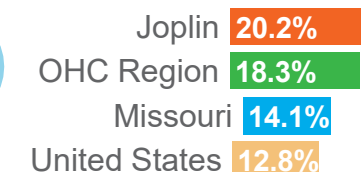
ADULTS AGES 25+ WITH NO HIGH SCHOOL DIPLOMA



POPULATION LIVING IN A HEALTH PROFESSIONAL SHORTAGE AREA



ADULTS WITHOUT HEALTH INSURANCE



DISSEMINATION

The Ozarks Health Commission Regional Health Assessment and related community reports are resources designed for public dissemination, and multiple dissemination methods listed below will reach a wide variety of audiences.

WEBSITES

Please visit the following websites to access the full RHA, Community Summaries, and related resources:

Ozarks Health Commission

www.ozarkshealthcommission.org

CoxHealth

www.coxhealth.com

Freeman Health System

www.freemanhealth.com

Mercy Hospital Joplin

mercy.net

PRINTED COPIES

Printed copies will be available by request through hospital and public health partners. Please refer to the websites above or contact a participating organization directly.

SOCIAL MEDIA

Announcements of the availability of the regional health assessment, as well as community health improvement plans by each organization will be made via social media channels, including Facebook and Twitter.

CoxHealth

www.facebook.com/coxhealth/
twitter.com/coxhealth

Freeman Health System

www.facebook.com/freemanhealthsystem/
twitter.com/FreemanCares4U

Jasper County Health Dept

www.facebook.com/JasperCountyHealthDept/

Joplin Health Department

www.facebook.com/joplinhealthdepartment/

Mercy Hospital Joplin

www.facebook.com/MercyHospitalJoplin/
twitter.com/MercyJoplin

HEALTH SERVICES AVAILABLE

In addition to the websites of participating health systems and public health agencies, there are several robust resource directories available to assist consumers in locating care. These include:

CoxHealth

doctors.coxhealth.com/

Find Help (national)

findhelp.org

Freeman Health System

www.freemanhealth.com/find-a-provider

Kansas

www.mercy.net/content/dam/mercy/en/pdf/Southeast-Kansas-Resource-List.pdf

Mercy Hospital

www.mercy.net/search/doctor/

Missouri

www.freemanhealth.com/community-resource-directory

Oklahoma

www.navigateresources.net/hlok/

United Way (national)

www.211.org

ACKNOWLEDGMENTS

The Ozark Health Commission Steering Committee expresses appreciation to the many organizations and stakeholders that contributed to this report. To see a complete list, please visit www.ozarkshealthcommission.org.

