FREEMAN
Health System

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Health System
Neosho Hospital

Joplin Community Health Needs Assessment & Freeman Health Implementation Plan 2016

Participating Organizations

Burrell Behavioral Health

Citizens Memorial Healthcare

CoxHealth

Freeman Health System

Joplin Health Department

Jasper County Health Department

Mercy

Missouri State University

Polk County Health Department

Springfield-Greene County Health Department

Taney County Health Department

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Introduction

Freeman Health System in Joplin, Missouri, is a 460-bed, three-hospital system providing comprehensive healthcare and behavioral health services to an area that includes more than 450,000 people from Missouri, Arkansas, Oklahoma, and Kansas. As a not-for-profit, community-owned, locally-governed health system, Freeman proudly supports our communities and invests in the good health of our region.

Freeman's Mission is, "to improve the health of the communities we serve through contemporary, innovative, quality healthcare solutions."

Freeman's Vision is, "to be the leading provider of patient-centered, physician-directed healthcare in an environment of compassion and trust, supported by dedicated employees with a desire to provide excellence in care and service."

The health system is composed of Freeman Hospital West, Freeman Hospital East, Freeman Neosho Hospital, and Ozark Center, the behavioral health division. As the only locally owned, not-for-profit health system in the area, Freeman focuses on meeting the health and wellness needs of those served as well as the needs of future generations. Freeman caregivers, leadership and board of directors play an active role in identifying the health needs of the region.

Since its founding in 1922, Freeman has grown to become one of the area's largest employers and one of the community's best corporate partners. Continually looking for new and exciting ways to reach and strengthen the community through wellness education and outreach, Freeman offers a variety of services that extend outside of the walls of the hospital. Each year, Freeman employees take part in numerous initiatives supporting the local community, as a number of organizations benefit from the generosity and compassion of the Freeman Team.

The health system includes a staff of nearly 300 doctors, three hospitals, specialty clinics, a heart and vascular institute, a cancer institute, a neurospine center, a comprehensive behavioral health center, a thriving auxiliary and more. Freeman has delivered life-saving and life-changing healthcare to the four-state area for the past 90 years.

1. Executive Summary

To better understand the health status, behaviors and needs of the populations they serve, 10 stakeholder organizations serving patients in Missouri, Kansas, Oklahoma and Arkansas came together in first quarter 2015 to collaborate on a Community Health Needs Assessment (CHNA).

Table 1-1: Ozarks Health Commission Stakeholders

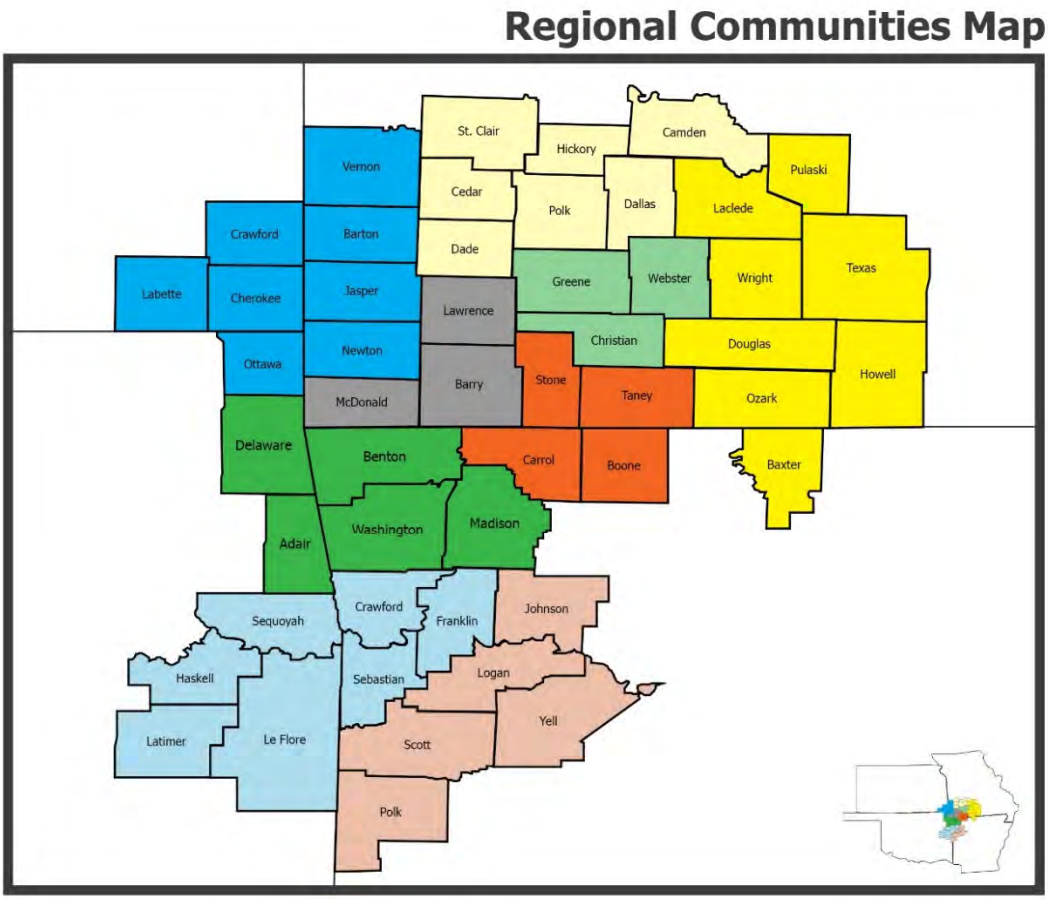
Organization	Category	Service Area	Organization Type
Burrell Behavioral Health	Nonprofit	MO	Outpatient behavioral health
Citizens Memorial Healthcare	Nonprofit	MO	Hospital system
CoxHealth	Nonprofit	MO	Hospital system
Freeman Health System	Nonprofit	MO, KS, OK	Health system
Jasper County Health Dept.	Local Govt	MO	Health department
Joplin Health Dept.	Local Govt	MO	Health department
Mercy	Nonprofit	MO, KS, OK, AR	Health system
Polk County Health Dept.	Local Govt	MO	Health department
Springfield-Greene County Health Dept.	Local Govt	MO	Health department
Taney County Health Dept.	Local Govt	MO	Health department

Forming the Ozarks Health Commission, the partners agreed on the value of using a systematic, data-driven process to inform decisions and guide efforts to improve community health and wellness on a regional level. This large, concerted approach leverages organizational strengths and strategies to align knowledge and direction regarding significant population health concerns.

The resulting Community Health Needs Assessment provides all organizations in this broad region working to improve health with an up-to-date picture with which to strategically address community health concerns in their service areas.

The Ozarks Health Commission Region was divided into nine Communities named after the largest urban centers in each area: Bolivar, Booneville, Branson, Fort Smith, Joplin, Lebanon, Monett, Rogers and Springfield, which are reflected in Figure 1-1, below.

Figure 1-1: Ozarks Health Commission Region and Communities



Community Name	Community Color	Population	Land Area Rank
Rogers Community		532,979	4
Springfield Community		401,235	8
Joplin Community		321,884	3
Fort Smith Community		321,835	2
Lebanon Community		237,949	1
Bolivar Community		150,662	5
Branson Community		150,076	7
Booneville Community		101,177	6
Monett Community		96,315	9

Within the Ozarks Health Commission Region, the Joplin Community is comprised of eight counties spanning three states:

Kansas:	Cherokee, Crawford, and Labette Counties
Oklahoma:	Ottawa County
Missouri:	Barton, Jasper, Newton, and Vernon Counties

The total population of these counties is 321,884, with the Joplin-Miami, MO-OK Metropolitan Statistical area accounting for 65 percent of those residents. The MSA consists of Jasper and Newton Counties, with Ottawa County having been officially added in April 2013. The remaining Joplin Community geographical area is made up of rural communities of fewer than 20,000 residents.

Priority Health Needs Identified

After careful analysis of the Joplin Community health needs data, multiple health needs were identified and five top priority health needs emerged:

- **Cardiovascular Disease**
- **Lung Disease**
- **Mental Health**
- **Diabetes**
- **Cancer**

Common Themes

In addition to the specific conditions that were identified as priority health needs, several themes emerged as a result of data and feedback collection from a variety of sources, including a public survey, partner agency survey, secondary data collection and analysis, focus groups targeting underserved, chronically ill and low-income populations in each community, and emergency department data from hospital partners. These themes represent complex health risk behaviors and social determinants of health:

- **Access to healthcare**
- **Physical Activity & Nutrition**
- **Tobacco Use**
- **Healthcare Workforce Shortages**
- **Social Determinants of Health**

2. Joplin Community Defined

A. Geography and population

Joplin, MO

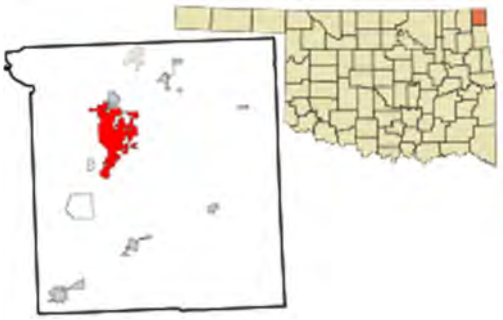
Straddling the border of Jasper and Newton Counties, Joplin is a commercial, medical and cultural hub. The city offers quality of life amenities rare in a city of 50,150, providing services for a daytime population estimated at 250,000. Located just seven miles from the Kansas border, 10 miles from the Oklahoma border and 50 miles from Arkansas, Joplin attracts thousands of daily visitors who work, shop and enjoy the many attractions the city offers. A diverse and brisk economy supports the needs of industry in the rapidly growing region. A highly diversified manufacturing base provides almost 23 percent of the jobs in the Joplin area. As a regional provider of medical services, Joplin employs more than 5,000 people in health care. The trucking industry represents another major employer, since Joplin is considered the "Crossroads of America." Joplin is home to two 4-year colleges, Missouri Southern State University and Ozark Christian College. In 2017, the Kansas City University School of Medicine will open its doors to the first class of medical students. Points of interest in Joplin include the Joplin Outlaws Minor League Baseball team, Spiva Center for the Arts, Wildcat Glades & Audubon Center, Route 66 attractions, Joplin Museum Complex, Schifferdecker Aquatic Park, and Webb City Farmer's Market.

Neosho, MO

With a population of 11,835, Neosho is largest city in Newton County and serves as the county seat. It is part of the Joplin, Missouri Metropolitan Statistical Area. Nicknamed "City of Springs", Neosho has long served as an agricultural center and, since 1888, is home of the Neosho National Fish Hatchery, the oldest in the National Fish Hatchery System. Neosho's early commercial development was dominated by lead and zinc mining and Newton County established one of Missouri's earliest commercial operations. Today, through a combination of private investment and public resources, numerous restoration and revitalization projects have been undertaken in the historic city center

to restore its architectural quality, upgrade the infrastructure, and improve the quality of life.

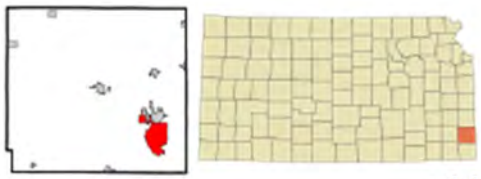
Miami, OK



The county seat of Ottawa County, Miami joined the Joplin MSA in April 2013. The city's population of 13,570 includes representation of several Native American tribes: Miami Tribe of Oklahoma, Modoc Tribe of Oklahoma, Ottawa Tribe of Oklahoma, Peoria Tribe of Indians and Shawnee Tribe. Northeastern Oklahoma Agricultural and Mechanical College (NEO), a two-year technical college is located in Miami, and is recognized nationally for its intercollegiate athletic programs and livestock judging team. Attractions near Miami include the beautifully restored Coleman Theatre, Route 66 Vintage Iron Motorcycle Museum, the Dobson Museum and Historical Society, and Mickey Mantle's boyhood home.

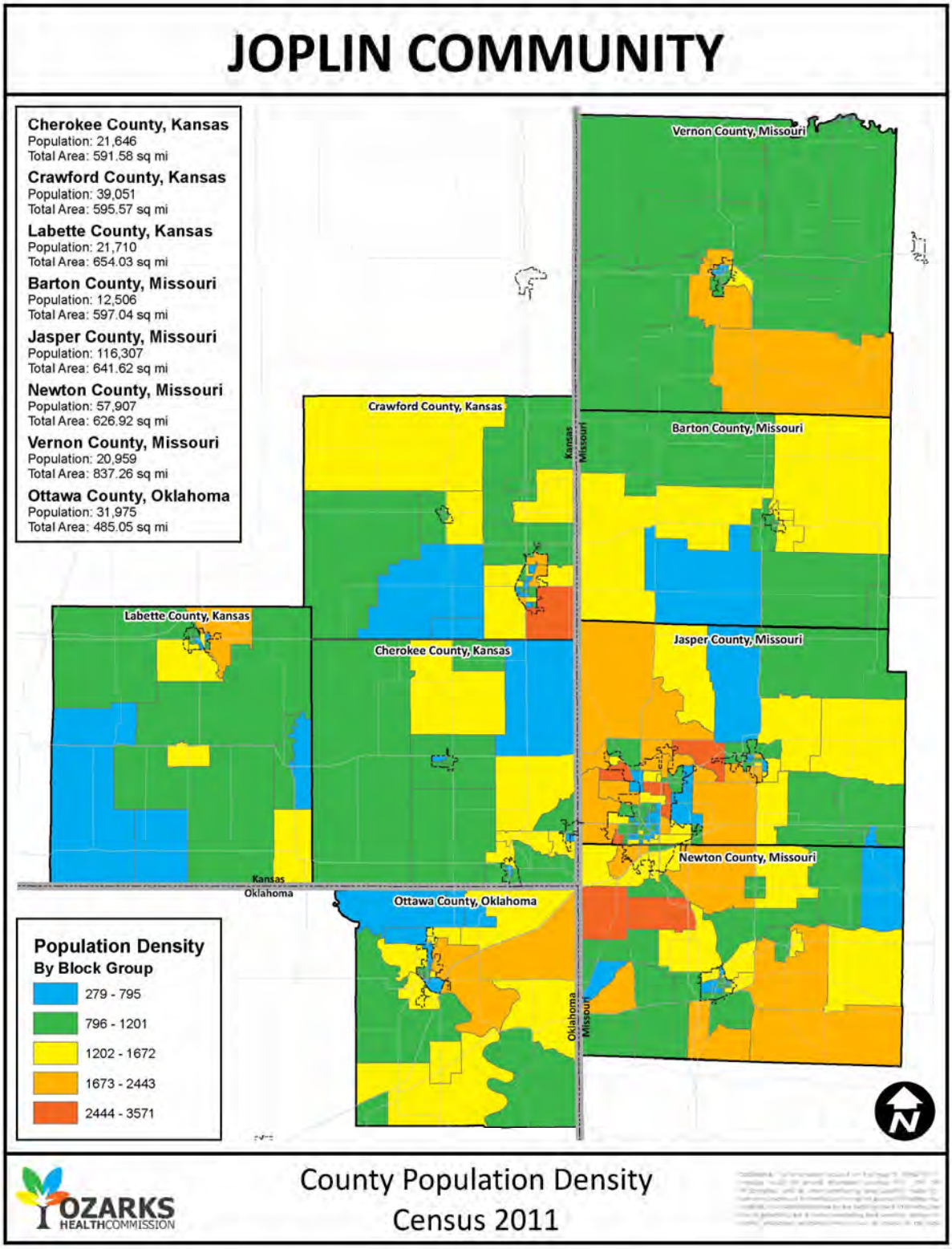
Pittsburg, KS

A city of 19,250 residents, Pittsburg was founded on manufacturing. These beginnings have grown into a highly diversified manufacturing, service and retail base. With more than 3,500 industrial workers, the area's 41 manufacturing companies make durable and soft goods such as Food processing products, printing, sportswear, machine shop products, screen printing equipment, aerospace batteries, animal and pet foods, plastic and clay pipe, custom photography enhancement, and food products. Pittsburg State University's 223-acre campus is also the home of the $30 million Kansas Technology Center, a state-of-the-art technology program in the largest academic building in Kansas. In 2014, the university opened the Bicknell Family Center for the Arts, a performance facility that houses a 250-seat theater, a 2,000-square-foot art gallery, grand lobby, reception hall, and multi-use rehearsal space for large musical groups. Points of interest include Crawford County Historical Museum, Miners' Memorial & Immigrant Park, Pittsburg Aquatic Center and Kiddieland Amusement Park.



As illustrated in the map below, the eight-county Joplin Community has a largely rural geographic footprint, with population densities ranging from 279 to 3,571 people per census block group.

Figure 2-1: Joplin Community Population Density



B. Demographic Description

Demographic Characteristics

	Total population	Per-capita income	High school graduation rate
Joplin Region	322,664	$ 20,923	86.50%
Cherokee County, KS	21,361	$ 19,579	87.40%
Crawford County, KS	39,182	$ 20,974	87.65%
Labette County, KS	21,369	$ 22,394	92.73%
Barton County, MO	12,378	$ 20,678	91.81%
Jasper County, MO	116,803	$ 21,124	84.65%
Newton County, MO	58,552	$ 22,340	92.75%
Vernon County, MO	20,990	$ 19,733	91.81%
Ottawa County, OK	32,029	$ 18,331	84.65%
Kansas	2,868,107	$ 26,928	86.99%
Missouri	6,007,182	$ 25,649	83.16%
Oklahoma	3,785,742	$ 24,208	no data
US	311,536,591	$ 28,194	82.67%

Population by Gender

	Male	% Male	Female	% Female	Male Population Change (2000-2010)	Female Population Change (2000-2010)
Joplin Region	158,744	49.20%	163,820	50.80%	6.37%	4.15%
Cherokee County, KS	10,618	49.71%	10,743	50.29%	-2.03%	-6.69%
Crawford County, KS	19,584	49.98%	19,598	50.02%	4.22%	0.54%
Labette County, KS	10,676	49.96%	10,693	50.04%	-4.18%	-6.52%
Barton County, MO	6,114	49.39%	6,264	50.61%	-0.49%	-1.76%
Jasper County, MO	57,015	48.81%	59,787	51.19%	12.86%	11.48%
Newton County, MO	28,917	49.39%	29,635	50.61%	12.00%	8.78%
Vernon County, MO	10,125	48.24%	10,865	51.76%	3.91%	3.02%
Ottawa County, OK	15,694	49.00%	16,335	51.00%	-3.54%	-4.52%
Kansas	1,425,049	49.69%	1,443,058	50.31%	6.54%	5.72%
Missouri	2,941,951	48.97%	3,065,231	51.03%	7.84%	6.28%
Oklahoma	1,873,875	49.50%	1,911,867	50.50%	9.50%	7.96%
US	153,247,408	49.19%	158,289,183	50.81%	9.24%	8.80%

Population by Age (Percent)

	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Joplin Region	6.03%	18.01%	10.30%	12.25%	11.91%	13.47%	12.06%	15.17%
Cherokee County, KS	6.19%	18.74%	7.28%	10.82%	12.23%	15.16%	13.01%	16.56%
Crawford County, KS	6.09%	15.87%	17.29%	12.97%	10.79%	12.03%	10.92%	14.16%
Labette County, KS	6.22%	17.79%	9.20%	10.86%	11.10%	14.69%	13.06%	17.09%
Barton County, MO	6.51%	19.22%	7.06%	11.33%	10.89%	14.45%	12.89%	17.73%
Jasper County, MO	7.52%	18.15%	10.24%	13.82%	12.50%	13.01%	11.43%	13.32%
Newton County, MO	6.54%	18.60%	8.99%	10.95%	12.39%	13.99%	12.58%	16.10%
Vernon County, MO	6.53%	18.72%	8.36%	11.03%	11.21%	14.29%	13.28%	16.59%
Ottawa County, OK	6.87%	17.74%	9.94%	11.12%	11.58%	13.04%	12.42%	17.29%
Kansas	7.07%	18.20%	10.23%	13.30%	12.07%	13.74%	11.93%	13.47%
Missouri	6.30%	17.15%	9.85%	13.05%	12.34%	14.47%	12.42%	14.38%
Oklahoma	6.98%	17.73%	10.15%	13.35%	12.22%	13.56%	11.94%	13.78%
US	6.94%	17.28%	9.97%	13.39%	13.12%	14.26%	12.08%	13.43%

Population by Race Alone (Percent)

	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Joplin Region	89.28%	1.55%	0.99%	3.07%	0.35%	1.01%	3.79%
Cherokee County, KS	90.95%	0.44%	0.38%	4.12%	0.05%	0.07%	3.99%
Crawford County, KS	92.12%	2.78%	1.39%	0.72%	0.06%	0.61%	2.88%
Labette County, KS	88.15%	3.73%	0.38%	1.19%	0.02%	0.52%	6.02%
Barton County, MO	94.41%	0.15%	1.28%	0.95%	0.00%	1.62%	1.60%
Jasper County, MO	90.98%	2.01%	0.88%	1.35%	0.26%	1.41%	3.11%
Newton County, MO	90.74%	0.90%	1.43%	2.53%	0.92%	0.90%	2.59%
Vernon County, MO	96.54%	0.72%	0.63%	0.37%	0.02%	0.15%	1.58%
Ottawa County, OK	69.50%	0.76%	0.65%	16.34%	0.85%	1.57%	10.33%
Kansas	85.40%	5.73%	2.45%	0.84%	0.07%	2.29%	3.22%
Missouri	82.98%	11.51%	1.65%	0.38%	0.10%	1.07%	2.32%
Oklahoma	73.53%	7.22%	1.80%	7.04%	0.11%	2.53%	7.77%
US	74.02%	12.57%	4.69%	0.82%	0.17%	4.73%	2.80%

Percent Population Change by Race (2000-2010)

	White	Black	American Indian / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Other Race	Multiple Race
Joplin Region	1.56%	21.66%	12.26%	73.48%	291.30%	113.25%	41.12%
Cherokee County, KS	-6.44%	-15.11%	12.16%	25.49%	712.50%	0.00%	30.23%
Crawford County, KS	0.03%	12.30%	-1.94%	12.00%	132.35%	72.58%	64.26%
Labette County, KS	-6.68%	-5.26%	4.94%	5.48%	66.67%	-44.16%	47.97%
Barton County, MO	-3.03%	30.56%	3654.00%	-17.14%	-66.67%	405.88%	69.06%
Jasper County, MO	6.89%	46.16%	28.10%	60.52%	330.88%	169.98%	59.34%
Newton County, MO	5.75%	40.38%	13.96%	355.62%	249.66%	130.73%	54.05%
Vernon County, MO	2.87%	-18.40%	-4.32%	65.08%	14.29%	36.51%	51.28%
Ottawa County, OK	-10.73%	27.60%	9.46%	62.89%	564.44%	48.24%	7.20%
Kansas	3.33%	8.86%	12.89%	44.77%	70.45%	21.39%	52.10%
Missouri	4.44%	10.17%	9.17%	59.24%	97.01%	75.27%	51.82%
Oklahoma	2.98%	6.39%	17.73%	39.15%	84.19%	86.26%	41.89%
US	4.89%	15.27%	21.65%	43.27%	47.12%	24.03%	32.18%

Population by Ethnicity Alone

	Total Population	Hispanic or Latino Population	Percent Population Hispanic or Latino	Non-Hispanic Population	Percent Population Non-Hispanic	Hispanic Population Change (2000-2010, Percent)	Non-Hispanic Population Change (2000-2010, Percent)
Joplin Region	322,664	16,230	5.03%	306,434	94.97%	95.77%	2.81%
Cherokee County, KS	21,361	446	2.09%	20,915	97.91%	45.70%	-5.09%
Crawford County, KS	39,182	1,851	4.72%	37,331	95.28%	93.63%	0.11%
Labette County, KS	21,369	887	4.15%	20,482	95.85%	25.00%	-6.34%
Barton County, MO	12,378	259	2.09%	12,119	97.91%	94.12%	-2.02%
Jasper County, MO	116,803	8,196	7.02%	108,607	92.98%	122.05%	8.22%
Newton County, MO	58,552	2,688	4.59%	55,864	95.41%	121.19%	7.93%
Vernon County, MO	20,990	366	1.74%	20,624	98.26%	95.35%	2.67%
Ottawa County, OK	32,029	1,537	4.80%	30,492	95.20%	41.28%	-5.54%
Kansas	2,868,107	308,122	10.74%	2,559,985	89.26%	59.38%	2.12%
Missouri	6,007,102	219,705	3.66%	5,707,477	96.34%	79.16%	5.47%
Oklahoma	3,785,742	345,139	9.12%	3,440,603	90.88%	85.16%	4.15%
US	311,536,606	51,786,592	16.62%	259,750,000	83.38%	42.70%	4.09%

Families with Children

	Total Households	Total Family Households	Families with Children (Under Age 18)	Families with Children (Under Age 18), Percent of Total Households
Joplin Region	124,101	83,191	39,998	32.23%
Cherokee County, KS	7,936	5,518	2,346	29.56%
Crawford County, KS	15,370	9,244	4,321	28.11%
Labette County, KS	8,703	5,732	2,727	31.33%
Barton County, MO	5,065	3,650	1,607	31.73%
Jasper County, MO	44,849	29,832	15,623	34.83%
Newton County, MO	22,045	15,801	7,156	32.46%
Vernon County, MO	7,999	5,298	2,276	28.45%
Ottawa County, OK	12,134	8,376	3,942	32.49%
Kansas	1,110,440	729,607	362,197	32.62%
Missouri	2,360,131	1,540,854	731,384	30.99%
Oklahoma	1,444,081	961,468	473,173	32.77%
US	115,610,216	76,744,300	37,741,108	32.65%

Children Eligible for Free/Reduced Price Lunch

	Total Students	Number Free / Reduced Price Lunch Eligible	Percent Free / Reduced Price Lunch Eligible
Joplin Region	54,533	31,427	57.80%
Cherokee County, KS	3,886	2,403	61.84%
Crawford County, KS	5,881	3,451	58.69%
Labette County, KS	3,682	2,323	63.09%
Barton County, MO	2,010	1,138	56.62%
Jasper County, MO	20,209	10,697	52.93%
Newton County, MO	9,488	5,349	56.38%
Vernon County, MO	3,232	1,691	51.31%
Ottawa County, OK	6,095	4,506	73.93%
Kansas	473,607	233,322	49.61%
Missouri	913,399	408,726	45.49%
Oklahoma	673,211	410,378	61.67%
US	49,936,798	25,815,957	51.70%

Uninsured Children

	Total Population Under Age 19	Population with Medical Insurance	Percent Population with Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Joplin Region	81,641	74,266	90.97%	7,377	9.04%
Cherokee County, KS	5,400	5,018	92.9%	383	7.1%
Crawford County, KS	8,964	8,264	92.2%	700	7.8%
Labette County, KS	5,200	4,905	93.3%	355	6.7%
Barton County, MO	3,238	2,949	91.1%	289	8.9%
Jasper County, MO	30,255	27,497	90.9%	2,758	9.1%
Newton County, MO	15,145	13,661	90.2%	1,484	9.8%
Vernon County, MO	5,113	4,589	89.7%	524	10.3%
Ottawa County, OK	8,296	7,382	89.3%	891	10.7%
Kansas	746,446	693,682	92.93%	52,764	7.07%
Missouri	1,444,067	1,337,602	92.63%	106,464	7.37%
Oklahoma	972,807	868,652	89.29%	104,155	10.71%
US	79,498,844	70,705,385	92.40%	5,705,259	7.54%

Uninsured Population

	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Joplin Region	318,518	53,105	16.70%
Cherokee County, KS	21,130	3,276	15.50%
Crawford County, KS	38,493	6,294	16.17%
Labette County, KS	20,970	2,815	13.42%
Barton County, MO	12,280	1,464	11.91%
Jasper County, MO	115,728	19,786	17.10%
Newton County, MO	57,843	9,493	16.40%
Vernon County, MO	20,472	3,645	17.80%
Ottawa County, OK	31,593	6,487	20.53%
Kansas	2,808,883	357,785	12.74%
Missouri	5,892,726	776,915	13.18%
Oklahoma	3,702,515	679,478	18.35%
US	306,440,400	45,309,008	14.87%

C. Social Determinants of Health

The interconnectedness of health, education, economic viability, housing and quality of life impact an individual, family and community's ability to thrive. These are known as the social determinants of health. Throughout the world, throughout our country and in our own communities and neighborhoods, factors exist that affect the ability of people, families and communities to live a life that provides the best opportunity to be healthy. Health, as defined by the World Health Organization, can be considered a state of physical, mental and social well-being and not merely the absence of disease or infirmity. In considering the interconnectedness of the multitude of factors that can and do affect health for people, social determinants of health are often described. The Institute of Medicine suggests the following description for social determinants of health:

> *Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place."[i] In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.*

Improvements in population health may be achieved by assessing, understanding and addressing root causes of poor health which can often be traced to include the social determinants of health. This assessment analyzed the following social determinants of health:

- Unemployment
- Income level
- Poverty rate
- Population receiving SNAP benefits
- Population on Medicaid
- Free and reduced lunch rate
- Education level

Although there are other factors that affect health, these are some of the most widely used and accepted indicators of determining the health of a person. There are relationships that exist between social determinants of health and a person that can aid in achieving a better understanding of barriers and challenges to health. Achieving a state of health and desired quality of life requires economic stability, social and community connection, safe living arrangements, access to quality and appropriate health care, and much more. Just like many aspects of life that deal with resource availability, a good state of health is often associated with more readily available

resources. The irony of this situation is that poor health or a lack of health affects each and every one of us by way of personal associations, community health achievement which ultimately affects our individual and community ability to thrive. Employers struggle with recruiting and retaining individuals to work decent waged jobs because potential employees struggle with unreliable transportation, health concerns caused by poor living conditions or lack of access to healthy foods. Communities struggle to attract businesses that pay good wages and offer good jobs because employers do not want to reside in a place where the population is burdened by higher than average prevalence of poor health indicators such as high tobacco rates, high rates of obesity, heart and lung diseases. Businesses are attracted to communities where neighborhoods thrive, educational attainment is high, employees are healthy and thriving and not a threat to the bottom line due to high health care costs due to preventable illness.

The Southwest Missouri region which has been analyzed and reported about here struggles with a number of the indicators used to describe social determinants of health when compared to national data, including households living in poverty, families eligible for free and reduced lunch, low educational attainment, and low wages. Social determinants of health tell us a story about the way that people live and how they live affects their own life but also our community.

[i] https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health#five

3. Assessment Process

A. Collaborative Approach

The Ozarks Health Commission—a first-time collaboration of this size in the region spanning four states, 50 counties and four hospital systems—aims to use a systematic, data-driven Community Health Needs Assessment to inform decisions and guide efforts to improve community health and wellness.

Representatives from anchor health care organizations began discussion an approach for a regional CHNA in early 2015, under the leadership of the Springfield-Greene County Health Department in Springfield, Missouri. Named the Ozarks Health Commission (OHC), the network included representation from hospitals, behavioral health providers, and local public health agencies. A Steering Committee was formed, and bi-weekly meetings have been continually held to advance the work. The Ozarks Health Commission has worked through the Steering Committee and several subcommittees to unify data collection, media relations, community collaborative engagement, and patient and stakeholder engagement.

B. Secondary Data Collection

The OHC Secondary Data Committee used several strategies to collect and stratify data. An initial secondary data process identified, collected and compared 170 health and social indicators. These secondary data indicators were collected for all 50 counties, from multiple sources. Many indicators were collected using the Community Commons Health Needs Assessment for the Ozarks Health Commission Region and the Joplin Community (see Appendices A and B)[i] but additional sources included County Health Rankings[ii] and the Centers for Disease Control (CDC). Indicators unavailable for all participating counties were not included in the final dataset. County level data were combined into nine Communities and the nine Communities were combined to form the 50-county Region.

Once the indicators were aggregated, county-level data was reviewed to determine strengths, weaknesses and disparities of each indicator. Region and Community indicators were compared against nine Communities, the OHC Region, state, and national levels, as well as to national recognized goals such as Healthy People 2020. Indicators were also compared across the nine Communities.

Upon reviewing indicators, the team determined region-wide priority indicators and examined trend data for these indicators.

The committee then reviewed 42 core assessment indicators recommended by the Center for Disease Control (CDC). After this review, the group determined indicators related to past CHNA priorities. Finally the team reviewed remaining indicators as deemed appropriate.

This analysis was intended to be preliminary and did not examine indicators on a geography small than Community, nor possible causes of indicator status beyond what is presented in the data. This further or deeper analysis will be the responsibility of individual Communities.

To further narrow the focus of this data set, the committee extracted indicators that performed more poorly than those of the region or nation. This was performed for the region (compared only to national rates) and each of the nine Communities. These lists varied from 40–50 indicators, and represented health indicators of concern. To generate the list of health issues, the committee used the health indicators of concern. The committee began with the list for the Region, to identify associated indicators to create groupings of indicators. For example, elevated blood pressure and elevated cholesterol levels were part of a group of indicators that was termed “Heart Health.” If relevant, an indicator could be used in multiple groupings. For instance, tobacco use was used in both cardiovascular disease and cancer.

Health needs were identified through secondary data indicators that were higher for the geographic area of interest (either Region or Community) than the Region, state, and/or nation. In addition, the list of poor-performing metrics for each Community was examined to determine whether additional Health Issues were present; this process did not present any additional Health Issues.

The indicators were then grouped into seven Identified Health Needs:

- Cancer
- Cardiovascular disease
- Diabetes
- Maternal/child health
- Mental health
- Oral health
- Lung disease

B1. Ranking Methodology

The seven Health Needs were then ranked within each Community to determine their relative priority. Each Health Need was evaluated on four criteria with a base score from one (1) to four (4). Further information on the criteria and the scoring system is provided below.

Communities then used this information to guide the health prioritization process. When a well-established formal or informal community collaborative addressing health was present, the Ozarks Health Commission asked for its completion of the ranking tool. When collaboration was not present or unknown, the Secondary Data Committee completed the tool with the information available.

B2. Analytical Methods

OHC stakeholders used information from Kaiser Permanente and National Association of County and City Health Officials (NACCHO) to guide a modified Hanlon Method analysis. This process modified the prioritization matrix to more closely work within the data and communities within the region. This process did not include the Hanlon Method PEARL test, due to the limited wide-spread participation from all Communities within the Region. It is recommended that the Hanlon Method is used if possible in future assessments.

Prevalence: Evaluating how common the health issue is in a population, also commonly known as morbidity. Typically it is represented as a percentage of the population with the Health Issue. For Health Issues without available prevalence data, the incidence rate was used. Multiple indicators are nested within the health issue groupings. For the ranking process, the committee selected the indicator that best fit the health issue in order to use a single indicator, rather than developing a separate rating and prioritization process for including multiple indicators.

Table 3-1: Health Issue Indicators

Health Issue	Indicator
Maternal Child	Prevalence- teenage pregnancy
	Mortality- infant mortality
Mental Health	Prevalence- depression
	Mortality- Suicide
Cardiovascular Disease	Prevalence- Heart disease diagnosis
	Mortality- Heart disease mortality
Lung Disease	Prevalence- Asthma
	Mortality- Lung disease mortality

Diabetes	Prevalence- Diabetes prevalence
	Mortality- not available
Cancer	Prevalence- Incidence for combined cancers
	Mortality- Cancer mortality
Oral Health	Prevalence- Poor oral health
	Mortality- Not available

Table 3-2: Ranking by Prevalence / Incidence

Score	Prevalence	Incidence (per 100,000)
4	>10%	>500
3	1% - 9.9%	250-499
2	0.1% - 0.9%	100-249
1	<0.1%	<100

Prevalence Comparison to National Rate: In addition to knowing the overall prevalence or incidence of a Health Issue in a Community, comparing Health Issues to the nation provides additional information on whether a Health Issue should be prioritized. Percent difference [(Community rate – national rate)/national rate] is used to understand how Community rates differ from the national rates. Applying percent difference instead of simply relying on the difference between Community and national rates provides more consistent and accurate comparisons across categories.

Table 3-3: Prevalence Ranking

Score	Severity / Seriousness
4	>25% higher than national rates
3	11% - 24% higher than national rates
2	1% - 10% higher than national rates
1	<= national rates

Mortality: evaluating the long-term impact of a Health Issue to a Community is represented by death rates (mortality). As with prevalence, the best fit indicator was selected to rank the Health Issue, rather than using multiple indicators. To illustrate, heart disease is commonly a top two cause of death and would therefore receive a score of 4, where an issue such as suicide may be the fifth leading cause of death and would therefore receive a score of 2.

Table 3-4: Mortality Ranking

Score	Severity/Seriousness
4	Uses the geographic areas top causes for death and provides categorical ranking. The 2 issues with the highest mortality rate.
3	Mortality rates that rank 3 – 4.
2	Mortality rates that rank 5 – 6.
1	Mortality rates that rank 7 and below or data is not available.

Mortality Comparison to National Rate: In addition to knowing the mortality rate in a Community, comparing the rate to the nation provides information on whether a Health Issue should be prioritized. Percent difference [(Community rate – national rate)/national rate] is used to understand how the community rates differ from the national rates. Applying percent difference instead of simply relying on the difference between community and national rates provides more consistent and accurate comparisons across categories.

Table 3-5: National Mortality Ranking

Score	Severity/Seriousness
4	>25% higher than national rates
3	11% - 24% higher than national rates
2	1% - 10% higher than national rates
1	<= national rates

Feasibility to Change the Issue: Evaluating both the simplicity of the issue and the control a Community has over the issue, generated a feasibility score. Issues with a clear, evidence-based approach to improvement and those which can be solved through one issue are viewed as more feasible to change, whereas those that are multi-faceted or with no clear approach to change are viewed as less feasible. Issues that can be addressed at a local level are viewed to be more feasible to change, whereas issues that are not controlled by the community are viewed as less feasible to change. To further illustrate, access to care is largely impacted by whether or not a community has expanded Medicaid, which is not feasible for an individual community to change. Feasibility to Change the Issue and Community Readiness to Change are used for a broad and inclusive examination of the Health Issue in the Community.

Table 3-6: Feasibility Ranking

Score	Feasibility to Change
4	High Feasibility: Single issue and high level of control within the community; Implementation plans are easier
3	Moderate Feasibility: Multi-faceted issue and high level of control within the community;
2	Limited Feasibility: Single issue and low level of control within the community;
1	Low Feasibility: Multi-faceted issue and low level of control within the community; Implementation plans are challenging

Community Readiness to Change*:* Evaluating both the community and organizational readiness to change led to this score. A community with collaborative efforts already underway is more likely to adopt health priorities and impact change. Organizations that have efforts or funding already in place to address an issue are more ready to impact change. Priority was placed on existing community collaboration as this component of change can take longer and be more challenging to put into place that an organizational focus.

Table 3-7: Community Readiness Ranking

Score	Community Readiness to Change
4	Both community collaboration and organization focus on the issue are in place.
3	A community collaborative is in place, but there is no specific organizational focus on the issue.
2	One or more organizations have specific focus or projects to address the issue, but efforts are not coordinated.
1	There are no community collaborative efforts or organizational efforts in place.

Significant Funding: When organizations or collaborations within a community have designated funding, they are able to take steps to improve Health Issues. Significant funding is to be determined by each Community separately, and in communities where there is no consensus or the information is not available, the default value $250,000 is used. For the ranking and scoring, significant funding was used only to inform the prioritization process and does not provide a value to the total score.

Focus Group Emergent Themes: As a part of the CHNA, each Community conducted a focus group to provide more information about the impact of Health Issues on the lives of participants. These provided additional information and insight to Communities for implementation plan development. Just as with significant funding, the focus groups' emergent themes are included in the ranking to provide information but do not provide a value to the total score.

C. Primary Data Collection

Three types of primary data informed the Community Health Needs Assessments: surveys, focus groups, and hospital patient data.

C1. Regional Survey

As a part of the Regional Health Assessment process, an individual and organization survey was conducted. The primary purpose of the survey was not to heavily influence the priority determination within the assessment process, but was instead a tool to accomplish three things:

1) determine the line of questioning that would be implemented in focus groups
2) "take the temperature" of the community to help provide feedback as individual communities determine health priorities
3) pilot the process for use in future assessments

To this end, the survey was a success, providing useful information for all three goals. With that in mind, the focus of this report is to provide the methodology used in the survey and provide some of the key findings that can help inform decision-makers as to the region's perceptions of health issues.

Methods

To develop the survey, a Survey Subcommittee was formed comprised of individuals from health care, public health and academia. The committee met regularly over a

two-month period to develop the survey. As the goals were determined, the committee decided that although the survey could provide useful information, a full-scale scientific process including question validation would not be used. With that in mind, the survey committee performed a scan of other community surveys that had been conducted throughout the nation to guide and inform the process. As the committee reviewed other surveys, themes and approaches to guide the questioning emerged-in particular, the focus became to garner feedback from the region on prioritizing the issues that are barriers to improved health. In addition, the committee determined that there was significant value in obtaining perspectives on health from both individuals and organizations that provide services to the community. The result was one survey that had minor adjustments made for the organizational perspective. After the survey was developed, it was approved through the IRB process by staff at Missouri State University and translated into Spanish. What follows is a brief description of the survey. The full survey can be found in the Appendix C of this report.

As is common with many surveys, basic demographic information was collected. On the individual survey, it included: age, gender, race/ethnicity, educational attainment, the presence of children in the home and geography (zip code). On the organizational side, it included: the type and size of organization and geography (county). The survey included three Likert-based matrices. The matrices focused on ability to access care, severity and impact of health issues, and the severity and impact of social issues on the health. A four-point Likert scale was used for one of the questions and the other two used a different five-point Likert scale. Each included options for not having enough information to answer the question and for the question not applying to the respondent. Three ranking questions were focused on placing priorities on health issues, social issues and health improvement opportunities. In one of the questions, respondents were asked to identify the top issue of concern. In the other two, they were asked to rank the top three items. In addition, seven other questions were asked, primarily focusing on their perception of the community (e.g. Is the community a good place to raise children?).

Survey Promotion and Collection

To streamline the data collection, compilation and analysis, Survey Monkey was used, with four potential paths based on two links (English and Spanish) and the first question (Individual or Organization). The announcement of the survey was made through a joint effort of all participating partners with a coordinated press release. Individual organizations promoted the completion of the survey through email, networking, social media and promotion at point of service within facilities. Incentives were not offered to participants at any point of survey collection. To maximize the response rate, the

survey was kept open and promoted from August through December 1, 2015. Preliminary results were collected at the beginning of November to inform the line of questioning developed for the focus groups. Final results were then tabulated in December 2015 and January 2016 (see Appendix D).

Survey Limitations

As was stated earlier, this survey was not intended to be a valid instrument that would weigh heavily in the health priority decision-making process. That is the primary limitation of the survey: results can and should be taken at face-value, but can help provide additional information to support or refute other findings from the assessment. For this reason, a full scale evaluation was not completed. In addition, a limitation of the survey that should be addressed if used more formally in future assessments was the limited responses in the entire region. In both the organizational and individual, there were geographic regions (counties and zip codes) that did not have any respondents. Further engagement and participation from throughout the OHC Region is needed.

Survey Responses

The survey had a total of 2,542 responses. Of these responses, 2,521 (99%) were in English and 21 (1%) were in Spanish. There were 1,586 individual responses, which was 62.4% of the total, and 956 organizational responses, representing 37.6% of total responses. Responses for both the organizational (county) and individual (zip code) surveys were generally focused in the more dense populations- Branson, Fort Smith, Joplin, Lebanon, Rogers and Springfield. The following heat maps illustrate the distribution of responses.

Figure 3-1. Individual survey respones, represented by Zip Code

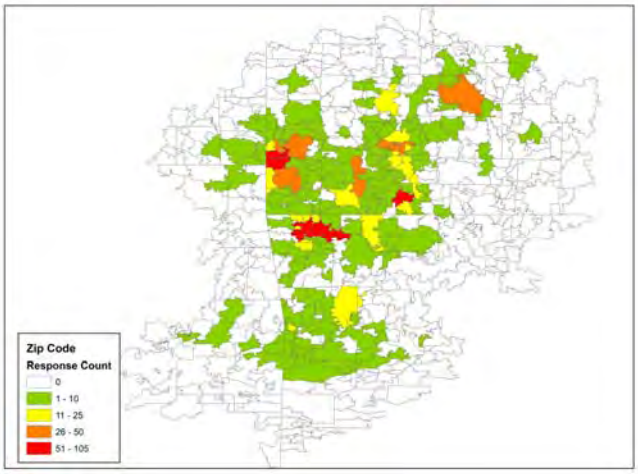
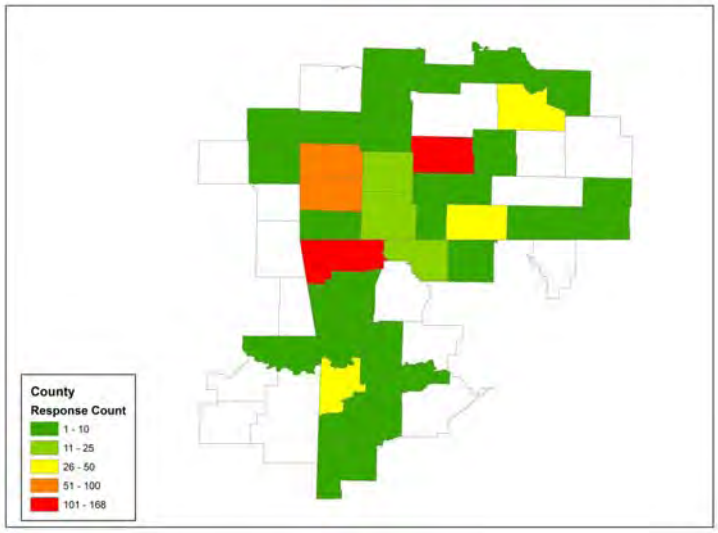


Figure 3-2. Organizational survey respones, represented by County



Organization Survey: Key Findings

Several key findings from the organizational survey are highlighted here. The majority of participating partners (72%) identified themselves as working in health care. In evaluating access to care, the greatest perceived difficulty was accessing behavioral health services (33% had great difficulty access care or were not able to access care), followed closely by dental care (27%). Specialist (18%) and primary care (15%) presented some challenges, with the Emergency Department having limited challenges to access.

Community organizations are most concerned about the impact of the cost of health care, unhealthy lifestyles, and mental health issues for the clients they serve.

With regards to health issues, respondents' top five concerns (rated very serious or serious) were the cost of health (60%), unhealthy lifestyles (54%), mental health (51%), chronic disease (44%) and alcohol and substance abuse (43%). When ranking the top three barriers to improved health, the same three issues arose (out of 500 people that completed the question). The top three barriers, based on total responses, were unhealthy lifestyles (306), cost of health (296) and mental health (207). When examining the single greatest barrier to health, the same three are present, in a slightly different order: cost of health (147), unhealthy lifestyle (116) and mental health (59). The final finding from the organizational survey were the top three social issues of concern: not feeling connected (18%), domestic violence

(20%) and not having adequate housing (27%). Additionally, housing was seen as the number one barrier to health (52% of 405 respondents).

Individual Survey: Key Findings

The individual portion of the survey also provided some interesting findings. First, responses did not align with organizational responses. Of the respondents, 78% were female; 3% identified themselves as Hispanic, 92% identified themselves as white; 36% had children living in the home; and overall the group was highly educated with 54% having a Bachelor's degree or higher, 35% with some college and 11% with a high school diploma or less. In terms of accessing care, only one of the items, primary care, was ranked as high as 10% in having great difficulties or were unable to get the care. Only two issues were above the threshold of 10% when rating health concerns as serious or very serious: chronic disease (10%) and cost of health (24%).

> Inability to access to primary care was ranked as one of the most significant issues by individual respondents, and the top barrier to improved health was not feeling connected.

Of 1,238 responses identifying the top three barriers to improve health, the same three issues rose to the top for both total responses and the number one concern. Cost of health was the number one issue (482 top concern, 843 total responses), followed by unhealthy lifestyles (227, 655) and aging problems (172, 502). When examining the top social issues, none of the items were viewed to be serious or very serious (no item was at or above 5%). However, when asked to rank the top barrier to improved health, not feeling connected received the overwhelming majority of votes with 68% of respondents (629 responses) identifying it as the top barrier.

C2. Focus Groups

The OHC held one focus group in each of the nine Communities included in the commission's Region. The goal of these focus groups was to better understand residents' and partners' perceived connections to health in their Community.

In order to more deeply explore citizens' health and healthcare experiences for the purpose of improving community health, focus group interviews followed the initial closed-ended survey that was electronically administered to citizens throughout the region (described above). Both organizational and individual survey responses helped define and provide direction for focus group question development.

A typical focus group consists of a facilitator, note-taker, and 4-10 participants and is 60-120 minutes in duration. The aim of a focus group is to collect qualitative information (perceptions, opinions, experiences, and details that help explain, for example, closed-ended survey responses). Focus group findings, like all interview findings, are not expected to be generalizable to a larger population; rather, focus group findings are a snapshot of the dynamics of a few people, each with their own perspectives and experiences, at a particular point in time.

After a local facilitator and a local note-taker were identified, they were trained to conduct the Ozarks Health Commission Regional Health Assessment Focus Group Interview. The interview guide contained the following questions:

1. What kinds of health issues or wellness concerns have you – or your family – had, in the last year or two?
2. Tell me a little bit about what you did – or what you tried to do – for this issue or concern.
3. Tell me whether you had an easy or difficult time trying to deal with your issue or concern.
4. What kind of help is available in your community for these kinds of issues and concerns?
5. How comfortable do you feel with those in your community when it comes to your health and wellbeing?
6. What would help you feel connected - or more connected - to health and well-being resources in your community?

Next, participants were recruited for the focus group events. Older adults and women were overrepresented respondents in the initial survey, while Medicaid recipients and those with no health insurance were underrepresented respondents; therefore, we attempted, when recruiting for the focus group interview, to achieve a balanced variety of health and healthcare experiences. Our goal was to compose a focus group of not less than 6 people with the following characteristics:

Age: A maximum of 3 older adults
Gender: A minimum of 2 men
Behavioral Health: a minimum of 2 individuals
Insurance: A minimum of 1 person without insurance A minimum of 1 Medicaid recipient

A maximum of 2 Medicare recipients A maximum of 2 private insurance recipients

Twenty-five individuals in the Joplin area expressed interest in participating in the focus group. Three were too young to participate, as the minimum eligible age was 26 (representative of the maximum age at which individuals can be covered on parent insurance plans). Of the eligible 22 individuals: three were men and 19 were women; 12 were young adults (26-36 years old), nine were middle aged adults (37-64 years old), one was an older adult (65-84 years old); nine had private insurance coverage, four had Medicaid coverage, one had Medicare coverage, eight had no insurance coverage; and eleven had sought behavioral health care services in the past year.

The focus group interview was conducted on November 12 at the Joplin City Health Department, with three participants, all white women with private insurance, in attendance. The characteristics of those in attendance met the focus group composition goals in the behavioral health category but not in the quantity, age, gender and insurance categories.

The first focus group interview question, "What kinds of health issues or wellness concerns have you – or your family – had, in the last year or two?" is an open ended version of a question originally asked on the citizen survey. The survey question asked "How serious have the following issues been for you or your family in the last year?" and the ten answer options were: accidents, aging problems, alcohol and drug abuse, baby health, chronic disease, cost of health care, dental problems, infectious diseases, mental health issues, and unhealthy lifestyles. Focus group participants addressed 4 of the 10 major categories of health issues and wellness concerns listed on the survey. The four categories that participants and their families had dealt with in the past year or two included: **aging related issues, chronic disease, mental health, and unhealthy lifestyles**. The specific aging related issues included: benign prostatic hypertrophy in a participant's grandfather and rheumatoid arthritis in a participant's grandmother. The specific chronic diseases that participants discussed included: various cancers, hypertension, diabetes, obesity, and polio in participants' families, and asthma in one participant. The specific mental health issues included: schizophrenia, attempted suicide, and self-injury in participants' family members; borderline personality disorder, depression, anxiety, and suicidal ideation in some of the participants, themselves. There were two lifestyle-related issues that were directly discussed: refusal to seek health care services in a family member and change of diet for a participant and her family member.

The second focus group interview question asked “Tell me a little bit about what you did – or what you tried to do – for this issue or concern”. All of the participants rely on the internet in order to gather information, particularly for mental health issues and aging-related issues. All of the participants said they consult with friends. Two of the respondents explained that friends are actually co-workers and the nature of that work happens to be health care. (Please see Emergent Themes, below, for further discussion.) In all three cases, the participants used online information and lay consultation to evaluate whether to seek a formal appointment with a physician. Once a decision has been made to see a professional, they ask questions of the providers. One participant’s comments suggest that she accompanies family members to appointments and advocates for them more often than she needs to seek help for herself.

The third focus group interview question, “Tell me whether you had an easy or difficult time trying to deal with your issue or concern” related to a more specific question from the original survey. The survey question asked “In the past 12 months, when you needed the following care, how difficult was it to get appointments with….” and the options were: primary care providers, specialists, emergency services, behavioral health care, and dental care. Focus group participants discussed having **difficulty getting appointments** in only one of the 5 major categories from the survey: **behavioral health care – psychiatry**. (Please see Emergent Themes, below, for further discussion.)

The original survey asked “From the following list pick the biggest thing that keeps you and your family from improving your health”. The options given were: child abuse, crime/public safety, domestic violence, no/poor housing, not feeling connected to others, racism/intolerance. The most frequently selected option was “not feeling connected to others”. This option was also chosen, most often, when the question “What issue, if addressed, could improve community health?” was asked on the survey. Consequently, the last three questions on the focus group interview guide were designed to more deeply explore the nuances of connection. Question 4, “What kind of help is available in your community for these kinds of issues and concerns?” probed participants’ knowledge and awareness, which can be an important element of connection. One participant’s job involved helping patients utilize community resources; therefore, she was more knowledgeable and aware than most.

> Because of my profession, I've been exposed to a lot of community resources....so, *I am* the person someone calls and says, 'hey, I have a friend and they need this, do you know where I should have them call?

Another participant, although rather new in town, emphasized that her workplace was the locus for most, if not all, of her health issues and wellness concerns.

> I don't have much social interaction, really. In a true social setting, I have no idea what to say...who to talk to...I don't function well in a social setting that is not work related.

The remaining participant answered this question in the contexts of mental health and child-rearing. To the former, besides her knowledge of the one psychiatrist in town, she recalled a 6-visit-counselor-benefit through her husband's job. To the latter, she referred to virtual connections via Facebook and "mommy-blogs".

Question 5, "How comfortable do you feel with those in your community when it comes to your health and wellbeing?" probed participants' level of familiarity and trust with family, friends, neighbors, community workers, and health care system professionals, which also can be important elements of connection. One participant's comment suggested that comfort is dependent upon accessibility. Whatever help, support, and information that is accessible is the most comfortable. Another participant, when referring to her depression, addressed the notion of privacy and professionalism. She is careful to not rely on her friends, which happen to be her co-workers, too much because her image as a capable person might be questioned.

> It is not something I do often, because I don't ever want to be in a meeting forum and somebody look at me weird across the table because they know something.

By contrast, another participant states that she is very open with friends and family about her borderline personality disorder.

> Almost all of my close friends know that I'm ill. They don't see it in me....I look like a normal person. But, like, this week I was very sick and I told all my friends. I said "look out! It's coming. I'm sick. Come to my house" (chuckling).

Question 6, "What would help you feel connected - or more connected - to health and well-being resources in your community?" appealed directly to participants' expectations, needs and opinions.

Health and wellness resources should be communicated through every available avenue: newspapers, flyers, magazines, at churches, at doctors' offices, through social media. The stigma of mental illness should disappear. People, especially those who deal with mental illness, should give back, when they are able, by participating in activities like the focus group interview.

Emergent Themes

Mental Health Care Access: All of the participants agreed that timely access to appropriate mental health services is lacking.

> I've been through problems trying to be seen [by a doctor]....so, finally, they made my appointment – then, they called me to change it to a week later. So I went one week later – but they said "you missed it by one day and you will not be seen. If you miss your appointment, you will not be seen, at all."
>
> They make an appointment for someone who is mentally ill and expect that person to be on time and expect their appointment to be perfect. They don't realize how difficult, emotionally, it is to even go into the mental institution to be seen by a psychiatrist. It's *hard* to walk into that building. I'm mentally ill and I waited for over 3 months to see him. *Over... three... months*.
>
> So, I stood there in their office and I said "I'm not leaving. I'm mentally ill. I have to be seen. You're the only place that can see me." I made a stink in front of everyone. I said "I'm sick, I'm unhealthy, I'm not safe and I'm not leaving."

Advantages of Working in a Health Care Setting: Health care professionals are more likely to be more connected to health resources than anyone else in the community. One participant said it was possible that her current health care job increases her access: if not *direct* access to resources, at least access on *how to obtain* them.

> I don't think I have experienced difficulty finding help or resources, personally, but access for mental health issues is a significant problem that doesn't seem to

get better. It's been in every community that I've lived in. Again, I see it occurring as opposed to it happening to me. *I'm* lucky enough to have insurance and a network of providers I can go to...and, *working in health care*, you have a lot of resources that you see every day and you form relationships with physicians and other staff – friend relationships. They can help you get through some of those times.....most people don't have that luxury.

Third-party agents

Lisa Cox Hall, PhD, Assistant Professor of Sociology at Missouri State University, trained focus group moderators and note-takers, and subsequently provided data analysis and interpretation for each group to determine common themes, strengths and disparities within the Region.

C3. Hospital Patient Data

Another primary data source used to evaluate opportunities for greatest impact was patient data culled from the Freeman Health System electronic medical record (Meditech). Ozark Health Collaborative hospital stakeholders agreed that emergency room patient data was a valuable primary data source to be analyzed and compared across Communities as well as the Region.

Freeman Decision Support Department analyzed data for Freeman Neosho Hospital and Freeman Hospital West emergency departments, as presented in Appendix E for the period 10/1/2014 through 9/30/2015, the most recent federal fiscal year available. Highlights of these findings are presented in Table 3-8, below. It is the intention of the stakeholder hospitals of the Ozarks Health Commission to aggregate and analyze patient data to more clearly understand the health disparities of the region's population based on access to care, insurance status, race, ethnicity, sex, age and principal diagnoses.

Table 3-8: ED Patient Visit Characteristics

Metric	Freeman Hospital West	Freeman Neosho Hospital
ED Visits	45,221	15,196
Patients admitted from ED	71%	94%
Counties (zip codes) representing 80% of patient homes	MO: Newton, McDonald	MO: Jasper, Newton, McDonald KS: Cherokee, Crawford OK: Ottawa
Medical Diagnostic Categories (MDC)	Skin, Musculoskeletal, ENT, Digestive, Respiratory,	Musculoskeletal; Digestive; Circulatory, Skin, Respiratory,

representing 80% of patient visits	Circulatory, Kidney/Urinary, Nervous System	ENT, Nervous System, Kidney/Urinary; Mental Diseases
Top 3 MDC for patients ages 0-17	ENT, Skin, Digestive	ENT, Skin, Digestive
Top 3 MDC for patients ages 18-64	Musculoskeletal, Skin, ENT	Musculoskeletal, Digestive, Circulatory
Top 3 MDC for patients ages 65+	Respiratory, Circulatory, Musculoskeletal	Circulatory, Musculoskeletal, Respiratory
ED Patient Visits with Behavioral Health Diagnosis	407 (2.5%)	2,598 (6%)

C4. Community Input

For the Joplin Community, the Identified Health Needs were reviewed and ranked in a special meeting of the Jasper-Newton County Health Collaborative. Representatives of the following agencies participated in determining the Prioritized Health Needs, and specifically addressed the ranking aspects of Feasibility to Change and Community Readiness:

Table 3-9: Joplin Community Stakeholders

	Agency	Stakeholder Type
1	Alliance of Southwest Missouri	Health/social service nonprofit
2	Community Clinic	Health care provider
3	Economic Security Council	Health/social service provider
4	Freeman Health System	Health care system
5	George Washington Carver National Monument	Government entity
6	Individual	Citizen
7	Jasper County Health Department	Local public health agency
8	Joplin City Health Department	Local public health agency
9	Mercy	Health care system
10	Missouri Southern State University	Higher education
11	Newton County Health Department	Local public health agency
12	NAMI Joplin	Behavioral Health provider
13	Ozark Center	Behavioral health provider

C5. Information Gaps

While it is the intention of the Ozarks Health Commission to engage as many health care stakeholders as possible in the CHNA process, for this first collaborative effort, the key organizations centered in the metro areas of Joplin, Springfield and Branson. Rural counties,

which may or may not have a hospital nearby, were under-represented in the surveys, focus groups, and collaborative feedback mechanisms. The large Communities were defined by the service areas of the participating hospitals, and although served by these entities, there are additional medical, dental, and behavioral health facilities that did not provide input about Prioritized Health Needs and Resources to address those needs.

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[i] http://www.communitycommons.org
[ii] http://www.countyhealthrankings.org/

4. Prioritized Health Needs

The top five Prioritized Health Needs for the Joplin Community emerged as follows:

Health Issue	Prevalence	Prevalence Comparison to Nation	Mortality	Mortality Comparison to Nation	Feasibility to Change	Community Readiness	Total Score
Cardiovascular Disease	3	4	4	4	1	4	25
Lung Disease	4	3	3	4	1	2	21
Mental Health	4	3	2	4	3	2	20
Diabetes	4	3	1	1	4	4	19
Cancer	3	1	4	3	3	2	17

5. Resource Inventory

A. Health Care Facilities to Address Health Needs

Access to Care

All eight counties within the Joplin Community are designated Health Professional Shortage Areas (HPSAs) by the Department of Health and Human Services for primary, dental, and behavioral health. As well, significant areas are designated Medically Underserved Areas.

Healthcare Providers

The Joplin Community is served by general acute-care hospitals with specialized centers of excellence, Critical Access Hospitals (CAH), Psychiatric Units, Ambulatory Surgical Centers, Long-Term Care Hospitals, Urgent Care centers, Federally Qualified Health Centers (FQHC), and Rural Health Clinics (RHC) as indicated in Table 5-1.

Table 5-1: Joplin Community: Healthcare Providers[i] [ii] [iii]

Facility	State	Type	City (County)	Specialty Services
Chetopa Community Clinic	KS	RHC	Chetopa (Labette)	
Community Health Center of Southeast Kansas	KS	FQHC	Pittsburg (Crawford); Parsons (Labette); Columbus, Baxter Springs (Cherokee)	
Freeman Surgical Center of Pittsburg	KS	Ambulatory Surgical Center	Pittsburg (Crawford)	
Girard Medical Center	KS	CAH	Girard (Cherokee)	
Girard Medical Center	KS	RHC	Girard (Cherokee)	
Girard Rural Health Clinic	KS	RHC	Girard (Cherokee)	
Labette Health	KS	CAH, Long-Term Care Hospital	Parsons (Labette)	
Labette Health Family Practice Clinic	KS	RHC	Parsons (Labette)	
Mercy Clinic – Columbus	KS	RHC	Columbus (Cherokee)	
Mercy Hospital Columbus	KS	CAH	Columbus (Cherokee)	ED
Oswego Community Clinic	KS	RHC	Oswego (Labette)	
Oswego Community Hospital	KS	RHC	Oswego (Labette)	
Pittsburg Cataract Center	KS	Ambulatory Surgical Center	Pittsburg (Crawford)	
Premier Surgical Institute	KS	Long Term Care	Galena (Cherokee)	
Spring River Medical Clinic	KS	RHC	Riverton (Cherokee)	

St. John's Clinic Oswego Family Medicine	KS	RHC	Oswego (Labette)	
Stateline Surgery Center	KS	Ambulatory Surgical Center	Galena (Cherokee)	
Via Christi Hospital Pittsburg	KS	General Acute Care Hospital, Long-Term Care	Pittsburg (Crawford)	ED
Access Family Care	MO	FQHC	Lamar (Barton); Neosho (Newton); Joplin (Jasper)	Dental
Barton County Memorial Hospital	MO	CAH	Lamar (Barton)	ED
Carthage Pediatrics	MO	RHC	Carthage (Jasper)	
Family Medical Center of Carthage	MO	RHC	Carthage (Jasper)	
Freeman Hospital East	MO	Psychiatric Hospital	Joplin (Newton)	AOA Accredited, Rehab
Freeman Hospital West	MO	General Acute-Care Hospital	Joplin (Newton)	AOA Accredited, Stroke II, Trauma II, Pediatrics, NICU, ICU, OB
Freeman Neighborhood Care	MO	Urgent/Primary Care	Webb City (Jasper)	
Freeman Neosho Hospital	MO	CAH	Neosho (Newton)	ICU, ED
Freeman Neosho Physician Group	MO	RHC	Neosho (Newton)	
Freeman Surgical Center	MO	Ambulatory Surgical Center	Joplin (Newton)	
Freeman Urgent Care	MO	Urgent Care	Joplin (Newton)	
Golden City Clinic	MO	RHC	Golden City (Barton)	
Heartland Behavioral Health Services	MO	Psychiatric Hospital	Nevada (Vernon)	Joint Commission Accredited
Landmark Hospital of Joplin	MO	Long-Term Care	Joplin (Newton)	Accredited
Medical One Clinic	MO	RHC	Lamar (Barton)	
Mercy Carthage Pediatrics	MO	RHC	Carthage (Jasper)	
Mercy Hospital Carthage	MO	CAH	Carthage (Jasper)	ED
Mercy Hospital Joplin	MO	Tertiary-Care Hospital	Joplin (Newton)	Joint Commission Accredited, Trauma II, Pediatrics, NICU, ICU, OB
Mercy Hospital Joplin Neosho	MO	RHC	Neosho (Newton)	
Mercy Physicians for Women's Health	MO	RHC	Carthage (Jasper)	
Mercy Primary Care	MO	RHC	Carthage (Jasper)	
Nevada Medical Clinic	MO	RHC	Nevada (Vernon)	
Nevada Regional Medical Center	MO	General Acute Care Hospital	Nevada (Vernon)	Psych Unit

Nevada Regional Medical Center	MO	RHC	Sheldon (Vernon)
Nevada Regional Medical Center	MO	RHC	Nevada (Vernon)
OCH Jasper County Clinic Carthage	MO	RHC	Carthage (Jasper)
Integris Baptist Regional Health Center	OK	CAH	Miami (Ottawa)

B. Joplin/Neosho Resources to Address Health Needs

Table 5-2: Joplin/Neosho Resources

BASIC NEEDS SUPPORT – FOOD CLOTHING, HOUSING		
Catholic Charities	624-3790	Utility and rent assistance, case management for families at-risk of becoming homeless.
Children's Haven	782-4453 866-594-2836	Safe, free, overnight temporary care for children (0-17) while parents maintain custody and are assisted to access community resources to resolve their family crisis.
Connection House	781-2981	Transitional housing
Crosslines	782-8384	Food pantry, clothing, government commodities, rent/utility assistance
Economic Security	781-0352	Utility/housing supports, case management, homeless services, employment support
Fuller Center for Housing	417-553-5833	Assistance for low-income families for home repairs
God's Resort	385-5871	Faith-based transitional housing for adults
Habitat for Humanity	782-6533	Build homes and provide no-interest loans for qualified families
Housing Authority of Joplin	624-4514	Section 8 housing assistance within Joplin city limits
Jasper County Family Support Division	629-3050	Food Stamps, TANF (emergency financial support), Medicaid
Jasper County Housing Authority (HUD)	781-0352	Section 8 housing assistance for Jasper County
Lafayette House	782-1772	Shelter for women and their children who are victims of domestic violence
Mission Joplin	623-0980	Clothing, food, toiletries, household goods. Families may access once every two months.
Salvation Army's Center of Hope	624-4528	Clothing, daily meals, food supports, homeless services, transitional housing, disaster, and holiday supports
Soul's Harbor	623-4358	Homeless services, emergency housing, meals daily
St. Peter's Outreach House	206-2588	Hot lunch served on Mondays, Wednesdays, Fridays and Sundays 11:00-1:00
St. Vincent de Paul	625-1085	Housing/utility assistance
Watered Gardens	623-6030	Homeless services, meals daily, supports for individuals seeking to end the cycle of homelessness and poverty
WIC	623-1928	Food and formula assistance for qualifying families with children
Alliance of SWMO	782-9899	Case management for families with chidlren0-3, family supports, Missouri re-entry program for ex-offenders to re-enter society successfully
Alternative Opportunities	624-3077	Services for families whose children are at-risk of foster care
American Red Cross	624-4411	Emergency and disaster services

Boys & Girls Club	623-8072	After school and summer care for children K-12, scholarships available
Children's Center	623-2292	Victim assistance services to sexually abused and/or physically abused children, ages birth through 17, and their families.
Children's Miracle Network	347-6639	Children and families receive assistance for medical needs such as prescriptions, medical equipment and transportation expenses associated with the child's care
Community Support Services	624-4515	First Steps, GOALS, case management for individuals with developmental disabilities
Early Head Start/Head Start	721-0352	Home visiting services to pregnant women and children from birth-3 years old, preschool services for eligible families with children 3-5, parenting resources, resource referrals
Jasper County Children's Division	629-3065	Child abuse/neglect, access to social services
Jasper County Juvenile Office	625-4300	Truancy, Children's Division cases, juvenile detention
Jasper/Newton County Child Support Enforcement	629-3080	Child support-related services, including paternity tests
Joplin Adult Basic Education	625-5263	Literacy services, GED and ACT prep classes, ESL classes
Joplin Cab Coupon Program	624-0820	Reduced fare cab coupons for qualifying individuals who live in city limits
Joplin Family Y	623-4597	After school care for children in all Joplin elementary schools, scholarship available
Joplin Neighborhood Adult Literacy Action (NALA)	782-2646	Literacy services for adults
Joplin Schools Early Childhood Center	625-5275	Title I, Special Services and Model Program pre-school spots primarily for qualifying students with disabilities
Legal Aide of Western MO	782-1650	Assists qualifying individuals with legal counsel
MAPS/Sunshine Lamp Trolley	626-8609	Transportation services on the MAPS bus/trolley. Fares/routes, and applications for reduced fares can be accessed at http://tinyurl.com/hapy6tt
Missouri Career Center	629-3067	State database of available jobs, resume writing training, skill development
Missouri Child Abuse Hotline	800-392-3738	The MO Children's Division staff this hotline 24 hours a day, 7 days a week, and 365 days a year. They will take information from you and respond to and investigate child abuse and neglect.
Newton County Children's Division	451-5100	Child abuse/neglect, access to social services
Newton County Juvenile Office	451-8236	Truancy, Children's Division cases, juvenile detention
Parent Link	800-552-8522	Call center available M-F 8AM to 10PM and Sat.-Sun. 12-5PM to assist families with parenting support, resources, and local referrals.
Parents as Teachers	625-5365	Home visits, developmental screenings for children, nutrition programs, parent training and support for parents of children ages 0-5.
Independent Living Center	659-8086	Provide youth with disabilities transition services, monthly autism and ADHD social groups, disability related attendant care, food pantry, and advocacy
Joplin Regional Office	800-549-6634	Access point for many services for individuals with developmental disabilities
Mercy Behavioral Health	625-2354	Education, prevention and treatment services for psychiatric illness and chemical dependency covering patients of all ages
NAMI Joplin	781-6264	Self-help, support, and advocacy organization for individuals with mental illness and their family/friends

Ozark Center	347-7600	Comprehensive mental health services – drug/alcohol treatment, individual/group/family counseling, case management, crisis intervention, inpatient treatment
Will's Place	347-7580	Comprehensive mental health services for children ages 0-21. Open access intake twice per week.

C. Pittsburg Resources to Address Health Needs

The Kansas Department of Health & Environment maintains a searchable database of resources to assist its residents. By clicking on the county desired, a list of resources with detailed contact information is provided. http://www.ksresourceguide.org/resource_directory.htm

D. Miami Resources to Address Health Needs

The City of Miami, Oklahoma maintains a comprehensive community resource guide for local residents, which can be found here: http://www.miamiokla.net/DocumentCenter/View/602.

[i] Kansas health care facility information accessed 2016-01-26 at http://webapps.aging.ks.gov/pls/apex_p18/f?p=184:901:4044079487469702::NO:::

[ii] Missouri health care facility information accessed 2016-01-26 at http://health.mo.gov/safety/healthservregs/pdf/MOhospbyCounty.pdf

[iii] Oklahoma health care facility information accessed 2016-01-16 at: https://www.ruralhealthinfo.org/states/images/oklahoma-rural-health-facilities.jpg

6. Dissemination Plan

In March 2016, the Boards of Directors of Freeman Health System, including the Freeman West, Freeman East and Freeman Neosho Hospitals, reviewed and approved the 2016 Community Health Needs Assessment and Community Health Implementation Plan described here. The CHNA and CHIP were made publicly available on March 31, 2016 as detailed below.

Websites

Freeman Health System

Full electronic (PDF) versions of the CHNA and CHIP were published by Freeman to its website: https://freemanhealth.com/about-us/community-health-needs-assessment

Printed Copies

Full printed copies of the CHNA and CHIP are available upon request via an email to CommunityHealth@freemanhealth.com or by calling (417) 347-4987. Visitors to the health system may also call to request a copy for review at each of the health system information desks.

Process to Share Information with the Broad Community

Through its partnership in the Ozarks Health Commission, the Jasper-Newton Community Health Collaborative, One Joplin, and other health-related coalitions, Freeman will endeavor to share the CHNA assessment results, as well as its progress toward addressing the prioritized health needs through the strategies it has identified in the implementation plan.

7. Implementation Plan

Freeman Health System is a nonprofit, charitable corporation operated for the sole purpose of improving the health of the people in its service area. It does so by making sure that necessary hospital and health services appropriate for the service area are available to all on a cost-effective basis, without regard to their ability to pay.

A. Joint Implementation Strategies

Freeman Health System has adopted a joint implementation strategy that includes Freeman Hospital West, Freeman Hospital East, and Freeman Neosho Hospital. As well, Freeman intends to continue to work in collaboration with Ozarks Health Commission to pursue a joint strategy for the 50-county area represented by its member organizations.

At the organizational level, Freeman Health System has adopted the following Prioritized Health Needs for its Community Health Implementation Plan (CHIP) for the period 1/1/2016 through 3/31/2019:

1. Cardiovascular Disease

Objective: Reduce the prevalence of cardiovascular disease and increase awareness of prevention and risk factors.

Strategy 1: Support community health initiatives that address prevention and screenings.

Strategy 2: Level II Stroke Center accreditation.

Strategy 3: Chest pain accreditation.

Strategy 4: Educate health professionals regarding evidence-based research and best practices.

Strategy 5: Expand services through the introduction of new technologies and expertise.

2. Mental Health

Objective: Coordinate patient care to include both behavioral and medical health.

Strategy 1: Provided coordinated care for patients presenting at the emergency department with mental health conditions.

Strategy 2: Collaborate with public and private partners to optimize behavioral health care to municipal and county offenders.

Strategy 3: Maintain psychiatric inpatient unit to allow patients to receive care in the area.

Strategy 4: Support community health initiatives that address behavioral and mental health.

Strategy 5: Educate and train psychiatric residents.

3. Diabetes

Objective: Decrease the rate of obese children and adults, while promoting awareness about the importance of good nutrition and regular physical activity.

Strategy 1: Improve health and reduce diabetes through services of the Bariatric Center.

Strategy 2: Support community health initiatives that encourage healthy eating and active living.

Strategy 3: Build partnerships with employers and schools that increase awareness, knowledge, and treatment of health factors impacting diabetes and obesity.

Strategy 4: Participate in local, regional, and state collaboratives working to reduce the prevalence of diabetes through collective impact.

4. Cancer

Objective: Reduce the predominance of cancer by improving outcomes and increasing awareness through screenings and education.

Strategy 1: Provide assistance for patients who cannot afford medications.

Strategy 2: Support vulnerable populations with prevention, education, and financial support for health services.

Strategy 3: Offer screenings for early detection to improve treatment efficacy.

Strategy 4: Increase access to radiation oncology services.

5. Healthcare Workforce Shortages

Objective: Increase access to health services by enhancing health professional recruitment efforts.

Strategy 1: Expand the graduate medical education program.

Strategy 2: Provide leadership to plan, facilitate, and support the operation of the Kansas City University Medical School in Joplin.

Strategy 3: Provide outreach and education for K-12 students regarding health care career pathways.

Strategy 4: Support the education, training, recruitment and professional development of nurses.

Freeman's mission is to improve the health of the communities we serve through contemporary, innovative, quality healthcare solutions. Each of the hospitals within Freeman Health System has a role and responsibility to the implementation of the CHIP, according to its available human and capital resources. To this end, Freeman facilities are described in Section B.

B. Resources

Freeman Hospital West, located in Joplin, Missouri, is a 339-bed teaching hospital. Freeman West offers a Level II Trauma Center providing 24/7 emergency care, 41-bed intensive care unit, neonatal intensive care unit, 9 birthing suites, 25 private postpartum rooms, state-of-the-art operating suites, and radiology services. In addition, Freeman Heart & Vascular Institute is a 3-story wing adjacent to Freeman Hospital West, providing all cardiac services in one convenient location.

Services at Freeman West include:

- Admitting and Discharge Lounge
- Cardiac/Medical Unit I and II
- General Surgery
- Heart & Vascular Care
- Intensive Care
- Infusion Services
- Maternity Services
- Neonatal Intensive Care
- Neurosurgery
- Orthopaedics
- Pediatric Unit
- QuickMeds Pharmacy™
- Radiology
- Robert and Dorothy Willcoxon Emergency/Trauma Center (ER)
- Transitional Care

Freeman Hospital East, located in Joplin, Missouri is a 72-bed hospital. Freeman East offers a variety of medical care services including nephrology and dialysis, lab services, inpatient physical rehabilitation, pediatric therapy, radiology, inpatient Alzheimer's disease unit and an inpatient adult psychiatric unit.

Freeman East offers the only in-hospital stationary positron emission tomography/computed tomography (PET/CT) scanner in our area. This revolutionary equipment provides our physicians with highly detailed images of the body to assist in the diagnosis of cancer, cardiac, and neurological disorders.

Freeman East is also home to the Freeman Radiation Oncology Center, dedicated to providing compassionate care and high quality radiation oncology services to cancer patients. Investment in the most recent, state-of-the-art technology available to provide patients with the best possible treatment allows Freeman to deliver treatment utilizing 3D-

conformal, IMRT (Intensity Modulated Radiation Therapy) and/or IGRT (Image Guided Radiation Therapy) techniques.

- Services at Freeman East include:
- Inpatient Physical Rehabilitation Unit
- Laboratory
- Kidney Care
- Pediatric Therapy
- PET/CT Scanner
- Radiology
- Radiation Oncology
- Senior Serenity
- Stephens Adult Psychiatric Unit

Freeman Neosho Hospital, located in Neosho, Missouri, is a critical access, 25-bed hospital, with a number of key service lines available to patients. Over the past several years, Freeman Neosho Hospital has been ranked as one of the busiest critical access emergency departments in Missouri. With nine emergency department rooms, the hospital will provide services to nearly 14,675 patients in FY16. The Medical/Surgical inpatient unit at Neosho always provides exceptional care to patients and families. This is reflected in their quality indicators and HCAHPS results. In addition to emergency and inpatient services, the physician clinic is a tremendous resource and is growing to meet the needs of the community and region. Services include:

- Critical Care (ICU)
- Emergency Services
- QuickMeds Pharmacy
- Radiology Services
- Rehabilitation Services
- Infusion Therapy
- Specialty Clinics

Ozark Center, located in Joplin, Missouri, provides comprehensive behavioral health services to children, adults and families in an area that includes more than 450,000 residents from Missouri, Arkansas, Oklahoma and Kansas.

Confidential services include:

- Crisis services
- Children's services
- Emergency room assessments
- Housing programs
- myStrength
- Psychiatric services
- Inpatient psychiatric services
- Outpatient psychiatric services
- Psychological and counseling services
- Substance abuse/addiction
- Support groups
- Talk About It texting program
- Veteran services

C. Planned Collaboration

Each of the Prioritized Health Needs in Section 4 represents a complex health condition that requires multi-stakeholder collaboration to effectively address. Freeman Health System is committed to working in collaboration with stakeholders at the local, regional, and state level. Intentional collaboration includes participation and leadership in coalitions, including:

- ONE Joplin, working to improve health through increased nonprofit collaboration
- Jasper-Newton County Health Collaborative, representing health care providers in the two county area
- Missouri Council on Activity and Nutrition, a stakeholder network for active healthy living
- Regional Medical School Alliance, strengthening the quality of medical care in the region through the establishment of the Kansas City University Medical School in Joplin
- United Way of Southeast Kansas and Southwest Missouri, supporting dozens of programs to improve education, health and income.

D. Prioritized Health Needs Addressed

In addition to the medical and behavioral conditions identified as priorities, Freeman has also elected to focus its efforts on Healthcare Workforce Development. As Freeman seeks to fulfill its mission in ensuring the communities it serves have access to needed healthcare services, potential gaps in the availability of physician services must be identified. It is in the best interest of the health system and the service area to have a plan to develop a medical staff that is comprised of individuals with the background, training, skills, and expertise needed by the citizens served.

Lung disease, one of the five prioritized health needs for the Joplin Community will not be addressed by Freeman Health System during the 2016-2018 performance period. This decision was made based on the resources and expertise available at each of the three Freeman hospitals related to Cardiovascular Disease, Mental Health, Cancer, and Healthcare Workforce Development.

8. Acknowledgements

Freeman Steering Committee

The project Steering Committee was the representative body to the Ozarks Health Commission for this work. Special thanks to all of the following committee members for their time and commitment to this project:

Steve Graddy, Chief Financial Officer
Michael Leone, Controller
Della Castillo, Director, Freeman Cancer Institute
Kelli Perrigo, Director, Freeman Hearts Service Line
Shelby Allen, Supervisor, Prevention and Wellness
Kris Drake, Wellbalance Coordinator
Cathy Brown, Grant Coordinator
Lisa Nelson, Supervisor, Grant Program

Ozarks Health Commission Steering Committee

Additionally, the collaborative work of the Ozarks Health Commission stakeholders is gratefully acknowledged and applauded:

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Kathryn Wall, Public Health Information Administrator
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Taney County Health Department
Robert Niezgoda, Director

Freeman Health System welcomes and encourages feedback and suggestions on future assessments and action plans. Questions, comments or concerns can be submitted by email to: CommunityHealth@freemanhealth.com

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