OZARKS HEALTHCOMMISSION

2025 Community Health Needs Assessment



Ozarks Health Commission Regional Report

2025

REGIONAL REPORT

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PART 1

Overview



History

Since 2016, hospital systems, local public health agencies (LPHAs) and other health care partners in the greater Ozarks have worked together to release comprehensive Community Health Needs Assessments (CHNAs) every three years. This group, known as the Ozarks Health Commission (OHC), released community-level reports in 2016, 2019 and 2022. For the fourth iteration, the 2025 assessment has been compiled into community-level and regional snapshots, continuing the regional scope introduced in 2022.

Purpose

Health care partners and LPHAs develop the results of these assessments into Community Health Improvement Plans (CHIPs), which organizations use to target areas of health need and disparity in communities and create actionable plans to make them better over time.

OHC collaboration

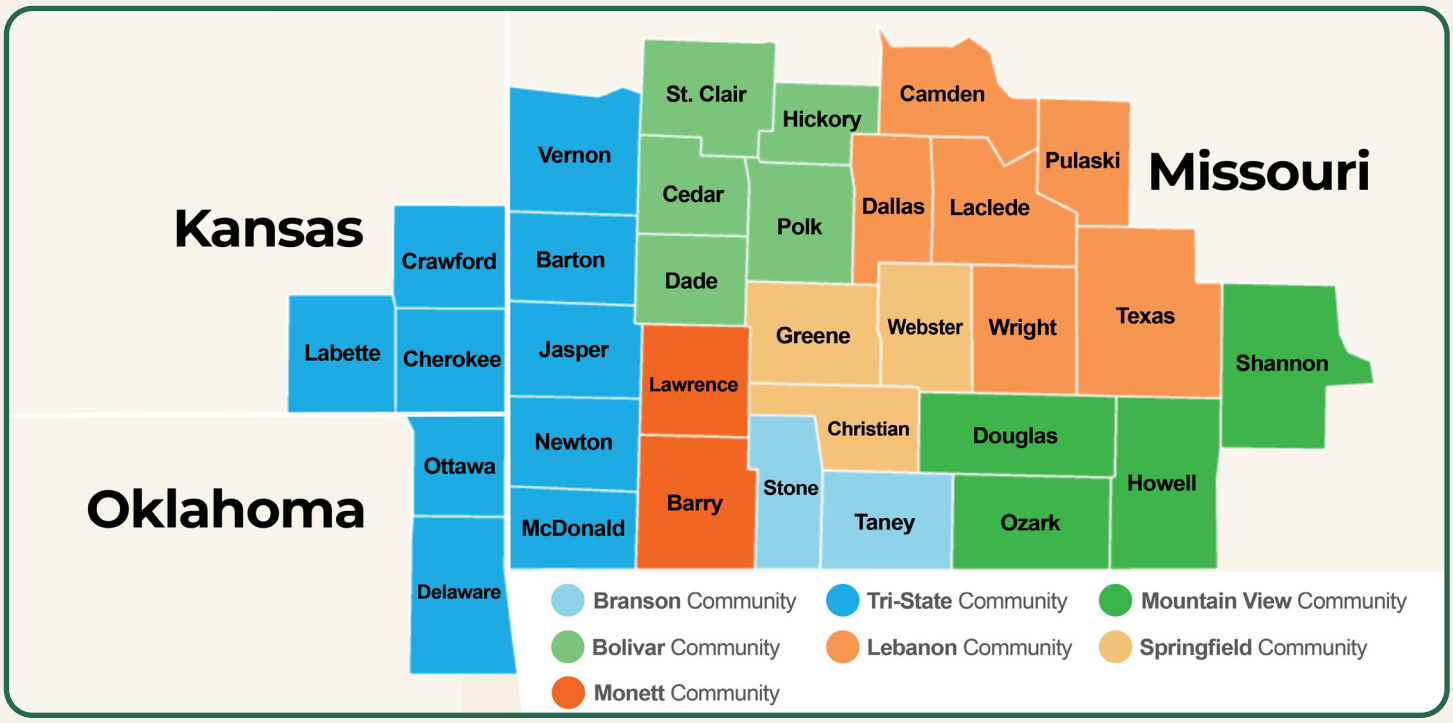
The Internal Revenue Service (IRS) requires hospital systems to conduct population-based assessments every three years to maintain nonprofit status. The Public Health Accreditation Board

(PHAB) requires these assessments from LPHAs every five years. In the spirit of collaboration, OHC LPHAs join forces with regional hospital systems to conduct an assessment every three years. This practice helps to capture a more thorough and frequent snapshot of health needs across the whole region, with all the necessary health care partners at play.

Representatives from these health care partners make up the OHC Steering Committee. This group conducts planning, assessment and evaluation activities and reports on community health issues. The OHC Steering Committee is a vital piece of the CHNA puzzle, ensuring that the region is assessed and reported on in a timely, accurate way that is beneficial to the communities served.

Communities served

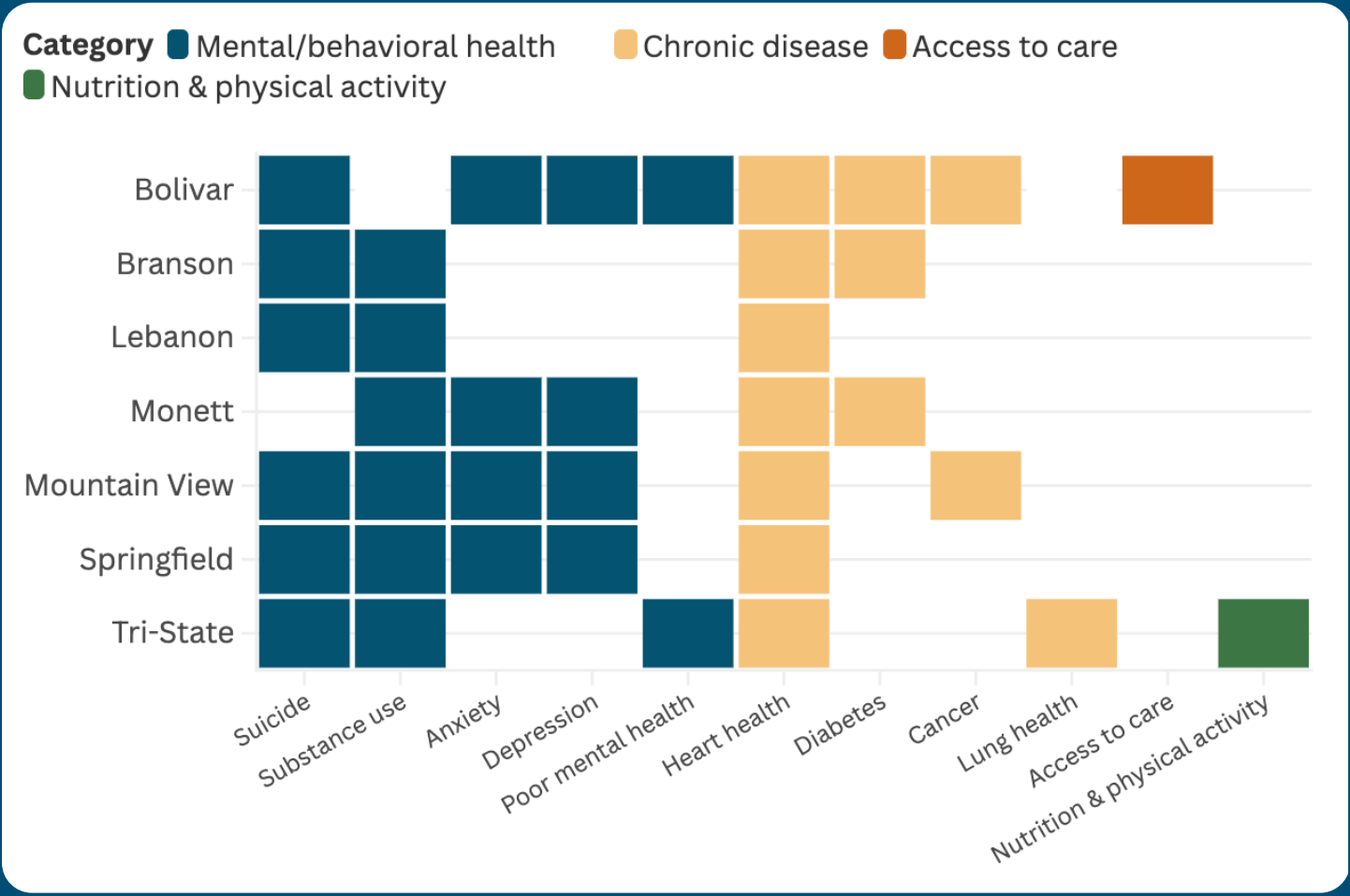
The scope of the OHC region includes 33 counties across three states. The 2025 effort added two new counties in Missouri—St. Clair and Cedar—to capture the entire service area of Citizens Memorial Hospital (CMH), a new partner during this cycle.



The following is the 2025 OHC Regional Health Needs Assessment. This collaborative report aims to be a valuable resource for health care partners, civic organizations and people who live, work and seek health care in the region.

PART 2

Health priorities across the region



The following health priorities for the OHC region are a compilation of each community's spotlighted data. Two categories rose to the top across the seven communities:

- Behavioral health, which includes mental health and substance use
- Chronic health conditions, which includes a wide range of issues, from heart health to diabetes



BEHAVIORAL HEALTH



CHRONIC HEALTH CONDITIONS

REGIONAL HEALTH PRIORITY

Behavioral health

IDENTIFIED BY: Bolivar, Branson, Lebanon, Monett, Mountain View, Springfield, Tri-State



Mental health is a continued issue in the OHC region. Individual community reports highlighted indicators such as rates of poor mental health, suicide and substance use.

Adults with poor mental health

Suicide mortality

Overdose mortality

Anxiety

Depressive disorders

Drug use

Public health data

INDICATOR	OHC REGION	MISSOURI	NATION
Adults with poor mental health	18.5%	17.4%	16.4%
Suicide mortality (age-adjusted)	21 per 100,000	18.7 per 100,000	14.0 per 100,000
Overdose mortality (age-adjusted)	25.7 per 100,000	32 per 100,000	28.3 per 100,000

MHA data

INDICATOR	OHC REGION	MISSOURI + SELECT KANSAS AND OKLAHOMA COUNTIES
Anxiety disorders	764.7 per 10,000	1,076.6 per 10,000
Depressive disorders	577.9 per 10,000	778.9 per 10,000
Drug use	240.4 per 10,000	330.2 per 10,000



REGIONAL HEALTH PRIORITY

Chronic health conditions

IDENTIFIED BY: **Bolivar, Branson, Lebanon, Monett, Mountain View, Springfield and Tri-State**



Chronic diseases are broadly defined as conditions that last one year or more. They require ongoing medical attention, limit activities of daily living or both. Individual community reports highlighted varying chronic diseases including heart disease, diabetes, cancer and lung disease.

Heart disease mortality

Lung disease mortality

All cancer mortality

Chronic obstructive pulmonary disease

Type 2 Diabetes

High blood pressure

Public health data

INDICATOR	OHC REGION	MISSOURI	NATION
Heart disease mortality	218.1 per 100,000	194.6 per 100,000	166.9 per 100,000
Lung disease mortality	55.3 per 100,000	46.9 per 100,000	36.6 per 100,000
All cancer mortality	164.0 per 100,000	161.1 per 100,000	145.6 per 100,000

MHA data

INDICATOR	OHC REGION	MISSOURI + SELECT KANSAS AND OKLAHOMA COUNTIES
Chronic obstructive pulmonary disease	754.9 per 10,000	830.4 per 10,000
Type 2 diabetes	1,161.7 per 10,000	1,860.87 per 10,000
High blood pressure	2,607.1 per 10,000	3,611.8 per 10,000

Other areas of interest

Multiple community reports called attention to health conditions that are emerging or noteworthy though they did not rise to the level of priority for this assessment. Examples include access to care, communicable disease, and physical activity and nutrition.

Process, methodology and data summary



Convening

Following the conclusion of the 2022 CHNA cycle, Steering Committee members met in August 2023 to plan for the 2025 CHNA. The feedback from these early meetings resulted in large-scale changes from previous cycles, including:

Foregoing the use of an outside contractor. This led to cost savings, the ability to conduct surveys earlier in the process and more options for customization in community-level survey questions.

Contracting with the Missouri Hospital Association (MHA) to provide health care data from all participating hospitals.

Formally inviting Citizens Memorial Hospital to join the 2025 cycle.

Providing the opportunity for communities to prioritize upstream factors during the CHNA process to further inform CHIPs.

Data collection and analysis

Data collection began in November 2023 with the development of the Community Partner Survey. The Community Survey followed in summer 2024. Using the Community Partner Survey results as a guide, quantitative public health and hospital data were requested from external sources. These results were distributed to the Steering Committee in fall 2024 to facilitate key findings for each community and the region.

Qualitative data

Community Partner Survey

The Steering Committee drafted a comprehensive questionnaire to survey community partners about overall impressions of health in their communities. The responses from this survey later informed the development of a survey for all community members. Developed using resources like NACCHO MAPP 2.0, the questions included on the Community Partner Survey were wide-ranging. They asked about specific populations served, availability of resources and health care. The questionnaire was sent to more than 700 community partners. Nearly 200 partners shared their impressions, a response rate of 26%.

The Community Partner Survey responses were categorized into benefits and barriers of living in the OHC region, as well as in each individual community. These findings provided a basis for further qualitative and quantitative investigation.

Community Survey

The Steering Committee developed a brief, web-based survey to gather input from community members about general health and resources in their communities. The survey questions were developed using insights from the Community Partner Survey and included multiple choice questions with branching logic to solicit deeper insights when appropriate. Free text impressions and demographic information were also collected. Several communities within the region developed supplementary questions specific to their residents.

Paper copies were made available across the region so community members without access to a computer, tablet or smartphone would be able to participate. Both the web and paper surveys were available in English and Spanish. The Community Survey launched on May 1, 2024 and was extensively marketed. Upon closing eight weeks later, nearly 1,700 community members contributed to the CHNA through this mechanism.

Survey analysis

The Community Survey results were analyzed using Microsoft Power BI and ChatGPT. Power BI was used to process the responses for internal use by the Steering Committee. This helped visualize response results across the region and within in each community. ChatGPT was used to help prepare the full survey dataset for Power BI analysis and assess qualitative themes from some free text questions. The relevant response fields were extracted from the full Community Survey response

dataset and anonymized prior to ChatGPT analysis. ChatGPT parsed and coded certain multi-select questions, which enabled quantitative analysis in Power BI. It also grouped free text responses for two survey questions into general themes. At each stage, the accuracy of ChatGPT's analysis was manually verified.

Quantitative data

Public health data

The Steering Committee utilized the University of Missouri's Center for Applied Research and Engagement Systems (CARES) to collect and aggregate publicly available health data for the CHNA. The Steering Committee provided a listing of 188 indicators in several topic areas for CARES to research. To do this, the group utilized the US Census Bureau, the Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS), among others. A final dataset of 127 indicators, aggregated by geography, was provided to the Steering Committee and sorted into the following health categories:

Population demographics

Health factors (access to care, employment, food access, housing, insurance, income, health behaviors, etc.)

Health outcomes (chronic disease, infectious disease, mental health, quality of life, etc.)

The indicators were also categorized based on the response themes garnered from the analyses of the Community Partner Survey and Community Survey. When applicable, each indicator category was defined as "Good," "Mixed," or, "Bad" for the region or a given community.

This dataset was color-coded to highlight county, community, and regional differences when compared to the OHC region, the state in which the county was situated (Kansas, Oklahoma or Missouri), and the United States (when available). The color coding emphasized instances in which a given locality performed worse than the state and/or the OHC region in a particular indicator. Together, these steps allowed for easy identification of alignment between the survey responses compared to quantitative public health data trends.

Mortality data

Due to a limitation within the CDC Wide-ranging Online Data for Epidemiologic Research (WONDER) program, mortality information for county, community, regional and state levels was requested from the Missouri Department of Health and Senior Services (DHSS). They provided age-adjusted rates for several specific causes of death for use in the CHNA.

Hospital emergency department data

In addition to the public health data that was collected during this assessment, the Steering Committee determined emergency department (ED) data to be essential to the CHNA process. This cycle, the Steering Committee partnered with the Hospital Industry Data Institute (HIDI) at the



Missouri Hospital Association (MHA), who aggregated and provided ED discharge data from 2020-2022 on 149 identified health issues across OHC region hospital providers. The hospital systems included in the dataset:

- Citizens Memorial Hospital Bolivar
- Cox Branson
- Cox Barton County
- Cox Monett
- Cox Springfield
- Freeman Joplin
- Freeman Neosho
- Mercy Aurora
- Mercy Carthage
- Mercy Cassville
- Mercy Columbus
- Mercy Joplin
- Mercy Lebanon
- Mercy Springfield
- Mercy St. Francis

The ED dataset provided health issue prevalence rates among specific populations being treated across our region's hospitals. The data were visualized in a Microsoft Power BI dashboard for Steering Committee use. The dashboard illustrated populations with higher health issue prevalence rates when compared to rates exhibited in other counties, communities, the entire CHNA region and the state. This approach provided the opportunity to assess potential disparities across patient groups (by location, age, gender, payer and race) and identify community-specific needs, therefore assisting in the creation of each community's CHIP.

Report finalization

The following report is an overview of the OHC region's health priorities on a community level. Each community decided their health priorities based on qualitative and quantitative data for their population. Together, this gives the OHC a broad snapshot of our health needs as a region.

REGIONAL HEALTH SUMMARY

Service area and population overview



Service area

Almost 1.3 million people live in the seven communities within the OHC region. These communities are served by various health care systems and LPHAs.

Tri-State Community

Health care systems

- Cox Barton County
- Freeman Joplin
- Freeman Neosho
- Mercy Carthage
- Mercy Columbus
- Mercy Joplin

LPHAs

- Barton County Health Department
- City of Joplin Health Department
- Jasper County Health Department
- McDonald County Health Department
- Vernon County Health Department

Bolivar Community

Health care systems

- Citizens Memorial Hospital
- Cedar County Memorial Hospital
- Ellett Memorial Hospital

LPHAs

- Dade County Health Department
- Hickory County Health Department
- Polk County Health Center
- Cedar County Health Department

Lebanon Community

Health care systems

Mercy Lebanon

LPHAs

Dallas County Health Department
Texas County Health Department

Mountain View Community

Health care systems

Mercy Hospital St. Francis

LPHAs

Douglas County Health Department
Howell County Health Department
Ozark County Health Department
Shannon County Health Department

Springfield Community

Health care systems

CoxHealth
Mercy Springfield
Burrell Behavioral Health

LPHAs

Christian County Health Department
Springfield-Greene County Health Department
Webster County Health Unit

Branson Community

Health care systems

CoxHealth Branson

LPHAs

Stone County Health Department
Taney County Health Department

Monett Community

Health care systems

CoxHealth Monett
Mercy Aurora
Mercy Cassville

LPHAs

Barry County Health Department
Lawrence County Health Departmen

Population overview

The population of the OHC region is split evenly between men and women. Just over half of the region's population reside in rural areas, while the remaining residents live in urban areas. Of the total population, 23% are under the age of 18, 58% are between the ages of 18-64, and 19% are age 65 or older.

The majority of OHC region residents (86%) identify as non-Hispanic White. Just under 2% identify as non-Hispanic Black. About 5% of OHC residents identify as Hispanic or Latino and 5% identify as multiple races.

PART 3

Conclusion



While this overview of health in the OHC region is not comprehensive, it gives an important glimpse into health priorities reflected in both data and community feedback. Community reports provide a more in-depth analysis of the health conditions highlighted here. The 2025 community-level assessments will be used to inform public health and health care initiatives. These initiatives will be outlined in forthcoming Community Health Improvement Plans.

Dissemination

The OHC regional report and all community-level reports are available to the public through various channels.

Websites

Ozarks Health Commission
www.ozarkshealthcommission.org

CoxHealth
coxhealth.com

Mercy Hospital
mercy.net

Printed copies

Printed copies will be available by request through health care partners and LPHAs. Please refer to organization websites or contact an organization directly.

Ackowledgements

Thank you to the partners and residents that make up the OHC region for contributing to this assessment through your feedback. Your contributions provide rich context to the vast health care data compiled for this report.

Thank you to the OHC Steering Committee for your collaboration and resource sharing during every step of the CHNA process.

Data (formerly appendices)

www.ozarkshealthcommission.org/explore-data

Publication date

May 2025

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