

Community Health

“Any attempt at health reform, be it at the local, state or federal level, must be built using prevention as its cornerstone. Without a strong prevention component it is doomed to fail.”

— Kevin Gipson,
Chairman of the Board, Springfield-Greene County
Regional Health Commission and Director of Health,
Springfield-Greene County Health Department

BLUE RIBBONS (2004 – 2007)

- Public Health Focus
- Allied Health Education and Research
- Health Care Resources
- Resources for Children and Adolescents
- Economic Impact of Health Care
- WIC Nutrition Program
- Springfield-Greene County Health Department

CURRENT STATUS OF 2004 – 2007 RED FLAGS

Access to Health Care

Availability and access to health care has been a consistent red flag since the 2004 *Community Focus* report. According to previous reports, although Springfield-Greene County had been recognized for its robust medical arts, low-income citizens often lacked access to necessary dental and health resources. Currently, more middle-income citizens of Springfield-Greene County are experiencing health care access difficulties more commonly associated with their lower-income and uninsured counterparts. The number of uninsured individuals and families living at or below the Federal Poverty Level (FPL) has risen over the past five years, while the number of MO HealthNet participants has remained virtually the same. Despite the many resources provided by the locally and nationally recognized health systems, public health services and safety net services, many gaps remain in accessing health care.

An additional contributor to limited access to health care is the low physician/citizen ratio in the Springfield community. According to the American Academy of Family Physicians, the national average is 220 primary care physicians per 100,000 individuals with 125 primary care physicians per 100,000 individuals in the Springfield community. In addition, the number of Emergency Department visits has risen for Greene County, with approximately 1 in 5 visits being a non-emergency condition that could have been treated in a

primary care physician's office. However, with limited capacity and long waiting lists, at times it is difficult to obtain access to a primary care provider.

GREENE COUNTY EMERGENCY DEPARTMENT VISITS

2005	93,890
2007	141,252

Sources: Missouri Department of Health and Senior Services and Missouri Hospital Association

In response to concerns about health care for the medically underserved, the Springfield-Greene County Regional Health Commission, a Missouri nonprofit corporation, was developed in December 2008. The Commission brings together health care leaders and providers, government agencies and community organizations to identify resources as a means to increase access to quality health care, reduce health care disparities, promote preventive health, improve the cost effectiveness of care, ensure affordable health insurance coverage and create a healthier future for the community.

Mothers Smoking

The 2005 *Community Focus* report identified the increasing rate of tobacco use during pregnancy in Greene County, especially compared with national averages. Greene County continues to have higher rates for smoking during pregnancy than United States and Missouri averages. Specifically, at least 10% of pregnant women in the United States smoke during pregnancy, approximately 17.7% in Missouri and 18.3% in Greene County. In 2008, 27% of women seeking services through the Women Infants and Children program (WIC) smoked while pregnant. Although strong public health educational efforts have reduced the overall percentage of women smoking during pregnancy by 3% in the past five years, the overall rate is nearly double for Springfield. Therefore, the need to provide education and resources to women at or below 185% of the Federal Poverty Level is needed since smoking during pregnancy doubles a woman's risk of having a low birth weight baby, which increases the baby's risk of serious health problems and lifelong disabilities. The coordination of care among all providers and a consistent message is necessary to remedy this community health problem.

Communicable Disease

Communicable diseases have been an area of concern since the 2004 *Community Focus* report. Although past reports primarily focused on gonorrhea, Tuberculosis (TB) and human immunodeficiency virus (HIV) rates, chlamydia has also become a disease affecting the region, breeding serious consequences as it increases the number of women experiencing ectopic pregnancies, chronic pelvic pain and infertility. Although the overall rate of HIV is low in Springfield-Greene County, the percentage increase carries large implications given

the high cost of treatment. The Health Department is widely recognized for working collaboratively with area health care providers and the AIDS Project of the Ozarks (APO) to address, educate and manage the prevalence and treatment of HIV. Case management, free prevention screenings and public health education campaigns have effectively decreased the incidence rates of other sexually transmitted diseases (STDs), Tuberculosis and Hepatitis C.

SPRINGFIELD-GREENE COUNTY HEALTH SNAPSHOT

	2003	2004	2005	2006	2007	MO 2007
COMMUNICABLE/INFECTIOUS DISEASE (incidence per 100,000)						
Gonorrhea	131.2	123.1	84.4	99.4	103.4	168.0
Chlamydia	267.3	272.8	294.5	317.7	304.2	396.5
Hepatitis C	148.2	121.4	147.2	151.7	122.0	76.0
Human Immunodeficiency Virus (HIV)	4.0	7.6	10.6	10.0	9.5	10.6
Tuberculosis (TB)	5.9	3.7	2.8	2.0	2.4	2.1

Missouri Department of Health and Senior Services, Bureau of Informatics, Data, Surveillance Systems and Statistical Reports, 2003-2007; Springfield-Greene County Health Department, Community Health and Epidemiology Division, 2007.

Health Care Policy Priorities

In early 2005, the Missouri state legislature voted to cut the number of people eligible for MO HealthNet resulting in changes to the program including reduced coverage for low-income parents, increased monthly spenddowns for the elderly and disabled, increased premiums for children, removal of the obligation for MO HealthNet to pay for several medically necessary services, copayments for adults, and decreased allotments for those qualifying for nursing home care. Since the 2005 cuts, MO HealthNet coverage for children ages 18 and younger has also dropped with the percentage of children at or below the FPL and the percentage of families at or below the FPL increasing. In the past four years, the Missouri legislature has neither restored the cuts to MO HealthNet nor expanded access to the program. Therefore, in the past four years, no significant measures have been taken to expand our public coverage crisis and the associated service barriers. Another loss associated with the state's public coverage system includes the disapproved expansion for the state's Children's Health Insurance Program (CHIP), which would extend an increased amount of public coverage to children. Since 2003, state funding for core public health services has remained stable, providing the Health Department and safety net providers with minimal, yet sufficient funds to continue their basic programs and services.

EMERGING ISSUES

Childhood Obesity

Obesity is defined by the Centers for Disease Control as having a body mass index (BMI) over 30; overweight is defined as a BMI over 25. In 2007, 26% of all Springfield-Greene County children under 18 years of age were overweight and 5% were obese. In the same year, 31% of children under the age of 18 received food stamps to supplement their diet. Although this nutritional support is necessary for children living at or below 185% of the Federal Poverty Level, the food is often poor in its nutritional value. One worry is that as obesity rates stabilize, financing for childhood health efforts will wane, which is of great concern since 80% of children overweight at ages 10 to 15 are obese by age 25. Behavior and environment are important

indicators predicting whether a child is at risk for being overweight or obese and serve as the greatest areas for prevention and treatment.

Senior Population

The growing number of adults age 65 and older continues to place high demands on public and private health care services and resources. Missouri's senior population is anticipated to increase from 13.4% in 2007 to 15% by 2015 and more than 19.1% by 2025. Older adults are affected disproportionately by chronic diseases/illnesses, injuries and disabilities. This combined with the expectation that life expectancy will continue to increase is cause for caregiving and health care cost concerns.

Workforce Development

According to the Missouri Hospital Association, there will be an ongoing shortage of health care professionals through 2020. Statewide indicators show that physical therapists, registered nurses and pharmacists are among the professions experiencing high vacancy rates among health care professionals. In general, vacancy rates are lower in northern Missouri and increase in southern Missouri. In addition, due to a number of factors (such as population growth and aging) demand for physicians will outpace the supply of physicians which may create an additional challenge for the Springfield community which is already experiencing a low primary care physician/individual ratio.

SPRINGFIELD-GREENE COUNTY HEALTH SNAPSHOT

	2003	2004	2005	2006	2007	MO 2007
MATERNAL HEALTH (percent of total live births)						
Low Birth Weight	7.7	7.4	7.2	6.9	6.2	7.9
Mothers as Medicaid Participants	50.7	52.8	52.7	52.3	52.2	47.5
First Trimester Prenatal Care	89.5	89.3	87.4	89.2	89.8	86.4
Births to Mothers Under Age 18	3.1	3.6	3.5	3.3	3.1	2.2
Mothers Smoking During Pregnancy	21.0	20.4	19.2	19.4	18.3	17.7

Missouri Department of Health and Senior Services, Bureau of Informatics, Missouri Information for Community Assessment (MICA), 2003-2007.

DEATHS (rate per 100,000)

Cardiovascular Disease	227.5	230.7	221.4	205.1	203.6	212.8
Lung Cancer	61.5	60.6	62.6	64.4	51.3	60.1
Breast Cancer	17.9	12.3	12.4	17.4	9.0	13.5
Motor Vehicle Crash	19.3	13.8	17.6	16.2	8.4	17.0
Suicide	13.3	15.5	11.6	14.6	16.3	13.5

Missouri Department of Health and Senior Services, Bureau of Informatics, Missouri Information for Community Assessment (MICA), 2003-2007.

CHILDREN'S HEALTH & WELLNESS (incidence per 100,000)

Immunization Rate (% of children, public clinics)	87.2	88.6	88.6	83.5	93.0	76.1
Infant Deaths (per 1,000 live births)	7.1	8.3	4.4	9.1	5.5	5.0
WIC Nutrition Program (annual number of participants)	67,320	69,780	71,868	69,960	71,018	N/A
Children Receiving Medicaid (% of children ages 0-18; average monthly unduplicated account)	38.8	41.2	40.5	35.1	34.2	33.2
Children Below FPL (% of total children)	17.6	18.8	17.5	17.7	19.3	18.4

Missouri Department of Health and Senior Services, Bureau of Informatics, Missouri Information for Community Assessment (MICA), 2003-2007; Missouri Department of Health and Senior Services, Bureau of WIC and Nutrition Services, 2003-2007; Springfield-Greene County Health Department, Maternal and Child Health Division, 2003-2007; Kids Count Missouri, University of Missouri Outreach and Extension, Office of Social and Economic Analysis, 2003-2007; U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2003-2007; Springfield Public Schools, Health and Wellness Division, 2007; Centers for Disease Control and Prevention, 2003-2007.