

Health Disparities in Greene County, Missouri
Springfield-Greene County Health Department
2022

Healthy Disparities in Greene County, Missouri

The vision of Springfield-Greene County Health is “Helping people live longer, healthier, happier lives.” Achieving this end requires that the community must address chronic health conditions, but also identify and support populations that are disproportionately affected and often underserved. Thus, ensuring that all individuals can reach their potential in both health and overall well-being. The concept of well-being as it extends past physical health, including the full spectrum of mental, emotional, social health. This is the mission of health equity.

The Center for Disease Control and Prevention (CDC) states that health equity is achieved when 1) “every person has the opportunity to achieve [their] full health potential”, and 2) no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances” (CDC, 2022). To remove disadvantages that some in the community will ultimately face, SGCHD and its partners must be prepared to identify health disparities and develop interventions to improve the overall well-being of the community they serve.

Health outcomes are determined by a multitude of factors including personal health decisions, habits, biology, and family history; however, health outcomes are also determined by what is called the “social determinants of health.” Human beings are, in part, a product of their environment and the culture they are raised in, and these environments are far from equal in terms of opportunity and prosperity. Housing, education, income, health care access, availability of healthy food options are all examples of things that are limitations to an individual’s ability to achieve their full health potential. The social determinants of health are a lens by which we can identify the various barriers a community may face when seeking to achieve health equity. This paper

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will discuss the various health disparities that Greene County contains through the 5 major social determinant of health categories: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context (CDC,2020). It is our hope that the research found therein will guide future interventions, policy, and discussion around health disparities in Greene County.



(Center for Disease Control, 2020)

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Demographic Overview

The figure below describes the recent demographic data for Springfield and Greene County. This data will be used throughout this paper to describe disparities and the overall problems our community faces.

POPULATION				DEMOGRAPHICS			
	2010	2020	CHANGE	SPRINGFIELD	2010	2019	CHANGE
Springfield	159,498	169,176	▲9,678	Median Age	33.3	33.1	▼0.2
Greene County	275,174	298,915	▲23,741	Median Income	\$33,082	\$36,856	▲\$3,774
RACE & ETHNICITY				Families in Poverty	15.6%	14.2%	▼1.4
GREENE COUNTY	2010	2020	CHANGE	Families in Poverty with			
White	91.2%	83.9%	▼7.3	Children Under 18	27.7%	20.9%	▼6.8
Black/African American	2.9%	3.4%	▲0.5	High School Graduate	88.5%	92.4%	▲3.9
American Indian/Alaska Native	0.7%	0.7%	—	Bachelor's Degree or Higher	26.1%	28.5%	▲2.4
Asian	1.6	2.1%	▲0.5		2014	2019	CHANGE
Native Hawaiian/ Pacific Islander	0.1%	0.1%	—	Without Health Insurance	17.5	13.4	▼4.1
Some Other Race	0.9%	1.7%	▲0.8	GREENE COUNTY	2010	2019	CHANGE
Two or More Races	2.6%	8%	▲5.4	Median Age	35.6	36	▲0.4
Hispanic or Latino	3%	4.8%	▲1.8	Median Income	\$41,059	\$46,086	▲\$5,027
HOUSING				Families in Poverty	11.2%	9.7%	▼1.5
SPRINGFIELD	2010	2020	CHANGE	Families in Poverty with			
Total Units	77,620	84,016	▲6,396	Children Under 18	19.6%	15.1%	▼4.5
Occupied	89.9%	90.5%	▲0.6	High School Graduate	89.7%	92.9%	▲3.2
	2010	2019	CHANGE	Bachelor's Degree or Higher	28%	31.2%	▲3.2
Average Household Size	2.09	2.06	▼0.03		2014	2019	CHANGE
Owner-occupied Value	\$103,800	\$118,110	▲\$14,310	Without Health Insurance	14.7%	10.7%	▼4
Median Rent	\$635	\$734	▲\$99	COST OF LIVING			
GREENE COUNTY	2010	2020	CHANGE	2020 INDEX	AVERAGE	GROCERY	HOUSING
Total Units	125,387	136,450	▲11,063	St. Louis	88	101.5	71.3
Occupied	91.1%	92.4%	▲1.3	SPRINGFIELD	88.6	101.5	72.4
	2010	2019	CHANGE	Kansas City	95.2	93.8	87.6
Average Household Size	2.28	2.22	▼0.06	<i>(National average: 100)</i>			
Owner-occupied Value	\$125,500	\$146,000	▲\$20,500	SOURCES: U.S. CENSUS BUREAU; AMERICAN COMMUNITY SURVEY; COUNCIL FOR COMMUNITY AND ECONOMIC RESEARCH			
Median Rent	\$713	\$793	▲\$80				

(Springfield Community Focus, 2021)

Vulnerable Populations

Some populations have inherent vulnerabilities due to the sensitive nature of their biology. For example, pregnant women, children, and the elderly/disabled are all populations that require more resources and may be impacted more by environmental challenges. Other populations are vulnerable due to environmental/social factors like low-income and rural populations. Populations like minority groups, immigrants, or the formally incarcerated are also considered vulnerable due to legal, systemic, or individual discrimination. By acknowledging these vulnerable populations, community leaders can actively work towards developing interventions that reach all individuals. The following populations, as seen in the figure below, will be addressed when discussing health disparities within Greene County.

Population	Primary Barrier
Minority Groups (Racial/LGBT)	Discrimination and Systemic Inequality
Incarcerated/Re-entry Population	Discrimination and Legal Restrictions
Immigrants/ Limited English Proficiency	Discrimination and Language
Low-Income/Homeless	Economic
Rural	Geographic
Elderly/Disabled	Physical and Economic
Children and Pregnant Women	Physical

Economic Stability

Employment/Poverty

Employment instability and other factors related to employment can directly affect health outcomes within the community. Lack of higher wages and employment opportunities that provide comprehensive benefits create a workforce that leaves many without proper access to care or the income to sufficiently support their family. A lack of financial resources can lead to a cascading set of events that leave people making difficult decisions between health and survival. The chronic stress caused by low income or financial strain has physical and mental impacts on the body (American Psychological Association [APA], 2019). A 2017 report by the American Psychological Association (APA) stated that “people with low incomes and racial/ethnic minority populations experience greater levels of stress than their more affluent, white counterparts, which lead to greater disparities in both mental and physical health that ultimately affect life expectancy” (APA, 2017). While historical implications have put minority groups at a disadvantage when it comes to attaining generational wealth, Greene County suffers from high levels of poverty, regardless of race/ethnicity.

The median household income in Greene County is \$46,086, compared to the Missouri median of \$57,290 and the national median \$67,521. In Greene County, 9.7% of families are considered below the poverty line, 14.2% in Springfield. Considering only individuals rather than households, over 21.7% of people are living below the poverty line. This rate is worse for some populations. For example, woman aged 16-24 make up the largest share of those in poverty at 15% (U.S. Census Bureau, 2021). Additionally, minority populations also have higher rates of poverty, both for Greene County and the Springfield area.

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Population	Greene Poverty Rate	Springfield Poverty Rate
All	15.3%	21.7%
White	14.3%	20.2%
Asian	21.0%	37.5%
Black/African American	29.8%	36.3%
American Indian and Alaska Native	11.6%	14.8%
Hispanic	23.9%	29.0%
Native Hawaiian and Other Pacific Islander	9.6%*	33.3%*
Some Other Race	23.8%	36.3%

*Large margin of error and may be unreliable

(US Census Bureau: American Community Survey, 2021)

While wages and benefits are mostly driven by external economic pressures, public health professionals and community partners can work to build services that are affordable for low-income individuals and households. Community leaders can also help to build coalitions to pass legislation that would expand low-income resources like Medicaid. Supporting measures that increase access to preventative care is an essential part of decreasing physical and mental health disparities.

Mental Health

While mental health is affected by all social determinants that shape one’s life, poverty and financial strain can exacerbate mental health concerns as well as prevent an individual from attaining a sufficient job to support themselves and/or their family.

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Missouri Foundation for Health conducted a community mental health and substance abuse assessment in 2019 that outlined a lot of concerning data for Greene County. The assessment found that rates of depression in Greene County are 36.7% higher than the U.S average. Additionally, 64.5% of outpatient diagnoses are due to depression and anxiety (Missouri Foundation for Health [MFH], 2019). Regarding economic stability, a survey used in the assessment found that 30% of respondents in Greene County identified mental illness and substance abuse as a leading issue affecting workforce (MFH, 2019).

The need psychiatric care in Greene County is a notable component to health disparity as the lack of mental health infrastructure can prevent individuals for meeting their maximum health potential. Currently, the county only has 37.8 beds per 100,000 which is below the national benchmark of 50 per 100,000. Springfield also lacks adequate levels of psychiatrists, with 6.2 per 100,000. This barely reaches the 10th percentile and is short of the national average of 10.9 per 100,000 (MFH, 2019).

Even with sufficient infrastructure, a lack of necessary finances or health insurance can prevent an individual from accessing mental health resources, regardless. One of the greatest disparities in Greene County regarding mental health is suicide. Suicide rates are 221% greater for men than for woman within the county, with 90% of those who die exhibiting symptoms of mental illness or substance abuse (MFH, 2019). While this is not an exclusive trend to Greene County, it is still something to stay aware of when addressing the consequences of mental health issues.

Food Insecurity

Low-income families and neighborhoods may experience lower access to grocery stores, becoming what is known as a “food desert.” A food desert is an area defined by having no grocer within 1 mile (Springfield-Greene County Health Department [SGCHD], 2018). For rural populations, this metric becomes “at least 33% of the population resides more than 10 miles from a supermarket.” All rural communities in Greene County are outside of this metric so, for the purpose of this paper, only Springfield was analyzed for food insecurity. In the latest food insecurity report, 2018, by the Springfield-Greene County Health Department, 16.5% of Greene County was considered food insecure, with census tracts 3,5,02, 6, 11, and 18 being the greatest portion of this (SGCHD, 2018). Most of these census tracts are found in West Central neighborhoods. An update in 2018 reported progress within these census tracts, but a removal of a supermarket in the Westport neighborhood, census tract 17, has made it more susceptible to food insecurity (SGCHD, 2018). 2022 County Health Rankings still state that 15% of Greene County is still food insecure (County Health Rankings & Roadmaps, 2022).

Figures 1 and 2 below show locations of supermarkets and food safety nets (i.e., food pantries, soup kitchens, community gardens, etc.) within the Springfield area.

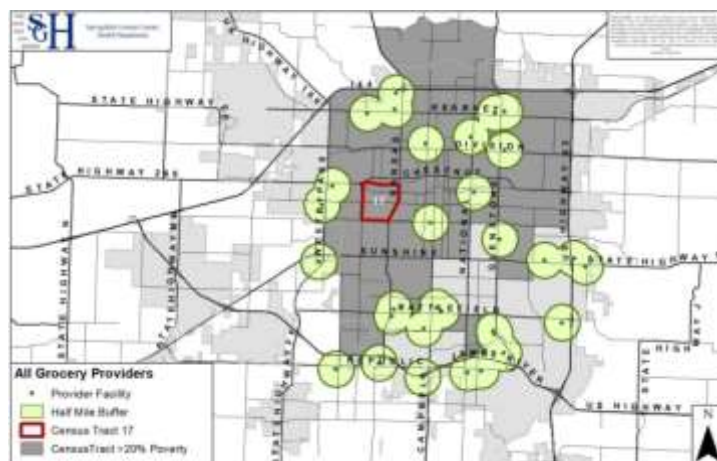


Figure 1: Supermarkets

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Supermarkets and connection to stable food sources are the main predictor of food instability. Areas marked with dark grey are considered food insecure.



Figure 2: Food Safety Nets

Food safety nets provide additional opportunities for individuals to secure meals, but variable hours and schedules do not make them a reliable way source for consistent food needs. Areas that remain dark grey in relation to food safety nets are considered highly food insecure.

A lack of healthy and affordable food choices can lead to unhealthy eating habits and negative health outcomes like cardiovascular disease, diabetes, and dental caries. A family with less money, living farther away from a grocery store are going to feel the consequences of rising food costs more so than other populations. Healthier foods, which may be more expensive, do not become a reliable option for maintaining consistent healthy eating habits. This may be why Greene County has a slightly higher rate of obesity than the national average, at 31% (Missouri Hospital Association, 2022).

Housing Instability

Housing instability is a major problem for low-income, re-entry, and LGBTQ+ populations. LGBTQ+ youth, for example, may be kicked out of their homes for their identify. In a report by the Community Partnership of the Ozarks, over 40% of homeless youth reported being LBGTQ+, while only 3.8% of youth in Missouri identify as LGBT (Community Partnership, 2020). The repeal of a local LGBTQ+ ordinance in 2015, which banned discrimination based on gender identity or sexual orientation in housing, employment, and public accommodations has put queer populations in at an even greater risk for instability.

For incarcerated individuals, a lack of job opportunities and the higher rates of mental and physical health associated with incarceration have led to the re-entry population to be 10X more likely to experience homelessness. These outcomes have led to a greater cumulative affect on the black population than the white (Health Affairs, 2021).

Individuals that find themselves homeless are at greater risk for disease and suffering. Homelessness also has reverse causality with health issues because those living with chronic health issues are more likely to find themselves homeless. National Healthcare for the Homeless Council stated that “homelessness creates new health problems and exacerbates existing ones” (National Healthcare for the Homeless Council [NHHHC], 2019). Exposure to weather, lack of access to appropriate hygiene resources, malnutrition, and increased risks for violence and substance abuse all lead to negative health outcomes. Diabetes, Cardiovascular Disease, HIV, and Hepatitis C are all higher among the homeless population. With higher rates of illness, the homeless die 12 years earlier, on average, than the general population (NHHHC, 2019).

Education Access and Quality

Educational Attainment

Access to a quality education is intrinsically linked to better health outcomes. Less educated adults have worse general health, more chronic conditions, more functional limitations, and disabilities. While there is an effect across all populations, there is an increased effect of education on women and non-Hispanic white adults (Zajacova & Lawrence, 2018).

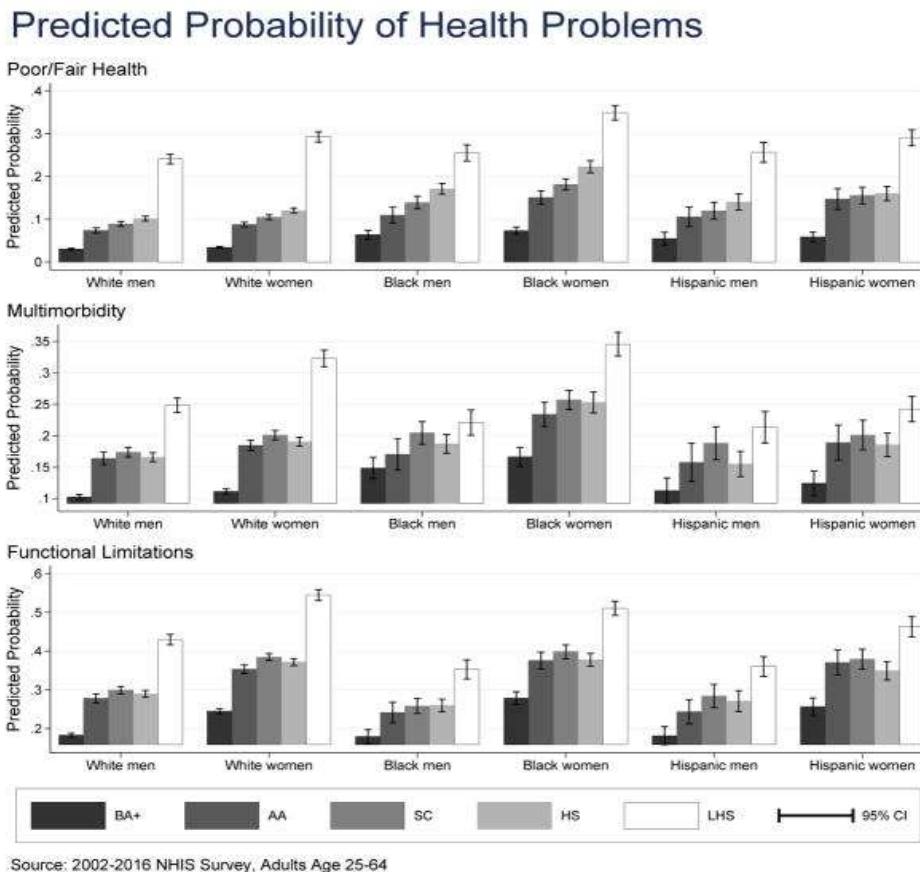
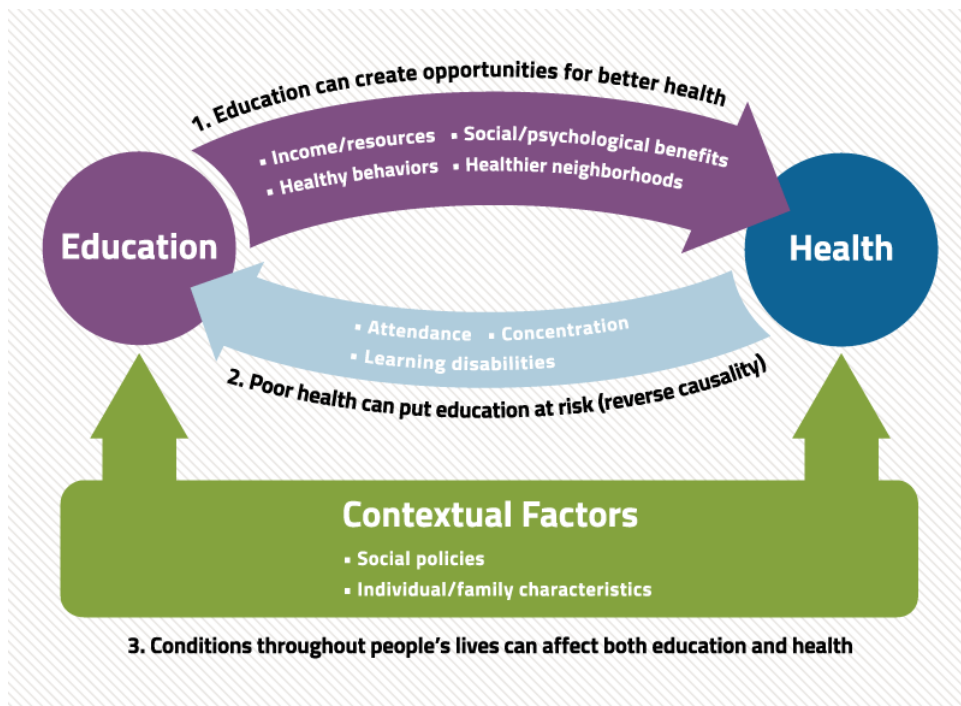


Figure 1: Health and Educational Status

Quality education leads to development of skills and traits that would provide a basis for better health decisions and habit formation. Educational attainment can also provide better benefits to employment, income level, and social networks, leading to better financial, psychological, emotional, and physical health overall. Those with less

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education are more likely to live in neighborhoods with less resources and access to supermarkets and sufficient green space. This environment lends itself to higher crime rates, fewer quality schools, fewer quality job opportunities, higher levels of environmental toxins, and less political influence. Like homelessness, educational attainment has reverse causality with health, with health conditions leading to a higher likelihood of poor academic achievement. The model below visualizes these connections between education and health.



(Center on Society and Health, 2015)

In the Springfield Public School District, schools that have shown the worst academic performance are located on the North side (census tracts 5.01, 6, 10, 19, 31, 33 36, 56) of Springfield, in mostly impoverished neighborhoods. Missouri Assessment Program (MAP) results show that by 3rd grade, many schools in northern zip codes have 40-60% of students scoring “below basic” in Mathematics and 40-50% scoring “below basic” in English Language Arts. By the 8th grade, some northern schools have 50-70%

“below basic” in Mathematics and 30% “below basic” in English Language Arts (Springfield News-Leader, 2022).

Early Childhood Development

The consequences of poor education can also lead to health outcomes that worsen academic achievement for an individual’s children. (Center on Society and Health, 2015). While Greene County has a healthy graduation rate for high school at 92.4%, early childhood development and preparation for kindergarten is still a challenge in the community. A 2018 kindergarten readiness survey for Springfield Public Schools, by the Dixon Center for Research & Service at Missouri State University, showed that 26% of students were not prepared and only 30.1% were well prepared. Readiness or preparedness status determinations in this assessment are based on various criteria. Missouri’s Department of Elementary and Secondary Education outlines kindergarten entry assessment criteria to include motor skills, social/emotional development, cognition & general knowledge, approaches toward learning, and language & literacy (Missouri’s Department of Elementary and Secondary Education, 2022). Children eligible for free or reduced lunch were disproportionately affected, with 40.6% not prepared and only 15.6% well prepared. This is also correlated with those that did not attend a formal preschool or early childcare program, with 51.1% not prepared and 15.9% well prepared. Combining both these factors, shows that 57.1% of these children are not prepared for kindergarten (Fallone, 2019).

Children that have access to affordable early childhood development programs have better cognitive and emotional development, self-regulation, and overall academic achievement, leading to better overall health outcomes into adulthood (CDC, 2016). In

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Greene County, the cost burden associated with proper childcare is some of the highest in the State, accounting for 25-33% of a household's income (County Health Rankings, 2022). The cost of childcare alone makes it harder for children to get ahead, this coupled with education achievement gaps, pandemic-related learning challenges, and teacher shortages (as outlined in the 2021 Community Focus Report) makes it nearly impossible for children to learn the skills they need to reach their maximum health potential.

Health Care Access and Quality

Insurance

Access to quality healthcare that is affordable is vital to determining healthy outcomes in all individuals. In Greene County, 13.4% of individuals still are without insurance. The Affordable Care Act helped to close the gap in coverage in 2010, providing health coverage for 273,000 people in Missouri, but a lack of Medicaid expansion has left 124,000 people without insurance that would be eligible with such expansion (Missouri Foundation for Health, 2019).

There are multiple populations within Greene County that have higher percentages of being uninsured. For example, men have a higher rate of being uninsured with 13.1% compared to 9.8% for woman. Below is a table comparing insurance rates for minority groups in Greene County.

Population	Uninsured %
All	13.4%
White	10.7%
Asian	8.5%
Black/African American	19.0%
American Indian and Alaska Native	19.1%
Hispanic	26.1%
Hawaiian and Pacific Islander	16.7%*
Some Other Race	38.3%

*Large margin of error and may be unreliable

(Source: Census Bureau and American Community Survey, 2021)

Hospital Utilization

The healthcare system in America is decentralized in which there are various agencies, both public and private, that are working independently to provide health care to the population. This structure has led to many instances of fragmentation within the healthcare system, in which a lack of appropriate coordination among various agencies and can lead to improper treatment of patients and high costs for services. Those that do not have proper insurance will not seek preventative care and go to an emergency room when in need of help. Individuals that do this may end up utilizing this approach regularly because their complicated health needs are not being addressed appropriately. This is a major concern for an already burdened system, as these types of emergency services are extremely costly. A patient that becomes reliant on this type of healthcare is known as a “super-utilizer.” The Centers for Medicare and Medicaid Services (CMS) has defined super-utilizers as “patients who accumulate large numbers of emergency department (ED) visits and hospital admissions which might have been prevented by relatively inexpensive early interventions and primary care” (Johnson, 2015). In Greene County, American Indian/Alaskan Native and Black individuals are 1.94X and 1.74X higher in super utilizer status, respectively (Missouri Hospital Association, 2022). While this is true, many individuals within Greene County do not seek regular preventative care through a primary care physician. The Missouri County-Level Survey from the Missouri Department of Health and Senior Services showed that 29.83% of individuals do not have a regular doctor (Missouri Department of Health and Senior Services [DHSS], 2016).

Dental Accessibility

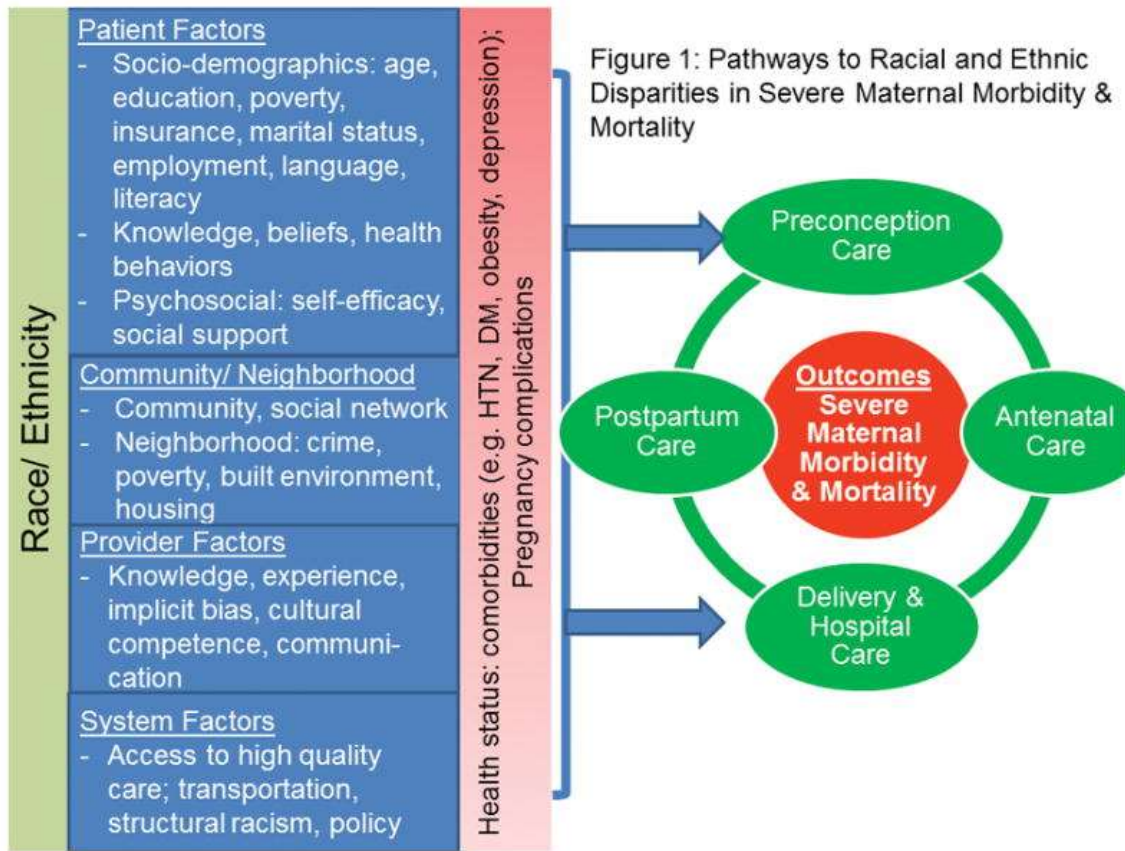
Dental care is also an important tool to maintain overall health and wellbeing. Improper oral hygiene has been linked to endocarditis, cardiovascular disease, pregnancy/birth complications, and even greater risk for pneumonia (Mayo Clinic, 2021). Greene county has a lower ratio of the population for each dentist at 1,300:1 compared to Missouri's overall ratio of 1,670:1 (County Health Rankings, 2022). The Missouri County-Level Survey showed that 28.94% of participants could not get dental care in Greene County. 49.73% of these responses were due to cost of care, 10.39% due to lack of participation, and 61.52% due to other reasons (DHSS, 2016). This has a disproportionate effect on the black population as they have 1.97X higher incidence of dental decay (MHS, 2022). Risk factors like substance abuse and tobacco usage also increase the need for dental services as these risk behaviors are associated with gum disease and tooth decay (National Institutes of Health, 2021). In Green County, the Black population also show higher rates of by these behaviors, with 1.60X higher incidence for substance abuse and 1.61X higher incidence for tobacco usage (MHS, 2022).

Maternal/Infant Health

The United States has the highest rate of maternal mortality rate of all developed countries, almost double that of other developed countries (Tikkanen et al., 2020). In 2018, Missouri ranked 42nd in maternal mortality (MO-DHSS). Black women are especially vulnerable in America as they are 3-4X more likely to die from pregnancy-related deaths than white women (Howell, 2018). In Missouri, black infant mortality is almost 2X higher than white infants (Kaiser Family Foundation, 2019).

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There is likely a variety of factors that have led to a disproportionate negative health outcomes for black mothers and infants. The model below shows how various social determinants can affect maternal morbidity and mortality.



(Howell, 2018)

In Greene County, other issues face mothers and infants. Black women go into pre-term labor 2.37X more than other populations. Black infants are at a low birthweight 1.76X more than other populations. Asian and Hispanic mothers experience gestational diabetes 2.5X and 2.27X more than overall population, respectively (MHA, 2022). Adequate prenatal care plays an important role in preventing some of these health outcomes. The Office of Woman’s Health at the US Department of Health and Human Services states that babies of mothers without prenatal care are 3X more likely to experience low birth weight and 5X more likely to die (US Department of Health and

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Human Services [USHHS], 2021). Those populations living in poverty, lacking health insurance, or are low income are not going to be able to afford the proper prenatal care necessary to ensure the health of both the mother and the fetus.

Poverty and the lack financial resources and/or health insurance creates a barrier in which pregnant individuals may not seek the proper prenatal care they need, leading to these disparities.

Neighborhood and Built Environment

Housing

A healthy home is an important factor in ensuring good health outcomes for an individual. Old houses that may have mold, lead paint, poor ventilation, dirty carpets, and pest infestations increase risk for disease in both adults and children, including asthma, neurological damage, and increased risk for infectious disease. Those that have lower incomes do not have the capacity to fix these issues themselves and can lead to generations of health issues for a community. One model furthers this association between housing and health by describing four pathways, which include 1) Stability: having a stable home; 2) Quality & Safety: conditions inside the home; 3) Affordability: financial burdens of high-cost housing; and 4) Neighborhood; the environmental and social characteristics of where people live (Taylor, 2018).



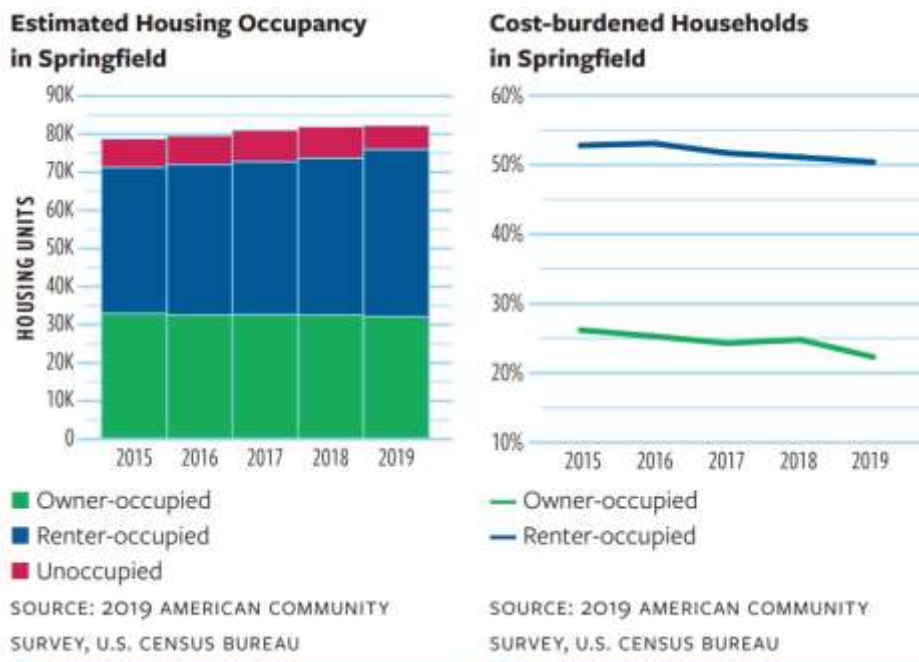
(Taylor, 2018)

Greene County continues to face major issues when it comes to safe and affordable housing. The 2021 Community Focus Report outlined the need for additional housing and investment into the aging housing stock. Springfield, specifically, has many historic neighborhoods that often require additional maintenance. With many individuals

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living with low-income, these fixes become too expensive, and they can be forced to live in potentially unsafe and unsanitary conditions. Currently, an individual working minimum wage would have to work 68 hours per week to afford a 2-bedroom rental home at a fair-market rent payment of \$836 a month (Springfield Community Focus, 2021).

The cost-burden to renters, the primary form of occupancy in Springfield, is also higher than homeowners. Data shows that those renting pay a much larger portion of their monthly income (~50%) compared to homeowners (~22%).

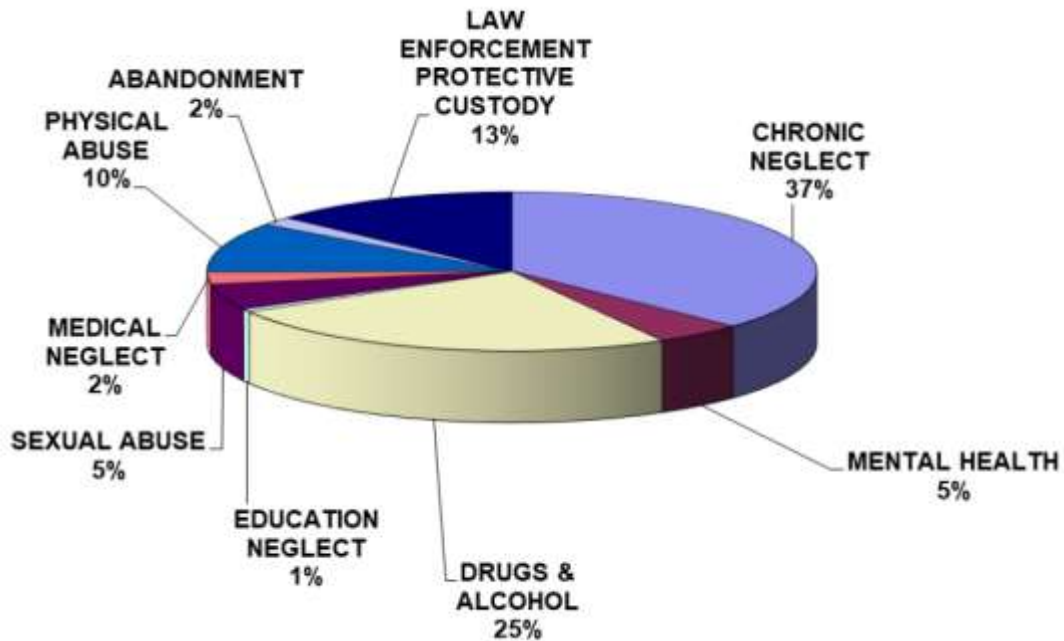


(Community Focus Report, 2021)

Although Greene County has a much lower cost of living than many places throughout the US, rising housing costs and the inadequate ability to improve aging homes will continue to prevent individuals from meeting their maximum health potential.

Child Abuse/Neglect

According to the 2018 Annual Report from the Greene County Juvenile Office, there were an average of 569 children in protective custody on a monthly basis (Juvenile Justice Center, 2019). Reasons for referral are as described in the chart below:

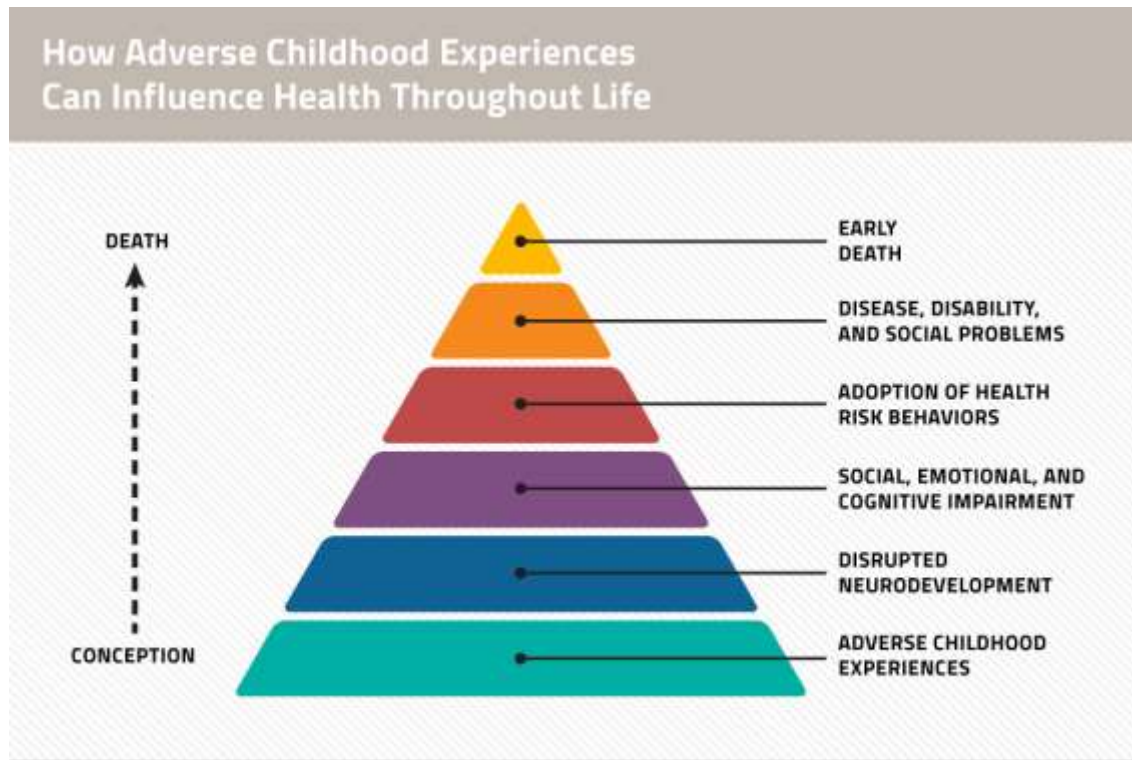


(Juvenile Justice Center, 2019)

Our ability to reach our health potential can be determined very early in life. Chronic exposure to environmental, physical, or emotional stressors are known as “adverse childhood experiences,” or ACEs, and can disrupt a child’s neurological, dampen the immune system, cause biological changes that lead to increased risks for diseases, or cause an increased chance for unhealthy risk behaviors.

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Below is a model that depicts the negative cascading effect of adverse childhood events on an individual over the course of one's life and how it can be attributed to an early death:



Adapted from Felitti et al., 1998 and Whitfield CL at <http://www.cbwhit.com/ACEstudy.htm>.

(Center on Society and Health, 2015)

National data shows that adverse childhood events (ACEs) are more common in low-income families, racial/ethnic minority groups, and females (Mersky, et.al., 2021). The Child and Adolescent Health Measurement Initiative (CAHMI) shows that Missouri follows the national average with approximately 40% of children experiencing at least 1 ACE (Child and Adolescent Health Measurement Initiative, 2021). In 2021, the Connecting Grounds did a study of low-income and homeless individuals in Greene County and found that the average ACE score was 5.38. This was compared to their most recent 2022 survey of consistently housed individuals whose average was 2.59 (Connecting Grounds, 2022).

Social and Community Context

Whether it is implicit, explicit, or systemic, discrimination does occur in our society. Explicit racism or prejudice is not believed to be a major issue for medical providers today, but minority populations still report discrimination when dealing with clinicians and often receive lower-value or suboptimal care (Radley et.al., 2021). Lasting implicit bias has been shown to be a driving force for the disparities that some minority groups face when seeking medical treatment. For example, studies that measured implicit bias through implicit association tests (IAT) and frequency of treatment have shown that physicians are less likely to prescribe pain medications or properly treat diseases for black patients than they do white patients (Bridges, 2022). This is supplemented with reports of interpersonal racism and discrimination when dealing with clinicians and

Years of segregation have also forced minorities into areas that are more hazardous for overall health. Redlining practices that prevented minority groups from getting loans or investments to improve their communities also kept specific areas within a city less developed than others. Even now, as of 2021, Missouri was ranked 43rd in residential segregation (AHR, 2022). The historical policies that first kept minority populations separate are still visible today even after such explicit discrimination stopped.

Various forms of discrimination have created generations of policies like over policing of minority neighborhoods, the “War on Drugs,” leading to mass incarceration of a disproportionate amount of the black population who then are subjugated to the health and financial inequities that will face them post-imprisonment. The consequences these individuals face, post-incarceration, also play a role in the health outcomes that our community faces.

Conclusion

Every aspect of society plays a part in the health outcomes of the individuals that live within it. While biology plays a major role in the predispositions a person may have over the course of their life, the neighborhood they grow up and live in, and the institutions that support them, play a bigger role in the overall outcome of their health span. Those that are deprived of a fair opportunity to live in healthy homes, nurturing communities, and access to affordable care are much less likely to reach their maximum health potential.

For Greene County, the primary barrier to maximum health potential is low-income and impoverished neighborhoods. A lack of investment in large portions of Northern Springfield has left many individuals without the tools necessary to find success in overall well-being. Poverty leads to a cycle of circumstances and behaviors that's cause negative health outcomes. Generations of historical discrimination has kept some minority groups in these impoverished areas and has led to greater health disparities among these individuals compared to other demographics within the community.

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