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UNEMPLOYMENT AND OPIOIDS, AN UNEXPECTED CONNECTION

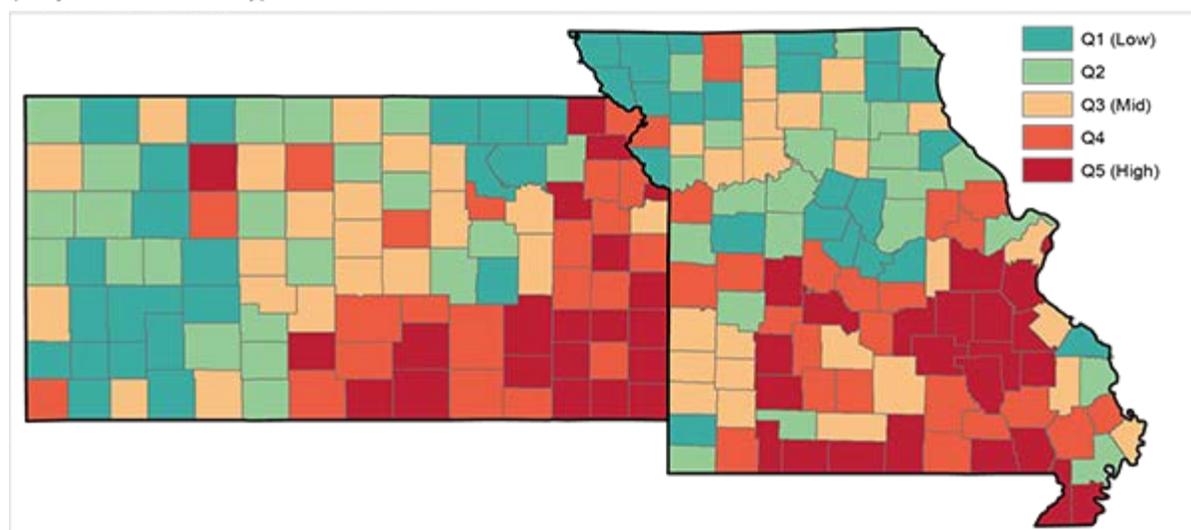
JEFFERSON CITY, Mo./TOPEKA, Kan./KANSAS CITY, Mo. — A strong correlation between unemployment and opioid use and abuse exists in many Missouri and Kansas counties, creating workforce challenges for employers and cycles of unemployment for many prime-age workers in both states, according to [new research](#). The research adds a new dimension to the states' opioid crisis, and an opportunity for broader collaboration to identify causes and solutions to the problem.

“This research underscores the need for health care leaders, policymakers and members of the business community to stand shoulder-to-shoulder in the opioid crisis,” said Herb B. Kuhn, president and CEO of the Missouri Hospital Association. “Manufacturers, primarily in rural areas, are starting to report difficulty in pairing open positions with workers who can pass a standard drug test. The research is an additional sign that the opioid crisis is both an economic and public health issue for Kansas and Missouri.”

Using federal and state datasets, the researchers examined the combined data for unemployment, drug-related mortality, opioids prescribed per capita and opioid-related hospital utilization. Large geographically-contiguous portions of Kansas and Missouri were found to be at high risk, with many rural counties in both states at the highest-level risk. The problem also was evidenced in urban and suburban communities.

“The power of this research is that it allows predictive analysis of hotspots where opioid abuse — for a variety of reasons — may be causing disruptions in the labor force,” said Tom Bell, president and CEO of the Kansas Hospital Association. “When a large group of prime-age workers are sitting on the sidelines, cities, counties, states and regions have a stake in addressing this challenge.”

Opioid Dependence Risk in Missouri and Kansas Counties Estimated With Principal Component Analysis of Unemployment, Drug-Related Mortality, Morphine Milligram Equivalents Prescribed Per Capita and Hospital Utilization for Opioid Misuse (component 1 shown in map)



Source: Authors' analysis of data from the U.S. Bureau of Labor Statistics, U.S. Centers for Disease Control and Prevention and Hospital Industry Data Institute.

In Kansas, the top-five highest risk counties, in order of risk, were Cherokee, Wilson, Atchison, Greenwood and Sedgwick. Two of Kansas' top-five counties share a border with Missouri — the only state without a traditional prescription drug monitoring program.

In Missouri, the top-five risk associated counties in order were Iron, St. Francois, Phelps, St. Louis City and Dent.

Correlations between economic insecurity and opioid abuse have been established in other

research. However, the data have never been collected and arrayed to expose the implications for specific counties and regions.

“We must make families — parents, children, and adults in general — aware of the employment and safety challenges that opioid and other drug use poses for workplace safety and their personal economic security,” said Clyde McQueen, President/CEO of the Full Employment Council in Kansas City, Mo. “Vigorous education campaigns, prevention and treatment approaches must be accelerated to ensure our country isn’t advertently sidelined by the adverse social and economic crisis created through opioid addiction.”

According to McQueen, drug abuse as a whole and the opioid crisis in particular, poses a crisis for employers as they work to educate, train and recruit today’s workers and the future workforce.

The research was released to help inform investment and policymaking related to both the opioid crisis and existing workforce challenges.

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The [Full Employment Council, Inc.](#) is the administrative entity/fiscal agent for the Kansas City & Vicinity Workforce Development Board. FEC is a business-led private non-profit corporation whose mission is to obtain public and private sector employment for the unemployed and the underemployed residents of the Greater Kansas City area. FEC accomplishes this goal by working in collaboration with businesses, local units of government, educational institutions, labor organizations, and community-based organizations. These partnerships respond to employer needs while reducing unemployment, underemployment, and the public dependency of area residents.

The [Kansas Hospital Association](#) is a voluntary, non-profit organization existing to be the leading advocate and resource for members. KHA membership includes 215 member facilities, of which 127 are full-service, community hospitals. Founded in 1910, KHA’s vision is: “Optimal Health for Kansans.

The [Missouri Hospital Association](#) is a not-for-profit association in Jefferson City that represents 145 Missouri hospitals. In addition to representation and advocacy on behalf of its membership, the association offers continuing education programs on current health care topics and seeks to educate the public about health care issues.