Madison
HEALTH

Your Feedback Makes Us Better

Madison Health is committed to building a healthier community. Your voices are essential for helping us understand the needs of the communities we serve.

If you would like to send comments regarding the Community Health Needs Assessment (CHNA), you can forward them to Madison Health Leadership.

This report was adopted by the Madison Health Board of Directors on 11/20/2025 and made available to the public on 12/31/2025

Letter From The CEO

Welcome to Madison Health, proudly serving London, OH, and the surrounding community.

At Madison Health, our providers are more than just medical professionals. They are a part of our community, committed to delivering the personalized, high-quality care our patients deserve. We take pride in consistently meeting the healthcare needs of the people we serve, ensuring compassionate and comprehensive care for every patient.

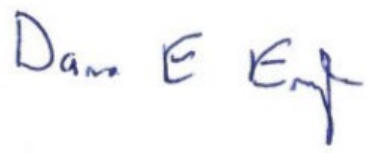
Through this assessment, report, and subsequent actions, we aim to strengthen collaboration among hospitals, healthcare providers, social service organizations, and other community stakeholders who play a vital role in shaping public health.

In today's evolving landscape of population health management, fostering partnerships and coordination across various providers is essential. By working together, we can enhance patient care, emphasize prevention, health promotion, and wellness, and ensure a more proactive approach to meeting our community's health needs.

In 2022, Madison Health conducted a CHNA to evaluate the most pressing health priorities in our service area. With valuable input from community members, we developed a targeted implementation strategy to address these needs. This plan was carefully reviewed and approved by our Governing Board and has since guided our efforts to improve health outcomes.

This year, we are conducting a new CHNA to reassess community health needs, identify emerging challenges, and refine our approach to strengthening local healthcare services. The insights gained will help shape future initiatives and ensure that our hospital continues to meet the evolving needs of those we serve.

We extend our gratitude to all community members, partners, and stakeholders who contributed to this assessment. Your input is invaluable in shaping the future of healthcare in our region. We look forward to working together to enhance community health and uphold Madison to provide exceptional healthcare in a respectful, compassionate, and healing environment. Madison Health's mission is to provide high quality outpatient and inpatient services to the Madison County Communities.



Dana Engle, Chief Executive Officer

Contents Madison Health Community Health Needs Assessment

Introduction to the Community

Goals of our CHNA

The goals of the CHNA were to:

1. Improve our performance in all areas.
2. Promote a culture of integrity and high, ethical standards.
3. Maintain the highest standards of patient care.
4. Understand and meet the healthcare needs of the communities we serve.

Addressing Identified Priority Health Needs

Madison Health will use the information and insights gained through the assessment to guide our work in improving the health of the communities we serve. We will develop an implementation plan to detail how we will address priority health needs in collaboration with the hospital, community members, and public health and county officials.

Who We Are

Get to know Madison Health

Our Mission
To provide exceptional healthcare in a respectful, compassionate, and healing environment.

Our Vision
To be the healthcare provider of choice for the people who live and work in the Madison County and the surrounding area.

Our Values:

Respect for people
We treat everyone with kindness and respect.

Stewardship of Resources
We manage the resources entrusted to us in a responsible and effective manner.

Commitment to Excellence

We continuously strive to:

- Improve our performance in all areas.
- Promote a culture of integrity and high ethical standards.
- Maintain the highest standards of patient care.
- Understand and meet the healthcare needs of the communities we serve.

Where We Make an Impact

Counties We Serve	
County	**Census**
Madison	45,531
Clark	134,985
Franklin	1,356,303

Service Area and Community of The Hospital

The CHNA was conducted by the Hospital during 2025 for Madison County and neighboring communities. Madison County has approximately 45,531 (2024 U.S. Census) residents, roughly 466 square miles and a median age of 44.7 years (U.S. is 38.7). Additionally, the Hospital provides services to members of the bordering counties of Franklin (1,356,303) and Clark (134,985). The number of persons per household in Madison County is 2.56 (U.S. is 2.54) and race is as follows: 86.6% White, 6.3% Black or African American, 0.4% Native American, and 1.6% Asian.

When ranking the health of Ohio compared to other states, Ohio falls rather high (lower is better) coming in at 34th out of 50 states. Out of the 88 counties in Ohio, Madison comes in slightly above the state average in terms of population health and well-being. When comparing access to healthcare, there are factors to help Madison County improve their ranking in the state and one of those factors in access to primary care. The state average is 1,330 people to 1 primary care physician and Madison is 3,170 people to 1 primary care physician.

The defined communities served within this report did not exclude the medically underserved, low-income, or minority populations who live in the below geographic areas. In addition, the report did not exclude patients based on whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy.

Organizational History

Since 1915, Madison Health had been a dream and a goal of county citizens. That dream was realized when the hospital opened its doors in 1962. “Our founders” worked hard to ensure the new hospital offered modern conveniences and equipment. Today, it continues to be our mission to offer the latest technology and a healing environment for exceptional patient care.

At Madison Health, we are proud to serve as your trusted, local healthcare partner. With advanced technology, clinical excellence, and a deep commitment to compassionate care, we’re here to support the health and well-being of our community—every step of the way.

Executive Summary

In 2025, Madison Health conducted a Community Health Needs Assessment (CHNA) to identify the most pressing health concerns, both met and unmet, across its service area. The assessment focused primarily on Madison County (pop. 45,531), including the city of London, OH, and surrounding rural communities served by the hospital.

The CHNA was guided by two primary objectives:

1. To identify key health challenges and opportunities for improvement, and to support collaboration among local healthcare providers and community stakeholders.

2. To meet the federal requirements outlined in the Patient Protection and Affordable Care Act (PPACA) of 2010, which mandates that nonprofit hospitals conduct CHNAs every three years.

A combination of primary and secondary data sources was used to inform this report. Primary data was collected through community surveys and stakeholder interviews. Secondary data was drawn from publicly available sources, including county, state, and national health databases, public health rankings, and U.S. Census data. These insights were used to assess gaps in services and identify health disparities across the population.

It is important to note that the community survey was not statistically representative, and certain vulnerable populations without internet access were less likely to be captured in web-based survey responses. This limitation may underrepresent the needs of the most underserved community members and may include immigrants, the homeless, or any individual with low education and income levels. The CHNA reflects Madison Health's ongoing commitment to improving the health and well-being of its community through evidence-based planning, community engagement, and equitable service delivery.

Following data collection and analysis, Madison Health identified and prioritized the key health needs of the community. These findings are summarized in the "Key Findings" section of this report, which outlines the major health concerns, underlying causes, and strategic opportunities for action.

1. Access to Primary & Specialty Care
2. Cost & Insurance Barriers
3. Mental Health & Substance Use Service
4. Chronic Disease, Lifestyle & Prevention and Food Insecurity
5. Transportation & Geographic Isolation

Conducting The Assessment

The Hospital engaged Blue & Co., LLC (Blue & Co.) to assist the Hospital in conducting the CHNA and analyzing the data for the CHNA requirements set forth in section 9007 of the Patient Protection and Affordable Care Act (PPACA) of 2010. Blue & Co. is a Certified Public Accounting firm that provides, among other services, tax consulting and compliance to the healthcare industry. The Hospital provided all of the financial support for the assessment process.

The CHNA requirements were effective starting taxable years beginning after March 23, 2012. On December 29, 2014, the Treasury Department and the IRS published final regulations for section 501(r) located in 26 CFR part 1, 53, and 602.

The assessment was developed to identify the significant health needs in the community and gaps that may exist in services provided. It was also developed to provide the community with information to assess essential healthcare, preventive care, health education, and treatment services. This endeavor represents the Hospital's efforts to share information that can lead to improved healthcare and quality of care being available to the community, while reinforcing and augmenting the existing infrastructure of services and providers.

Completing The Assessment

Documenting the healthcare needs of a community enables hospitals and healthcare organizations to design and implement cost-effective strategies that improve the health and well-being of the populations they serve. A robust, data-driven assessment process can uncover critical health priorities and challenges related to prevention, education, early detection, diagnosis, service delivery, and treatment.

To support this effort, Madison Health partnered with Blue to conduct a comprehensive assessment utilizing both primary and secondary data sources. The goal was to identify unmet health needs, existing service strengths, and areas for strategic improvement.

In collaboration with hospital leadership, Blue developed a structured set of interview questions and a community survey to gather input from a diverse range of stakeholders. Outreach efforts included in-depth interviews with community leaders, healthcare professionals, and members of the hospital's medical board, as well as distribution of an online survey designed to engage residents from across the hospital's service area.

This data collection strategy aimed to ensure representation from various geographic, economic, and demographic segments of the population. Once primary data had been gathered and secondary sources analyzed, findings were reviewed with hospital leadership through facilitated meetings. These discussions served to validate the results, prioritize community health needs, and identify potential gaps between available services and population needs.

This collaborative process reflects Madison Health's commitment to evidence-based planning and continuous improvement, ensuring that future investments align with the community's most urgent and high-impact health challenges.

Evaluation of 2022 Community Health Needs Assessment

The following section highlights the community health needs identified in Madison Health's 2022 CHNA and details the initiatives undertaken to address these priorities.
*These statements are taken directly from the individuals and committees that have worked on the following initiatives.

Access to Care

Goal: Improve access to care by increasing the number of primary care providers in Madison County / improve access to care by increasing the number of available appointments.

Actions Taken:

- Madison Health hired Dr. Durga Jonnalagadda MD, Dr. Katherine Binns, DO, Heidi Fauber, NP, and Julie Brockman, NP, increasing departmental capacity and expanding services with a new primary care location in Clark County, thereby improving access for residents in western Madison County.
- Provider schedules were restructured to increase overall appointment slots and same-day availability.
- Pediatric walk-in hours were introduced in late 2022, allowing sick visits without appointments Monday through Friday from 7:00 a.m. to 8:30 a.m.
- In 2024, the primary care department implemented a new phone system to improve patient access and staff response times.

Substance Abuse

Goal: Reduce overdose rates in Madison County.

Actions Taken:

- Madison Health utilized the "New Vision" program until 2024, then transitioned to a partnership with BaseCamp, founded by an ER physician specializing in addiction and recovery.
- BaseCamp provided comprehensive resources for medical withdrawal management patients, including on-site weekly addiction specialist Dr. Omar I. Ahmed, MD.
- Transportation and additional support services offered through BaseCamp following inpatient treatment at Madison Health.

Evaluation of 2022 CHNA Continued

Cancer Rates

Goal: Reduce mortality through improved screening initiatives and prevention strategies throughout the county.

Actions Taken:

- Madison Health participated in a free skin cancer screening event in partnership with a local dermatologist.
- Launched a dedicated Lung Cancer Screening Clinic with streamlined referrals from primary care providers across the county.
- Implemented tracking software to manage patient screening data, generate reminder letters to eligible patients, and communicate results and recommendations to Primary Care Providers (PCPs).
- Hired a nurse to oversee breast and colon cancer screening records, contact patients, and ensure documentation aligns with surgical recommendations.
- Beginning in October 2023, patients not eligible for the Breast and Cervical Cancer Project (BCCP) received screening mammograms at no out-of-pocket cost, supported by the Madison Health Foundation. To date, 78 patients have been served with $25,000 in assistance.

Obesity, Inactivity, Unhealthy Food

Goal: Promote healthier lifestyles through improved diet and increased physical activity.

Actions Taken:

- Madison Health maintained representation on the Madison County Local Food Council since its inception.
- Employed a full-time dietician and actively promoted nutrition services.
- Hosted a health fair in 2024 offering health screenings and wellness tips.
- Planned additional community activities throughout 2025 to promote diet and exercise.

Primary Data Sources

Community input surveys at a glance:

- Conducted between February and July dates conducted by Insights collected from 232 survey participants within the defined CSA.
- Collected from individuals age 18 and older.
- Available online or on paper.
- Disseminated in English and available in other languages as requested.
- 38 questions.
- Asked about demographics, community health status, strengths, opportunities for improvement.
- Promoted widely through social media and an email blast.

Key interviews at a glance:

- Conducted between February and July.
- Interviews with 10 key county leaders from the service area.
- Participants represented a diverse range of ethnic, racial, religious, and socioeconomic backgrounds.
- Madison recruited participants through hospital community partnerships.

Secondary Data Sources

Secondary data sources at a glance:

- Peer-reviewed literature and white papers.
- Existing assessments and plans focused on key topic areas.
- County-wide health outcomes data, focusing on the most significant need.
- Social Determinants of Health.
- County Health Rankings.
- America's Health Rankings.
- Centers for Medicare and Medicaid Services.
- State agencies:
    - State Board of Education.
    - Department of Healthcare and Family Services.
    - Department of Human Services.
    - Department of Public Health.

Federal sources:

- Centers for Disease Control and Prevention PLACES project.
- Centers for Medicare & Medicaid Services data accessed through the Dartmouth Atlas of Health Care.
- Environmental Protection Agency.
- Health Resources and Services Administration.
- Housing and Urban Development.
- United States Census Bureau American Community Survey.

Key Findings

The following describes the data we collected for Madison Health.

Demographics:

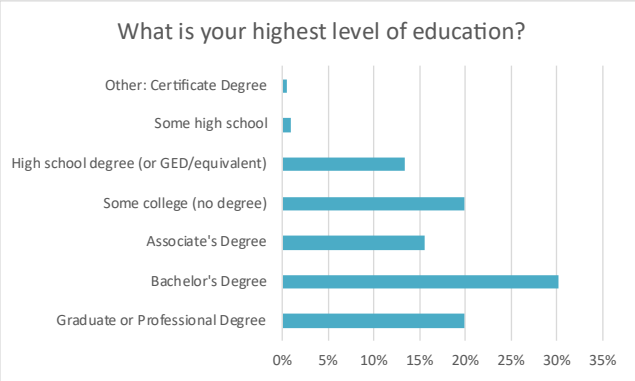
Demographics affect each person's ability to be healthy. Considering the demographic makeup of a community is crucial for shaping community health initiatives to improve health outcomes.

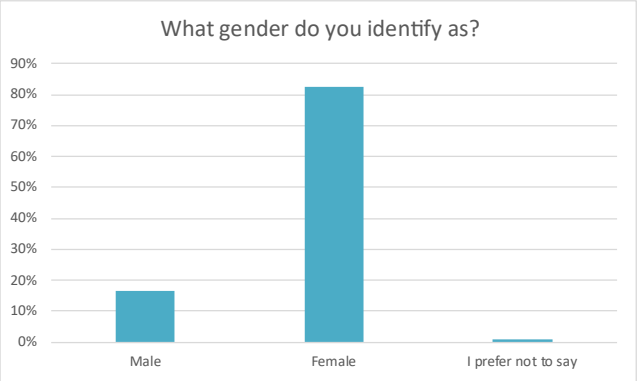
1,536,819 Total Residents

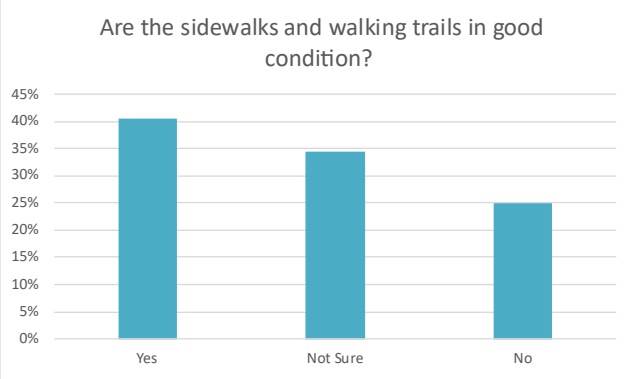
781,551 Women

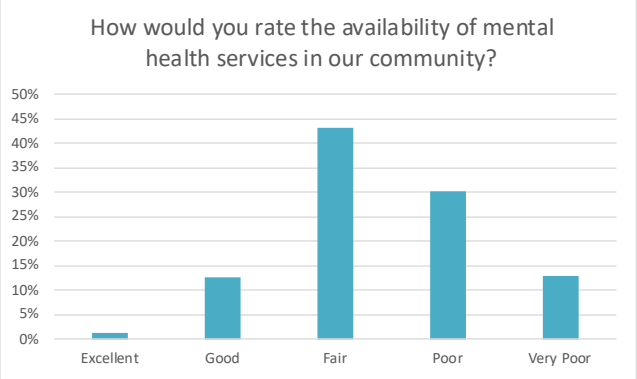
755,268 Men

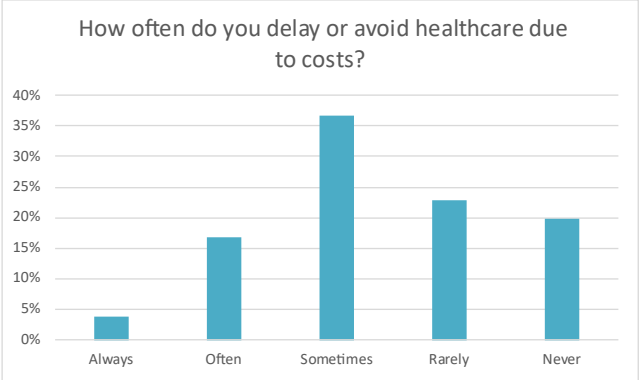
Surveys

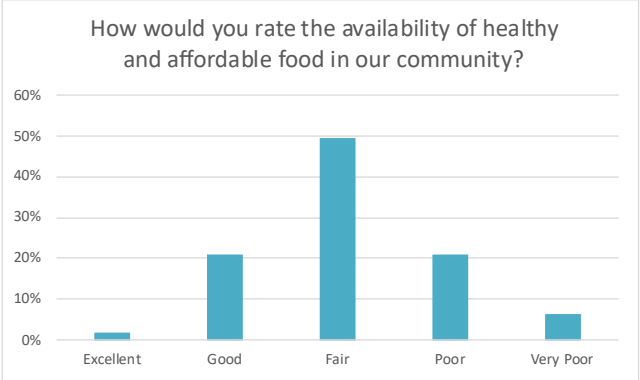

What is your highest level of education?
Other: Certificate Degree
Some high school
High school degree (or GED/equivalent)
Some college (no degree)
Associate's Degree
Bachelor's Degree
Graduate or Professional Degree
0%
5%
10%
15%
20%
25%
30%
35%

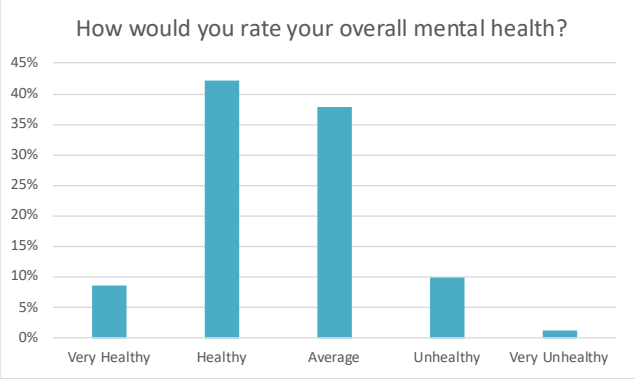

What gender do you identify as?
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Male
Female
I prefer not to say

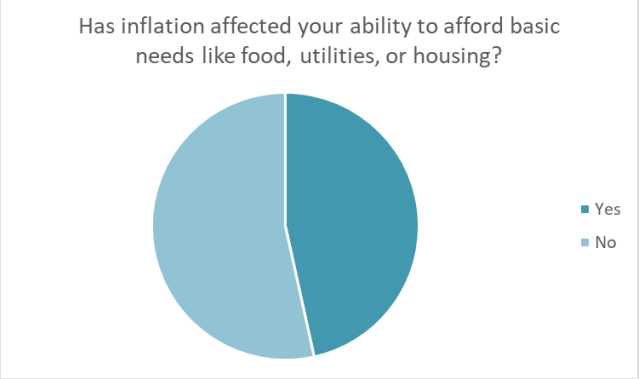

Are the sidewalks and walking trails in good condition?
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Yes
Not Sure
No


How would you rate the availability of mental health services in our community?
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Excellent
Good
Fair
Poor
Very Poor


How often do you delay or avoid healthcare due to costs?
40%
35%
30%
25%
20%
15%
10%
5%
0%
Always
Often
Sometimes
Rarely
Never


How would you rate the availability of healthy and affordable food in our community?
60%
50%
40%
30%
20%
10%
0%
Excellent
Good
Fair
Poor
Very Poor


How would you rate your overall mental health?
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Very Healthy
Healthy
Average
Unhealthy
Very Unhealthy


Has inflation affected your ability to afford basic needs like food, utilities, or housing?
Yes
No

Interviews

Responses to the question: "How would you rate the health and quality of life in Madison County on a scale from 1 (poor) to 5 (excellent)?"

Poor (1)	0%
Fair (2)	36%
Good (3)	36%
Very Good (4)	27%
Excellent (5)	0%

Responses to the question: "In your opinion, has the health and quality of life in Madison County improved, remained the same, or declined in recent years?"

Declined	0%
Improved	40%
Same	60%

Contributing reasons and influences on health and quality of life:

Obesity/ Lack of Exercise Opportunities
Lack of Resources to support Chronic Conditions
Lack of awareness of resources
Lack of OB/GYN Resources
Rural settings with fewer services and amenities than metropolitan areas

Responses to the question: "Do you believe there are individuals or groups in Madison County whose health or quality of life may be worse than others?"

Yes	100%
No	0%

Interviews Continued

Who are those groups of people affected:

Impoverished
Elderly
Individuals who choose not to engage with their community
More Rural Communities

Sample of responses to the question: "What barriers, if any, exist to improving health and quality of life in Madison County?"

Cost (Patient Responsibility)	29%
Transportation (Per Interviews)	43%
Provider Availability	21%
Education on Resources	7%

"Economic challenges, limited provider availability, and the complexities of the current billing structure all play a role. Many individuals who genuinely need services could manage reasonable reimbursement costs but when they're faced with inflated, unexplained bills, it discourages them from seeking care altogether." – Interview Participant

Sample of responses to the question: *"What are the most critical health and quality of life issues?"*

Chronic Disease (Mental Health, Cancer, Heart Disease and Diabetes)	17%
Lack of Education in Resources (Programs, Insurance, Community Centers)	33%
Access (Provider access, Exercise access, Community Center)	25%
Support System (Family)	8%
Drugs (Vaping, Alcohol, Substance Abuse)	17%

"This issue could be addressed by eliminating the "food desert" in the center of London, where access to fresh, healthy food is limited. The area is primarily served by stores like Dollar General, which often lack nutritious options and contribute to unhealthy living conditions." – Interview Participant

Responses to the question: "Has access to health improved in last few years?"

Stayed The Same	40%
Improved	60%
Declined	0%

Economic Stability

Poverty is a major determinant of health, influencing infant mortality, life expectancy, and chronic disease risk. Financial insecurity also increases exposure to adverse childhood experiences (ACEs), as families struggling to meet basic needs may be unable to provide a stable, healthy environment for children, impacting their long-term mental and physical health.

ALICE (Asset Limited, Income Constrained, Employed) families, who earn above the poverty line but still struggle financially, face additional challenges, as they often do not qualify for public assistance, further limiting their access to essential healthcare and support systems.

Sources: NIH Study: The Link Between Adverse Childhood Experiences & Financial Security in Adulthood & Health Policy Institute of Ohio

Community Input: Economic Stability

"I pay for coverage, but it doesn't cover much, or the deductible is too high, or prescription co-pay is outrageous."

"We need more affordable transportation for low-income residents to be able to go outside of Madison County for medical appointments."

– Survey Participants

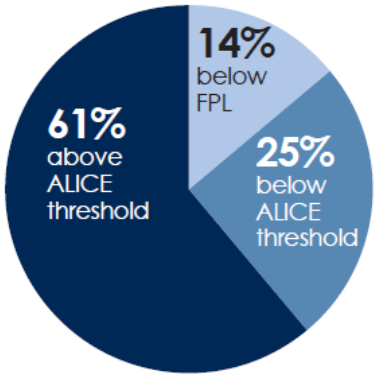
Economic Stability Continued

The percentage of individuals living below the poverty level in Madison, Clark, and Franklin counties ranges from 10.2% to 15.9%. When considering those living at or below 200% of the Federal Poverty Level, Clark County has the highest percentage at 36.8%, followed by Franklin County at 32.3%, and Madison County at 23.8%.

The economic stability of this population plays a crucial role in their overall health. Individuals living at or below 200% of the Federal Poverty Level often face financial trade-offs between healthcare, housing, food, and other essential needs, leading to higher stress levels, poorer nutrition, and increased exposure to environmental and occupational hazards. Limited financial resources also reduce their ability to access preventive care, manage chronic conditions, and afford necessary medications, further exacerbating health disparities and leading to worse long-term health outcomes.

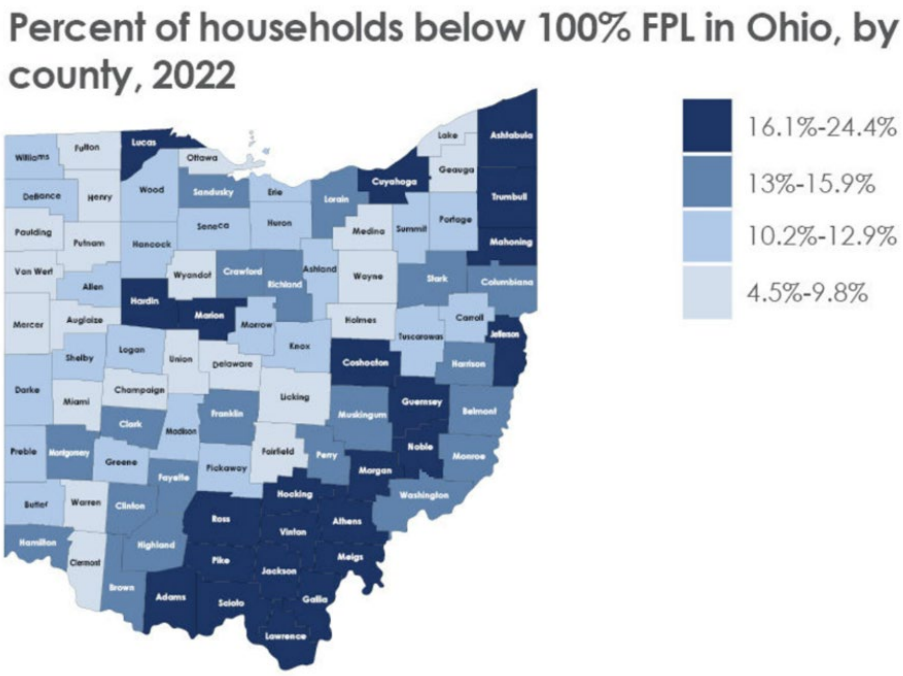
In Ohio, Medicaid eligibility extends to adults aged 19 to 64 with household incomes up to 138% of the Federal Poverty Level (FPL). This means individuals earning above this threshold, including those below 200% FPL, often do not qualify for state-funded health insurance programs. Consequently, many in this income bracket lack access to affordable healthcare coverage. They frequently work in hourly or low-wage jobs without paid time off, making it challenging to attend medical appointments without forfeiting income. The dilemma of choosing between earning wages and seeking medical care leads many to delaying necessary treatments until conditions become severe. As a result, emergency rooms often serve as their primary healthcare resource, leading to higher medical costs, overcrowded facilities, and unmanaged chronic illnesses that could have been addressed through regular preventive care. This cycle of deferred treatment and reliance on emergency services exacerbates health issues for individuals and places additional strain on the broader healthcare system.

Percent of Ohio Households earning below ALICE Thresholds, 2022



Asset Limited, Income Constrained, Employed (ALICE) households that earn above the Federal Poverty Level (FPL) but cannot afford the basic cost of living in their county. Despite struggling to make ends meet, ALICE households often do not qualify for public assistance. Source: United for ALICE & Health Policy Institute of Ohio.

Economic Stability Continued



Living Wage in Ohio

Madison County Ohio	1 Adult				2 Adults (1 Working)				2 Adults (2 Working)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
Living Wage	21.45	36.95	46.3	56.37	30.18	35.71	39.58	44.29	15.05	21.05	25.83	29.85
Poverty Wage	7.52	10.17	12.81	15.46	10.17	12.81	15.46	18.1	5.08	6.41	7.73	9.05
Minimum Wage	10.7	10.7	10.7	10.7	10.7	10.7	10.7	10.7	10.7	10.7	10.7	10.7

Source: Living Wage Calculator

Economic Stability Continued

Social Determinants of Health

Social determinants of health (SDOH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

These determinants encompass various aspects such as economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. Addressing SDOH is crucial for improving health and reducing longstanding disparities in health and healthcare.

FLP – Federal Poverty Line.

Source: Health Policy Institute of Ohio policy brief "creating a financially prosperous Ohio strategies to improve family financial security." Data from U.S. Census Bureau, American community survey, 5-years (2018-2022).

Access to Healthcare in Ohio

Access to healthcare is defined as the timely use of medical services to achieve optimal health outcomes. Having health insurance is crucial for maintaining overall well-being, preventing illness, and managing chronic conditions effectively.

According to Healthy People 2030, individuals without insurance are less likely to have a primary care provider and often struggle to afford necessary healthcare services and medications, increasing the risk of untreated health conditions and poorer long-term outcomes.

County Health Rankings state that the uninsured rate in Ohio is 9 percent for adults and 5 percent for children, matching the rates in Madison County. In Franklin County, 11 percent of adults and 5 percent of children are uninsured, while Clark County has 10 percent of adults and 4 percent of children uninsured.

However, many individuals are also *underinsured*, meaning that despite having health coverage, they still struggle with affordability and access due to high out-of-pocket costs, limited provider networks, and service restrictions. These barriers can prevent individuals from receiving timely care, leading to delayed treatment and worse health outcomes.

Key challenges for underinsured individuals include:

- High deductibles and copays that make routine care unaffordable.
- Limited provider availability, particularly for specialists and mental health services, leading to long wait times.
- Gaps in Medicaid eligibility, leaving many ALICE (Asset Limited, Income Constrained, Employed) households unable to afford private insurance.
- Work and transportation challenges, making it difficult to seek care without missing wages.

Other factors impacting access to care include provider shortages. These include shortages of Primary Care Providers (PCPs), specialists, mental health and substance use providers, and dental care access. Provider shortages, especially in rural areas, lead to long wait times and reliance on emergency care.

Food Access and Security

Food insecurity is a growing concern across communities in the Midwest, particularly in rural and urban areas where economic instability, lack of transportation, and high living costs impact access to nutritious food. Food insecurity is defined as the lack of reliable access to affordable, healthy food, which can lead to poor diet quality, increased rates of obesity, and a higher prevalence of chronic diseases such as diabetes and hypertension. Limited access to fresh produce and whole foods in food deserts (areas with limited access to healthy food choices and grocery stores) contributes to malnutrition and long-term health complications. Families experiencing food insecurity often rely on food pantries, government assistance programs, and inexpensive processed foods, further exacerbating health disparities.

Food insecurity remains a significant challenge in Madison, Clark, and Franklin counties. Madison County has a 10% food insecurity rate, which aligns closely with the national average. Clark County experiences a higher rate at 13%, surpassing both state and national levels, indicating a greater prevalence of food deserts and economic barriers to accessing nutritious food. Franklin County, despite being more urbanized, has a food insecurity rate of 11%, highlighting that economic hardship, rising living costs, and transportation barriers still affect residents' ability to obtain healthy food. Comparatively, Ohio's overall food insecurity rate is 12%, which places Clark County above the state average, while Madison and Franklin Counties fall just below it. At the national level, food insecurity stands at 10%, making Clark County's rate a more pressing concern requiring targeted interventions. The disparities between rural and urban food access, affordability, and availability reinforce the need for improved community outreach, food assistance programs, and policies aimed at reducing food insecurity across all three counties.

Food Access and Security Continued

The consequences of food insecurity extend beyond hunger, contributing to higher rates of obesity, chronic disease, and mental health issues. Individuals facing food insecurity often consume calorie-dense, nutrient-poor foods, leading to increased risks of diabetes, hypertension, and other preventable illnesses. In addition, children in food-insecure households may suffer from developmental delays, poor academic performance, and behavioral issues due to inadequate nutrition.

Indicator	County Percentage	State Percentage (Ohio)	National Percentage
Percent of Population on Supplemental Nutrition Assistance Program (SNAP)	Madison County: **9.3%** Franklin County: **13.4%** Clark County: **18.2%**	**12%**	**12.6%**

Community Input: Food Access and Security

"Many residents struggle to afford healthy food due to limited income, with most of their finances going toward essential expenses like rent, result, purchasing nutritious food often becomes a lower priority or simply unaffordable."

"The rising cost of living, especially groceries, makes it hard for many to afford nutritious food.
– Survey Participants

Source: Feeding America

Health and Wellness

According to the Centers for Disease Control and Prevention (CDC), risk factors contributing to chronic diseases and, subsequently, premature deaths include smoking, poor nutrition, physical inactivity, excessive alcohol consumption, and obesity. Given the substantial rise in premature deaths at both national and local levels, a thorough analysis of quantitative data from County Health Rankings was conducted to identify key drivers. The examination of health factors across the state and its counties revealed several trends, as delineated below.

Health Factor	Madison County	Franklin County	Clark County	Ohio	U.S.
Obesity	41%	36%	43%	38%	34%
Diabetes	10%	11%	11%	11%	10%
Poor/Fair Health	17%	16%	18%	16%	14%
Adult Smoking	21%	17%	22%	19%	15%
Access to Exercise Options	66%	95%	85%	84%	84%
Premature Death	8,100	9,300	12,300	9,400	8,000
Drug Overdose Deaths	35	56	51	42	27
Excessive Drinking	19%	20%	16%	20%	18%

Food Insecurity	Madison	Clark	Franklin	Ohio	U.S.
2022	12%	15%	13%	13%	11%
2023	11%	14%	13%	12%	12%
2024	10%	13%	11%	12%	10%
2025	13%	16%	14%	14%	14%
Percentage Increase or (Decrease) Year-over-Year by County					
Food Insecurity	**Madison**	**Clark**	**Franklin**	**Ohio**	**U.S.**
2023 to 2024	-9.09%	-7.14%	-15.38%	0%	-16.67%
2024 to 2025	30.00%	23.08%	27.27%	16.67%	40.00%

Source: Health Rankings & CDC Places for Better Health

Food insecurity improved from 2023 to 2024, with counties seeing an average decrease of 9.6% based on the above chart, a promising trend for residents. However, that progress sharply reversed between 2024 and 2025, as all counties experienced an average increase of 26.1%, highlighting a growing regional concern.

State Specific Trends

Senior Health Rankings: Source: America's Health Rankings

- Ohio is 37th out of 50 for senior health (lower is better).
- Poverty: Ohio has seen an increase of 24% in poverty since 2019 for adults over 65 and older.
- Poor Healthcare Access: Ohio has a severe shortage of geriatric clinicians (21.8 per 100,000 vs. national 38.0) and a high proportion of low-care nursing home residents (20.7% vs. national 8.9%).
- High Food Insecurity & Poverty: Ohio's food insecurity rate (20.9%) is significantly worse than the national average (12.9%).
- Early Mortality Rates (age 65-74): Ohio reports a higher early death rate (2,696 per 100,000 vs. national 1,979 per 100,000), which is 40 out of 50 in health rankings for this measure.
- Mental Health Concerns: Seniors in Ohio experience a high frequency of mental distress (11.1% vs. national 9.4%) and depression has increased 21%. (14.1% to 17% vs. national 15.5%).
- Hospice & Vaccinations: Ohio outperforms the national average in pneumonia vaccinations (73.0% vs. national 69.6%) and hospice utilization (48.3% vs. national 46.7%).
- Teeth Extractions: Rates for teeth extractions are 10.6x higher in adults over 65 with household incomes less than $25,000 (32.9%) than those with household incomes of $75,000 or more (31%).

State Health Rankings: Overall Ranking is 34 out of 50; Source: America's Health Rankings

Key Challenges:

- Premature Deaths: 9,328 years lost before age 75 per 100,000, higher than the national average of 8,522.
- Chronic Kidney Disease: Increased 62% from 2.9% to 4.7% of adults (2016-2023).
- Homicide Rate Surge: Increased 69% (from 4.9 to 8.3 per 100,000).
- Firearm Deaths: 10.6x higher in men (26.4 per 100,000) than women (2.5 per 100,000).
- Drug Deaths: 6x higher in black seniors (50.0 per 100,000) than white seniors (8.4 per 100,000).
- Severe Housing Problems: 12.7% of occupied housing units face significant challenges.

Strengths and Improvements:

- HPV Vaccination Rates Improved: 52% increase (from 41.8% to 63.4% among adolescents).
- Teeth Extractions Decreased: 23% improvement (from 20.3% to 15.7% of adults over a decade).
- Volunteerism Rate Above National Average: 24.8% vs. national 23.2%.

Comparison of Ohio to National Trends:

- Higher premature death rate and higher homicide rate than the national average.
- Drug deaths and firearm deaths are significantly worse in Ohio.
- Food insecurity and economic hardship persist as major concerns.

National Healthcare Trends

National Senior Health Rankings: Source: America's Health Rankings

Improvements:

- High-speed internet access among older adult households increased from 83.1% to 84.8%.
- More geriatric clinicians: From 36.4 to 38.0 per 100,000 adults age 65+.
- Decrease in early deaths: An 8% decline in deaths among adults 65-74 from 2,151 to 1,979 per 100,000 (but still above pre-pandemic levels).
- Decline in tooth extractions: 10% drop from 13.4% to 12.1%.

Opportunities:

- Rising poverty: 16% increase (from 9.4% to 10.9%) among adults 65+ (highest level in report history).
- Higher housing costs: Increased burden from 32.1% to 33.1%.
- More food insecurity: 8% increase (from 11.9% to 12.9%).
- Worsening mental health:
    - Depression up 6% (from 14.6% to 15.5%).
    - Frequent mental distress up 11% (from 8.5% to 9.4%).
    - Increase in drug deaths: 51% increase (from 7.6 to 11.5 per 100,000 adults age 65+).
    - Firearm deaths increased: 4% increase (from 13.0 to 13.5 per 100,000).

National Healthcare Expenditure: NHE Fact Sheet

Historical NHE, 2023: (for source reference, click on the link above or visit CMS.gov)

- NHE grew 7.5% to $4.9 trillion in 2023, or $14,570 per person, and accounted for 17.6% of Gross Domestic Product (GDP).
- Medicare spending grew 8.1% to $1,029.8 billion in 2023, or 21 percent of total NHE.
- Medicaid spending grew 7.9% to $871.7 billion in 2023, or 18 percent of total NHE.
- Private health insurance spending grew 11.5% to $1,464.6 billion in 2023, or 30 percent of total NHE.
- Out-of-pocket spending grew 7.2% to $505.7 billion in 2023, or 10 percent of total NHE.
- Other Third-Party Payers and Programs and Public Health Activity spending declined 3.1% in 2023 to $563.4 billion, or 12 percent of total NHE.
- Hospital expenditures grew 10.4% to $1,519.7 billion in 2023, faster than the 3.2% growth in 2022.
- Physician and clinical services expenditures grew 7.4% to $978.0 billion in 2023, faster growth than the 4.6% in 2022.

National Healthcare Trends Continued

Projected NHE, 2023-2032:

- Over 2023-32 average Prescription drug spending increased 11.4% to $449.7 billion in 2023, faster than the 7.8% growth in 2022.
- The federal government (32 percent) and the households (27 percent) sponsored the largest share of total health spending. The private business share of health spending accounted for 18 percent of total health care spending, state and local governments accounted for 16 percent, and other private revenues accounted for 7 percent.
    - NHE growth (5.6%) is projected to outpace that of average GDP growth (4.3%), resulting in an increase in the health spending share of GDP from 17.3 percent in 2022 to 19.7 percent in 2032.
    - NHE spending is expected to have grown 7.5% in 2023, faster than GDP growth of 6.1%.
    - Reflects broad increases in the use of care associated with the insured share of the population of 93.1% - an unprecedented high.
    - Largely related to a record-high level of Medicaid enrollment (91.2M) in 2023, as well as gains in direct-purchase enrollment (8.3M) over 2023-25.
    - Health price growth remains modest, though faster than pre-pandemic.
    - By 2032 the insured share falls to 90.7%.
    - Consistent with the President's Budget, Medicaid enrollment is projected to decline to 81.0M in 2024 and slightly further to 79.4M by 2025 following the expiration of the continuous enrollment requirement.
    - Direct-purchase enrollment is expected to decline by 7.3M in 2026 (-19.2%) due to expiration of the IRA's temporary extension of enhanced subsidies and associated temporary Special Enrollment Period (SEP).
    - Over 2027-32, personal health care price inflation and growth in the use of health care services and goods contribute to projected health spending that grows at a faster rate than the rest of the economy.

Key Themes

Key Finding / Theme	Findings	Supporting Data
Access to Primary & Specialty Care	Provider shortages (PCP and key specialties like rheumatology, endocrinology, OB/GYN, psychiatry) make it hard to get care locally. Residents report long drives to Columbus or Springfield and provider turnover. Residents also struggle to obtain timely appointments. Limited after-hours and weekend coverage.	• 54% of residents identified access as a top barrier to staying healthy. • Specialty care was the most frequent request across open-ended comments. • Many cited 2–3 month waits and reliance on urgent care for timely visits. • Primary care ratio, Madison: 3,170:1 vs 1,330:1 Ohio and US. • 26% of "stay healthy" comments mentioned long waits or appointment availability problems. • 21% reported they could not get care when they needed it. • Many rely on urgent care because it is the only timely option.
Cost & Insurance Barriers (Underinsurance, High Out-of-Pocket Costs)	Most residents are insured but underinsured. High deductibles, copays, and uncovered services drive people to delay or skip care. Many fall just above eligibility thresholds for assistance.	• 43% of residents identified cost as one of the top concerns for staying healthy. • 38% of open-ended comments referenced affordability concerns. • Cost concerns covered both medical services and prescriptions.
Mental Health & Substance Use Services	Access is constrained by provider shortages, long waitlists, and limited insurance acceptance. Parents frequently highlighted lack of teen mental health options. Overdose deaths relative to state and national benchmarks are elevated, indicating the need for a focused prevention strategy beyond general mental health.	• About 20% of coded open-ended comments referenced mental health or substance use. • 30+ comments across datasets cited gaps in psychiatry, counseling, and addiction treatment. • Youth and with English as a second language residents were specifically noted as underserved. • Mental health provider ratio, Madison: 1,090:1 vs 320:1 US.
Chronic Disease, Lifestyle & Prevention and Food Insecurity	High rates of obesity, diabetes, and tobacco use are compounded by limited affordable fitness options, safe places to exercise, and fresh food access.	• Adult obesity 41% vs 34% nationally. • 12% of comments requested healthier food or physical activity resources. • Frequent calls for community fitness centers, food pantries, and nutrition classes. • Physical inactivity 28% (Madison) vs 23% US. • Food insecurity rose 30% year-over-year in Madison County, from 10% (2024) to 13% (2025). Clark reached 16%. The five-area average increased about 27% from 2024 to 2025.
Transportation & Geographic Isolation	Distance, lack of low-cost transportation, and mobility limitations (especially among seniors) prevent residents from accessing needed services.	• 43% cited transportation as a major barrier. • Numerous comments about driving to Columbus or Springfield for specialty care. • Repeated mentions for rides, curb ramps, and support for long-distance specialty visits.

Conclusion

The Community Health Needs Assessment (CHNA) provides a comprehensive overview of health status, social determinants, and community-identified needs across Madison County and the surrounding region. Through a combination of local data, resident survey responses, and qualitative feedback, this report highlights the persistent health challenges affecting residents, particularly those in rural areas, living with limited financial resources or facing transportation or system navigation difficulties.

Madison County continues to experience deep, interconnected barriers to health and well-being. Residents report challenges accessing primary and specialty care, managing high out-of-pocket costs, and understanding how to connect with the right care. At the same time, food insecurity, chronic disease, and increasing behavioral health needs are placing additional pressure on individuals and local resources. Affordable care options, healthy food access, and limited access to behavioral health services, combined with limited transportation, can contribute to poorer health outcomes across the region.

Madison Health remains committed to advancing community health by using this assessment to guide strategic planning, expand services, and prioritize solutions grounded in both resident feedback and community-level data.

Key Findings:

1. Access to Primary and Specialty Care.
2. Cost and Insurance Barriers (Underinsurance, Out-of-Pocket Costs).
3. Mental Health and Substance Use Services.
4. Chronic Disease, Physical Inactivity, and Food Insecurity.
5. Transportation and Geographic Isolation.

Regional Summary

Madison County and its surrounding areas face a growing set of health concerns, many of which are linked to persistent economic and geographic challenges. Although many residents have health insurance, high deductibles, and limited provider availability prevent some from receiving care when they need it. Feedback indicates long wait times, difficulty getting appointments, and limited access to behavioral health services are common concerns. These patterns can contribute to higher rates of unmanaged chronic conditions and greater reliance on urgent care.

Food insecurity is also a growing issue. Madison County saw a 30 percent increase in food insecurity from 2024 to 2025, reaching its highest level since 2022. Residents also expressed concern about the affordability of healthy food and the lack of accessible grocery stores or food assistance programs in certain parts of the county. Mental health and substance use concerns remain high, especially among young people, with limited options for timely support and treatment.

Conclusion Continued

Survey responses consistently cited affordability, travel distance, and lack of local options as barriers to health. These concerns reflect broader state and national rural health trends and highlight disparities in health access and outcomes.

Despite these challenges, Madison County is supported by a strong network of healthcare professionals, community-based organizations, and engaged residents who are committed to improving local health outcomes. With continued collaboration and investment in access, prevention, food systems, and behavioral health, Madison Health is well-positioned to lead efforts that improve community health, address disparities, and ensure every resident can achieve well-being.

Addendum A – Community Resources

Health and Medical Services

- Madison Health – (740) 845-7000
- Madison County Public Health – (740) 852-3065
- Loving Care Home Health – (740) 852-7755

Family and Child Services

- Madison County Job and Family Services – (740) 852-4770
- Help Me Grow – (800) 755-4769
- Miami Valley Child Development Centers – (937) 226-5664

Food and Nutrition

- Mid-Ohio Foodbank – (614) 274-7770
- Grace Community Church Food Pantry – (937) 497-1000

Housing and Shelter

- London Metropolitan Housing Authority – (740) 852-1888

Legal and Advocacy Services

- Legal Aid of Southeast and Central Ohio – (614) 241-2001
- Ohio Legal Help – (614) 990-0815

Veteran Services

- Madison County Veterans Service Commission – (740) 852-0676

Senior Services

- Madison County Senior Center – (740) 852-3001
- Central Ohio Area Agency on Aging – (614) 645-7250

Emergency and Crisis Services

- A Friend's House – (740) 852-7761
- CHOICES Domestic Violence Hotline – (614) 224-4663
- American Red Cross Central Ohio – (614) 253-2740

Community and Volunteer

- Madison Health Volunteer Services – (740) 845-7050
- United Way of Clark, Champaign & Madison Counties – (937) 324-5551

Addendum B Select Measures & Data

2025 Select Measures and Data Sources

	Measure	Weight	Data Source	Years of Data
POPULATION HEALTH AND WELL-BEING				
LENGTH OF LIFE				
Life span	Premature Death*	50%	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
QUALITY OF LIFE				
Physical health	Poor Physical Health Days	10%	Behavioral Risk Factor Surveillance System	2022
	Low Birth Weight*	20%	National Center for Health Statistics - Natality Files	2017-2023
Mental health	Poor Mental Health Days	10%	Behavioral Risk Factor Surveillance System	2022
Life satisfaction	Poor or Fair Health	10%	Behavioral Risk Factor Surveillance System	2022
COMMUNITY CONDITIONS				
HEALTH INFRASTRUCTURE				
Health promotion and harm reduction	Flu Vaccinations*	4%	Mapping Medicare Disparities Tool	2022
	Access to Exercise Opportunities	4%	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles	2024, 2022 & 2020
	Food Environment Index^	4%	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2022
Clinical care	Primary Care Physicians	2%	Area Health Resource File/American Medical Association	2021
	Mental Health Providers	1%	CMS, National Provider Identification	2024
	Dentists	1%	Area Health Resource File/National Provider Identifier Downloadable File	2022
	Preventable Hospital Stays*	4%	Mapping Medicare Disparities Tool	2022
	Mammography Screening*	1%	Mapping Medicare Disparities Tool	2022
	Uninsured	4%	Small Area Health Insurance Estimates	2022
PHYSICAL ENVIRONMENT				
Housing and transportation	Severe Housing Problems	4%	Comprehensive Housing Affordability Strategy (CHAS) data	2017-2021
	Driving Alone to Work*	2%	American Community Survey, five-year estimates	2019-2023
	Long Commute - Driving Alone	1%	American Community Survey, five-year estimates	2019-2023
Air, water and land	Air Pollution: Particulate Matter	8%	Environmental Public Health Tracking Network	2020
	Drinking Water Violations^	4%	Safe Drinking Water Information System	2023
Civic and community resources	Broadband Access	4%	American Community Survey, five-year estimates	2019-2023
	Library Access	2%	Institute of Museum and Library Services	2022
SOCIAL AND ECONOMIC FACTORS				
Education	Some College	8%	American Community Survey, five-year estimates	2019-2023
	High School Completion	8%	American Community Survey, five-year estimates	2019-2023
Income, employment and wealth	Unemployment	8%	Bureau of Labor Statistics	2023
	Income Inequality	8%	American Community Survey, five-year estimates	2019-2023
	Children in Poverty*	8%	Small Area Income and Poverty Estimates; American Community Survey, five-year estimates	2023 & 2019-2023
Safety and social support	Injury Deaths*	4%	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
	Social Associations	2%	County Business Patterns	2022
	Child Care Cost Burden	4%	The Living Wage Institute; Small Area Income and Poverty Estimates	2024 & 2023

*Subgroup data available by race and ethnicity; ^Data availability or recency varies by state

Addendum B Continued

2025 Select Measures and Data Sources

	Measure	Data Source	Years of Data
POPULATION HEALTH AND WELL-BEING			
LENGTH OF LIFE			
Life span	Life Expectancy*	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
	Premature Age-Adjusted Mortality*	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
	Child Mortality*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2019-2022
	Infant Mortality*	National Center for Health Statistics - Natality and Mortality Files	2016-2022
QUALITY OF LIFE			
Physical health	Frequent Physical Distress	Behavioral Risk Factor Surveillance System	2022
	Diabetes Prevalence	Behavioral Risk Factor Surveillance System	2022
	HIV Prevalence*	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2022
	Adult Obesity	Behavioral Risk Factor Surveillance System	2022
Mental health	Frequent Mental Distress	Behavioral Risk Factor Surveillance System	2022
	Suicides*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
Life satisfaction	Feelings of Loneliness*	Behavioral Risk Factor Surveillance System	2022
COMMUNITY CONDITIONS			
HEALTH INFRASTRUCTURE			
Health promotion and harm reduction	Limited Access to Healthy Foods	USDA Food Environment Atlas	2019
	Food Insecurity	Map the Meal Gap	2022
	Insufficient Sleep	Behavioral Risk Factor Surveillance System	2022
	Teen Births*	National Center for Health Statistics - Natality Files; Census Population Estimates Program	2017-2023
	Sexually Transmitted Infections*	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2022
	Excessive Drinking	Behavioral Risk Factor Surveillance System	2022
	Alcohol-Impaired Driving Deaths	Fatality Analysis Reporting System	2018-2022
	Drug Overdose Deaths*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2020-2022
	Adult Smoking	Behavioral Risk Factor Surveillance System	2022
	Physical Inactivity	Behavioral Risk Factor Surveillance System	2022
Clinical care	Uninsured Adults	Small Area Health Insurance Estimates	2022
	Uninsured Children	Small Area Health Insurance Estimates	2022
	Other Primary Care Providers	CMS, National Provider Identification	2024
PHYSICAL ENVIRONMENT			
Housing and transportation	Traffic Volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2020
	Homeownership	American Community Survey, five-year estimates	2019-2023
	Severe Housing Cost Burden	American Community Survey, five-year estimates	2019-2023
Air, water and land	Access to Parks	ArcGIS Online; US Census TIGER/Line Shapefiles	2024 & 2020
Climate	Adverse Climate Events	Environmental Public Health Tracking (EPHT) Network; U.S. Drought Monitor (USDM); OPEN FEMA Disaster Declaration Summaries	2019-2023
Civic and community resources	Census Participation	Census Operational Quality Metrics	2020
	Voter Turnout*	MIT Election Data and Science Lab; American Community Survey, five-year estimates	2020 & 2016-2020

Addendum B Continued

SOCIAL AND ECONOMIC FACTORS			
Education	High School Graduation˚	State-specific sources & EDFacts	Varies
	Reading Scores*˚	Stanford Education Data Archive	2019
	Math Scores*˚	Stanford Education Data Archive	2019
	School Segregation	National Center for Education Statistics	2023-2024
	School Funding Adequacy˚	School Finance Indicators Database	2022
Income, employment and wealth	Children Eligible for Free or Reduced Price Lunch˚	National Center for Education Statistics	2022-2023
	Gender Pay Gap	American Community Survey, five-year estimates	2019-2023
	Median Household Income*	Small Area Income and Poverty Estimates; American Community Survey, five-year estimates	2023 & 2019-2023
	Living Wage	The Living Wage Institute	2024
Safety and social support	Child Care Centers	Homeland Infrastructure Foundation-Level Data (HIFLD)	2010-2022
	Residential Segregation - Black/White	American Community Survey, five-year estimates	2019-2023
	Homicides*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2016-2022
	Motor Vehicle Crash Deaths*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2016-2022
	Firearm Fatalities*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
	Disconnected Youth	American Community Survey, five-year estimates	2019-2023
	Lack of Social and Emotional Support˚	Behavioral Risk Factor Surveillance System	2022
DEMOGRAPHICS			
	% Below 18 Years of Age	Census Population Estimates Program	2023
	% 65 and Older	Census Population Estimates Program	2023
	% Female	Census Population Estimates Program	2023
	% American Indian or Alaska Native	Census Population Estimates Program	2023
	% Asian	Census Population Estimates Program	2023
	% Hispanic	Census Population Estimates Program	2023
	% Native Hawaiian or Other Pacific Islander	Census Population Estimates Program	2023
	% Non-Hispanic Black	Census Population Estimates Program	2023
	% Non-Hispanic White	Census Population Estimates Program	2023
	% Disability: Functional Limitations	Behavioral Risk Factor Surveillance System	2022
	% Not Proficient in English	American Community Survey, five-year estimates	2019-2023
	Children in Single-Parent Households	American Community Survey, five-year estimates	2019-2023
	% Rural	Decennial Census Demographic and Housing Characteristics File	2020
	Population	Census Population Estimates Program	2023

*Subgroup data available by race and ethnicity; ˚Data availability or recency varies by state

Addendum C – Physician Needs

Physician Specialties: GMENAC Goodman Hicks & Glenn Solucient

SPECIALTIES	CURRENT NUMBER OF PHYSICANS WITHIN PRIMARY SERVICE AREA	SURPLUS (SHORTAGE) IN PRIMARY SERVICE AREA	Population of 100,000 GMENAC	GOODMAN	HICKS & GLENN	SOLUCIENT	AVERAGE	POPULATION BASED UPON HOSPITAL PRIMARY SERVICE AREA: POPULATION OF 179,897
Primary Care								
Family Practice	49.00	10.66	25.20	N/A	16.20	22.53	21.31	38.34
Internal Medicine	18.00	(17.45)	28.80	N/A	11.30	19.01	19.70	35.45
Pediatrics	16.00	(4.57)	12.80	N/A	7.60	13.90	11.43	20.57
Total Primary Care	83.00	(11.35)	66.80	N/A	35.10	55.44	52.45	94.35
Medical Specialties								
Allergy/Immunology	4.00	1.71	0.80	1.30	N/A	1.72	1.27	2.29
Cardiology	12.00	6.24	3.20	3.60	2.60	3.41	3.20	5.76
Dermatology	11.00	7.05	2.90	1.40	2.10	2.38	2.20	3.95
Endocrinology	2.00	0.56	0.80	N/A	N/A	0.80	0.80	1.44
Gastroenterology	4.00	0.10	2.70	1.30	N/A	2.50	2.17	3.90
Hematology/Oncology	5.00	0.87	3.70	1.20	N/A	1.99	2.30	4.13
Infectious Disease	2.00	0.38	0.90	N/A	N/A	0.90	0.90	1.62
Nephrology	6.00	4.18	1.10	N/A	N/A	0.92	1.01	1.82
Neurology	16.00	12.54	2.30	2.10	1.40	1.90	1.93	3.46
Psychiatry	9.00	(6.82)	15.90	7.20	3.90	8.18	8.80	15.82
Pulmonology	5.00	2.42	1.50	1.40	N/A	1.40	1.43	2.58
Rheumatology	1.00	(0.15)	0.70	0.40	N/A	0.81	0.64	1.15
Physical Medicine & Rehab	2.00	(0.43)	1.30	N/A	N/A	1.40	1.35	2.43
Other Medical Specialties	0.00	(3.62)	N/A	N/A	N/A	2.01	2.01	3.62
Surgical Specialties								
General Surgery	14.00	0.73	9.70	9.70	4.10	6.01	7.38	13.27
Cardio/Thoracic Surgery	1.00	(0.26)	N/A	0.70	N/A	N/A	0.70	1.26
Neurosurgery	3.00	1.38	1.10	0.70	N/A	N/A	0.90	1.62
OB/GYN	5.00	(11.40)	9.90	8.40	8.00	10.17	9.12	16.40
Ophthalmology	8.00	0.71	4.80	3.50	3.20	4.71	4.05	7.29
Orthopedic Surgery	15.00	4.92	6.20	5.90	4.20	6.12	5.61	10.08
Otolaryngology	6.00	0.90	3.30	2.40	N/A	2.8	2.83	5.10
Plastic Surgery	3.00	(0.02)	1.10	1.10	2.30	2.22	1.68	3.02
Urology	7.00	2.25	3.20	2.60	1.90	2.86	2.64	4.75
Other Surgical Specialties	0.00	(3.96)	N/A	N/A	N/A	2.20	2.20	3.96
Hospital-based								
Emergency	10.00	(4.15)	8.50	2.70	N/A	12.40	7.87	14.15
Anesthesiology	13.00	(0.76)	8.30	7.00	N/A	N/A	7.65	13.76
Radiology	15.00	(0.20)	8.90	8.00	N/A	N/A	8.45	15.20
Pathology	2.00	(6.73)	5.60	4.10	N/A	N/A	4.85	8.73
Pediatric Cardiology	0.00	(0.36)	N/A	N/A	N/A	0.20	0.20	0.36
Pediatric Neurology	0.00	(0.22)	N/A	N/A	N/A	0.12	0.12	0.22
Pediatric Psychiatry	2.00	1.19	N/A	N/A	N/A	0.45	0.45	0.81
Other Pediatric Subspecialties	0.00	(1.60)	0.89	N/A	N/A	N/A	0.89	1.60
TOTALS	**266.00**	-3.89						269.89

Addendum C Continued

Physician Needs Assessment Analysis for Madison and Clark County

*Franklin County was excluded due to service area overlapping affecting data accuracy.

A quantitative physician needs assessment analysis was completed for Madison Health Hospital. Physician needs assessment analysis uses a nationally recognized quantitative methodology to determine the need for physicians by physician specialty for a given geographic population area being assessed.

Based on the quantitative physician needs assessment analysis completed, the top four physician needs in the service area by specialty are as follows:

- Internal Medicine: 17.45
- OB/GYN: 11.40
- Psychiatry: 6.82
- Pathology: 6.73

Addendum D - Demographics

Madison County Demographics	County	State
Population	45,531	4,588,372
% below 18 years of age	19.60%	21.90%
% 65 and older	16.90%	18.70%
% Non-Hispanic Black	6.30%	12.90%
% American Indian & Alaska Native	0.40%	0.30%
% Asian	1.60%	2.80%
% Native Hawaiian/Other Pacific Islander	0.00%	0.10%
% Hispanic	3.30%	4.80%
% Non-Hispanic White	86.60%	76.70%
% not proficient in English	1%	1%
% Females	45.50%	50.70%
% Rural	66.20%	23.70%

Clark County Demographics	County	State
Population	134,985	4,588,372
% below 18 years of age	22.50%	21.90%
% 65 and older	20.60%	18.70%
% Non-Hispanic Black	9.10%	12.90%
% American Indian & Alaska Native	0.40%	0.30%
% Asian	0.80%	2.80%
% Native Hawaiian/Other Pacific Islander	0.10%	0.10%
% Hispanic	4.30%	4.80%
% Non-Hispanic White	82.20%	76.70%
% not proficient in English	1%	1%
% Females	51.00%	50.70%
% Rural	25.40%	23.70%

Franklin County Demographics	County	State
Population	1,356,303	4,588,372
% below 18 years of age	23.10%	21.90%
% 65 and older	13.50%	18.70%
% Non-Hispanic Black	24.40%	12.90%
% American Indian & Alaska Native	0.40%	0.30%
% Asian	5.90%	2.80%
% Native Hawaiian/Other Pacific Islander	0.10%	0.10%
% Hispanic	7.50%	4.80%
% Non-Hispanic White	58.70%	76.70%
% not proficient in English	3%	1%
% Females	50.90%	50.70%
% Rural	1.40%	23.70%

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