

A Community Health Needs Assessment (“CHNA”) was developed in 2025 in collaboration with Blue & Co., LLC, an accounting, tax and consulting firm. The ensuing CHNA report compiled a year-long effort to gather and analyze data that addressed issues of community health and well-being for Madison County.

MADISON HEALTH CONTRACTED WITH BLUE AND COMPANY LLC TO ASSIST IN CONDUCTING A CHNA AND ANALYZING THE DATA FOR THE CHNA REQUIREMENTS SET FORTH IN SECTION 9007 OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010.

Data for this CHNA was collected from primary and secondary sources to identify key findings and gaps that may exist between health needs and services provided within the community. The method of collecting primary data was personal interviews with local community leaders and online surveys. To capture representation of those groups less likely to participate on an online survey (i.e., homeless, immigrants, etc.), interviews were conducted with community leaders and others who work directly with members of disadvantaged population to consider broad interests of the community served.

Secondary data sources included state, local and national data from a variety of sources including, but not limited to, U.S. Census, County Health Rankings, Centers for Disease Control and Prevention (CDC), etc. All data sources were reviewed and analyzed to identify key findings with strategic implications for benchmarking.

The Steering Committee met to review the findings of the 2022 and 2025 CHNA report, identify any programs or plans that could be continued and to identify the top community health needs. Madison Health has been working closely with Madison County Public Health in the development of their Community Health Improvement Plan (CHIP), with the CHNA report being the basis of discussion. The intent is to provide consistent and relative information regarding Madison County’s health needs and collaborative strategies to address those needs. The following priority list was established from the Madison Health CHNA:

- Access to Primary & Specialty Care
- Cost & Insurance Barriers
- Mental Health & Substance Use Service
- Chronic Disease, Lifestyle & Prevention and Food Insecurity
- Transportation & Geographic Isolation

| Priority                                                                                                     |
|--------------------------------------------------------------------------------------------------------------|
| <b>Access to Primary &amp; Specialty Care</b>                                                                |
| Improve access to care by increasing the number of primary & specialty care providers in Madison County      |
| Improve access to care by increasing the number of available appointments                                    |
| <b>Cost &amp; Insurance Barriers</b>                                                                         |
| Assist patients with insurance questions and find insurance options for those who are underinsured           |
| <b>Mental Health &amp; Substance Use</b>                                                                     |
| Establish a substance abuse program and provide guidance for follow up care                                  |
| <b>Chronic Disease, Lifestyle &amp; Prevention and Food Insecurity</b>                                       |
| Help reduce mortality through improved screening initiatives and prevention strategies throughout the county |

|                                                                                                 |
|-------------------------------------------------------------------------------------------------|
| Assist patients in achieving healthier weight<br>Promote physical activity within the community |
| <b>Transportation &amp; Geographical Isolation</b>                                              |
| Assist in promoting affordable transportation and bring more services to the community          |
|                                                                                                 |

## **Implementation of Strategy Goals**

### **I. Access to Primary & Specialty Care**

#### ***Specific Needs Identified in the CHNA:***

Access to care requires not only financial coverage but also access to providers. Sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care. One of the metrics assessed in the primary and secondary services areas is the ratio of primary care physicians to the population. The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians.

Madison & Clark County have the two highest ratios of primary care physicians (lower is better) compared to the state. Madison has a 3,170:1 and Clark have a 2,270:1 population ratio per 1 primary care physician. The state average is 1,330:1 and top performers are 1,010:1.

Madison Health has taken several initiatives to help improve access to the primary and secondary service areas. The primary care network of employed providers (physicians and nurse practitioners) began in 2014. There are currently ten nurse practitioners and one pediatric nurse practitioner. There are six physicians and one pediatrician. There are ten specialties, as well as a cancer center, wound care center and pain management clinic. The satellite locations have expanded to six to offer more options closer to where the patients live in Madison County and surrounding areas.

#### **Summary of Primary and Specialty correlated metrics:**

- 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 wait times and reliance on urgent care for timely visits.
- 21% reported they could not get care when they needed it.

Objectives: Improve access to care by increasing the number of primary & specialty care providers as well as the number of available appointments.

### **Implementation Strategies:**

- Hire at least two additional primary care providers
- Improve the efficiency of existing physicians and nurse practitioners
- Identify schedule gaps that prevent patients from being seen in a timely manner
- Address remaining barriers within the phone/scheduling system
- Offering appointments on the same day appointments within the network

#### **Access to Care Updates in 2026**

To improve access to care within our community, Madison Health has hired Dr. Ramalingam Selvarajah, and Kaite Baird (NP). We have also hired a second Cardiologist (Dr. Nicholas Maksim), a foot and ankle surgeon (Dr. Eric Storts), a spine surgeon (Dr. CJ Berg), Nephrology NP (Angela Gates) and a Urologist (Dr. Nicholas Styn). In addition to adding new providers, we have also increased availability by offering appointments as early as 7am and as late as 6pm. Our pediatric office now offers walk-in hours each weekday from 7am – 8:30am. This has been very well received by our community. Telehealth is available through several of our providers for those patients who may not have transportation to the office. We have constructed an Urgent Care 10 minutes from our hospital campus which provides additional care on the weekends. Madison Health has also addressed the phone system by creating a call room. Call answer rates improved from 30% to 80%. Finally, we have also compiled a team consisting of senior leaders, the lead physician for our primary care network, department director and a consultant to review and develop a plan for improving overall efficiency within our practices. During this review, the team will identify the gaps and opportunities for increased capacity.

## **II. Substance Abuse**

### ***Specific Needs Identified in the CHNA:***

Ohio is the 4th highest state for drug overdose deaths as of 2020 (the latest data from the CDC). The drug related death rate is based on a rate that measures the number of events in each time and divided by the average number of people at risk during that period and is calculated as such to compare counties with different population sizes. Of the total overdose deaths for the state of Ohio, 48.9% had at least one potential opportunity for intervention. In Ohio, the high rate of overdose death is driven mainly by opioids and illicitly manufactured fentanyl. Deaths because of prescription opioids are relatively low, therefore it can be assumed that most opioid related deaths were not driven by legally prescribed medication. Outcome related data to drug and alcohol abuse assessed by county were alcohol impaired driving deaths and drug overdose deaths and have remained high in Clark and Franklin County compared to the state. Franklin and Clark County also had a high number of drug overdose deaths per 100,000 population, at 48 compared to the state average of 38 and the U.S. top counties at 11. Franklin County also had the highest drug related deaths per 100,000 population in the state as of 2019 according to the CDC overdose death data. Alcohol impaired driving deaths were also highest in Franklin County at 32%, but still lower than the state at 33%. In the past two decades, the death rates for drug overdose in Franklin County has increased at an exponential rate, increasing 733%, compared to Clark at 262% increase and Madison at a 219% increase since 2003. In the last decade, Franklin County has continued to increase at 222% since 2012 based on data from the CDC. When compared to the increase nationwide of 137% increase since 2000, all three counties have trended higher than the average nationally. When analyzing the data, drugs and alcohol abuse is a prevalent theme across both primary and secondary data sources.

Summary of primary and secondary correlated metrics:

- 68.4% of people who died of a drug overdose were male, 27.4% were 35-44 years old and 79% were white, non-Hispanic
- The largest percentage of males were aged 35-44 and the largest percentage of females were aged 35- 44. Male, 35-44, and Black, non-Hispanic race had the highest overdose death rates
- 5.2% of overdose deaths were experiencing homelessness or housing instability, 7.4% had a recent return to use of opioid, and 4.8% were on current pain treatment

- Alcohol Impaired Driving Deaths – Franklin is 32%, Clark is 27%, Madison is 22%, the state is 33% and top counties is 10% (lower is better)
- Drug Overdose Deaths – is 48 in Franklin and Clark County, 38 in Madison and for the state and 9 for the top performers in the U.S. (lower is better)
- Of the top 3 unhealthy behaviors identified by the survey participants, 1 was drug abuse at 66% and #2 was alcohol abuse at 37%
- Impact to well-being from survey participants stated drug abuse as #3 at 32%

Objectives: Help reduce the overdose rates in Madison County

### **Implementation Strategies:**

- Increase awareness regarding the Medical Withdrawal Management Program at Madison Health

### **Overdose Rate Updates in 2026**

Madison Health has established a medical withdrawal management program. Patients may call or walk in to schedule an assessment. If admitted, the newly hired addictionologist (Dr. Isteaq Ahmed), along with our hospitalists manage the initial medical withdrawal symptoms while the patient is hospitalized. Our intake coordinators then facilitate follow up treatment post discharge. Madison Health has worked to promote awareness through print ads to 52K homes across Madison and surrounding counties, targeted social media ads and various community events. Madison Health also promoted this service at an open house held in our facility earlier in 2026. Madison Health also employs a community outreach coordinator who goes out into the community on a regular basis to ensure that providers and community members are aware of this program.

### **III. Cost & Insurance Barriers**

#### ***Specific Needs Identified in the CHNA:***

43% of residents identified cost as one of the top concerns for staying healthy. 38% of open-ended comments referred to affordability concerns. Cost concerns covered both medical services and prescriptions.

Objectives: Help reduce any cost and insurance barriers

### **Implementation Strategies:**

- Train frontline staff to identify upfront eligibility and benefit verification
- Integrate HER alerts for real-time coverage checks.
- Expand financial counseling and transparent cost-estimate tools for patients

### **Help reduce the cost and insurance barriers Updates for 2026**

Madison Health is dedicated to increased training for frontline staff regarding financial eligibility. A financial counselor is available for assistance. Some staff are also trained in presumptive Medicaid. Additional training and research are underway to determine best approach to assisting patients with their financial barriers.

### **IV. Chronic Disease, Lifestyle & Prevention and Food Insecurity**

#### ***Specific Needs Identified in the CHNA:***

Health outcomes is a measure that is used to provide overall health of the county when compared to the state and the top national performers as well as health factors which measure the impact of future health. The overall health of Madison County is in the top quartile in the state of Ohio, while Franklin County is in the second highest quartile. Clark County is in the lowest quartile and one of the lowest ranking counties in the state of Ohio. Health factors that increase risk of many co-morbidities:

- Adult obesity
- Poor or no access to exercise opportunities
- Access to health food -Poor physical health
- High school completion rate

Improving health outcomes start at a young age, and some leading indicators for poor health outcomes are children living in poverty and low high school completion rates.

Objectives: Assist patients in achieving a healthier weight, promote physical activity within the community

### **Implementation Strategies:**

Participation with new local Food Council, a partnership between Madison County Public Health and OSU Extension office

Continuing our partnership to offer cooking demonstration classes

Partner with Rocking Horse to provide nutrition and health tips for patients during their PCP visits

Promote dietitian services at Madison Health through marketing and community events

Explore physical activity opportunities: "Walk with a Doc", Train with physical therapy/sports medicine, sponsor a walk/run in the community

### **Healthy Lifestyles and Physical Activity within the Community Updates for 2026**

Our organization is dedicated to promoting physical activity which ensures improved health. Our specialty care director, Allison Wenger, is part of the local food council. This team explores ways to get food to the community and promote healthy eating. Our Madison Health dietician, Kelly Lane, also offers cooking classes and coaching for those interested in changing their eating habits. This service has been promoted at events and on social media. Madison Health has also been collaborating with The Rocking Horse (FQHC) to provide nutrition and health tips for patients during their visits. Madison Health has been the proud sponsor of local 5K events and plans to sponsor more in the future. Other unique events in the planning stages include: "Walk with a Doc" and an opportunity to train with a therapy and sports medicine physician.

Needs identified in interviews with community leaders that are not being addressed at this time due to limited hospital resources are poverty, lack of public transportation, safe recreational spaces and mental health.

## **v. Transportation & Geographic Isolation**

### ***Specific Needs Identified in the CHNA:***

43% cited transportation as a major barrier to healthcare. Numerous comments were made about driving to Columbus or Springfield for specialty care. Repeated mention of rides, curb ramps, and support for long distance specialty care visits. Distance, lack of low-cost

transportation, and mobility limitations (especially among seniors) prevent residents from accessing needed services.

Objectives: Assist patients in identifying affordable transportation options for healthcare

**Implementation Strategies:**

Partner with local rideshare and transit agencies

Train staff in remote care and transport logistic options

**Transportation & Geographic Isolation Updates for 2026**

Our organization is dedicated to identifying local transportation options. We have started to work with various local agencies to stay current on transportation available within the community. There is now a “hope” card that lists several resources and transportation is included. These cards are printed and available for staff to distribute to patients.

Needs identified in interviews with community leaders that are not being addressed at this time due to limited hospital resources are poverty, lack of public transportation, safe recreational spaces and mental health.