2016

Madison Health and Madison County Community Health Needs Assessment

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Introduction

This Community Needs Assessment was developed by Madison County Family Council, the Madison County–London City Health District, the Madison Health, and other agencies that formed the Steering Committee. This report compiles and analyzes data that addresses issues of community health and wellbeing for Madison County as well as for the Madison Health's specific service area.

The research effort has included: a demographic analysis; a survey of 400 adult residents selected at random; focus group sessions with senior citizens, the workforce via the Stanley Electric U.S. Company, and patrons of H.E.L.P. House (providing food, clothing, shelter, etc.); as well as analysis of data from the Madison Health, the Ohio Department of Health, Ohio Department of Job and Family Services, Mental Health & Recovery Board, Robert Wood Johnson Foundation, the Centers for Disease Control and Prevention, and the Bureau of the Census' American Community Survey. The study addresses secondary data for maternal and infant health data, behavioral risk factors, clinical and preventive services, diseases (such as cancer), hospital and emergency department discharge data, and leading causes of death. The steering committee has met to study the results and identify health priorities.

In Madison County, the not-for-profit hospital is Madison Health. Community benefit has been defined by the Internal Revenue Service (IRS) as "the promotion of health for a class of persons sufficiently large so the community as a whole benefits." Simply put, community benefit is composed of programs and services designed to address identified needs and improve community health (NACCHO Fact Sheet, 2010). To that end, the Hospital has joined forces with Madison County and the Family Council, and the rest of the steering committee, who have invested resources and significant time in gathering information to inform this Community Health Needs Assessment.

How to Read This Report and How Data were obtained

Data in this report are organized into topical areas, which can be located by referring to the table of contents. The report begins with a description of the service area, followed by a basic overview of the community's geographic location and its socio-economic makeup. This report compiles primary and secondary data in order to paint a detailed picture of Madison County. Primary data are data collected from first-hand experience. Secondary data analysis refers to reprocessing and reusing information that has already been collected such as institutional records from sources such as hospitals and the Ohio Department of Health. The framework for the report was based on key areas of need. The report integrates primary and secondary data and also compares the area's status to state and national data where possible, drawing out critical areas of concern. Narrative and graphics are used to highlight key findings. The report culminates in the presentation of how to use the report to identify priority needs for the community.

Definition of the Community Served

Madison County lies between Springfield and Columbus, and more than 37% of its working population drives 30+ minutes to work. Both I-70 and I-71 go through Madison County. Madison County is primarily a rural county, with over 92% of its land area being cropland, pasture, and forest. About 6.4% of its land cover is considered to be developed).

Madison County's total population is 43,326. Its largest community and singular city is London with 10,060 residents (2015 estimate). West Jefferson Village has a population of about 4,279. Outside of those two jurisdictions, most of the population is distributed in townships. Population projections forecast Madison County's population to increase by 8% from 2015 to the year 2030. London Correctional Institution and Madison Correctional Institution are located in Madison County; prison inmates are included in population counts. Madison County is also home to the Ohio Peace Officer Training Academy (OPOTA) and the Ohio Bureau of Criminal Identification & Investigation (BCI).

Partners in the Process

Many partners from multiple agencies took part in this research effort, from key stakeholder interviews, to providing access to data and populations, to hosting focus group sessions, and more. Three agencies pooled their resources to support the research conducted by Wright State University– Madison Health, Madison County Commissioners, and Madison County Family Council.

Last Name, First Name	Organizational Affiliation
Comer, Alexis	Madison County Senior Center
Holland, Cindy	Madison Health
Mayer, Greta M.	Mental Health Recovery Board
Pedraze, Kerry	United Way
Rock, Brenda	Madison County Family Council
Sanders, Danielle	Madison Health
Webb, Mary Ann	Madison Co/London Health Department
Young, Susan, RN	Madison/London Health Dept.

Demographics of the Community

Characteristics of the Population

Socioeconomic Status

Households: There are 14,676 households in Madison County, 3944 of which are in the City of London where about 53% of housing units are owner-occupied and 47% are renter-occupied. In the County overall, 71% of occupied housing units are owner occupied. In nearly one in five owner-occupied households, owners are spending more than 35% of their income on housing costs (the recommended percentage is 28%). More than one-third of renters spends more than 35% of their income on housing costs. Of households with children, 27% live in female headed households with no husband present.

Poverty: Nearly 12% of Madison County's population lives in poverty; among children under the age of 18 the percentage is 16% down from 18% in 2012. Among those ages 65 and over, the percentage living in poverty is 6%. Of all families in poverty that have children in the household, 74% are female-headed households with no husband present.

Across the entire County, 2,011 households receive food assistance, which is 14% of all households in the County. The average number of persons per month receiving food assistance is 4,115, which is nearly 10% of the County population. The average monthly food assistance payment is $118 (down from $132 in 2012). Fewer than 400 residents in Madison County receive cash public assistance (called OWF or Ohio Works First), and 40 of them are adults and 347 are children. Federal law requires that families receiving cash assistance participate in work activities. At least 50% of all able-bodied adults receiving benefits are required to participate in work activities at least 30 hours per week. In two-adult households, at least 90% are required to participate in work activities at least 35 hours per week.

Educational Attainment: Twelve percent (14.2%) of Madison County's population has no high school diploma. This is higher than the State percentage and the national percentage (11.2% and 13.6%, respectively). Lower educational attainment levels are directly associated with unemployment and lower pay. The percent with a bachelor's degree or higher is 15.7% versus 25.6% for Ohio and 29.3% for the U.S.

Occupations: The civilian labor force in Madison County is 20,700 people and the unemployment rate has dropped to 4%. The top ten occupations (by total employment) in the County employ 3,880 people, and none of these occupations pay what is considered to be a living wage for a household with one adult and one child. A sustainable wage for a household with one adult and one child, a sustainable wage is $21.39 per hour (per MIT).

Description	Employed (2016)	Median Hourly Earnings	Typical Entry Level Education
Laborers and Freight, Stock, and Material Movers, Hand	632	$10.87	No formal educational credential
Heavy and Tractor-Trailer Truck Drivers	562	$20.39	Postsecondary nondegree award
Team Assemblers	480	$17.20	High school diploma or equivalent
Cashiers	442	$10.09	No formal educational credential
Combined Food Preparation and Serving Workers, Including Fast Food	395	$8.74	No formal educational credential
Retail Salespersons	355	$11.09	No formal educational credential
Stock Clerks and Order Fillers	295	$12.44	No formal educational credential
Office Clerks, General	253	$13.42	High school diploma or equivalent
Packers and Packagers, Hand	235	$10.16	No formal educational credential
Shipping, Receiving, and Traffic Clerks	231	$12.88	High school diploma or equivalent

Characteristics of the Population and Socioeconomic Status

Figure 1: Population Trends, 2010-2040

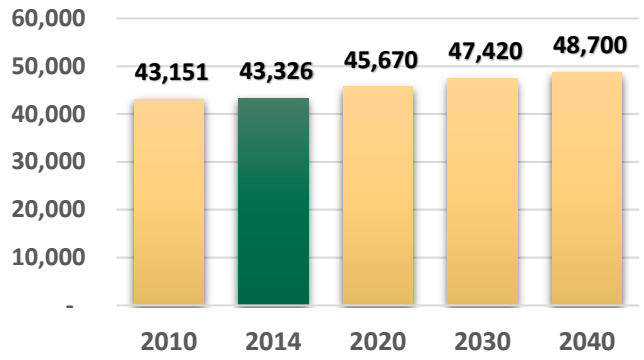


Figure 2: Age, 2014

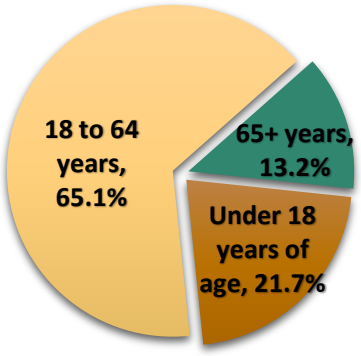
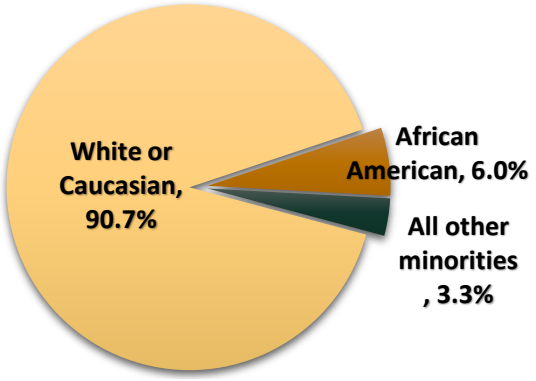


Figure 3: Race, 2014



The Ohio Development Services Agency forecasts Madison County's population to grow by 8% from 2015 to 2030, and an additional near 3% to 2040. The middle pie chart below shows that the senior population will grow considerably to the year 2030 (Census data). The majority of households are White/ Caucasian homeowners with no children (Census data).

Figure 4: Household Type

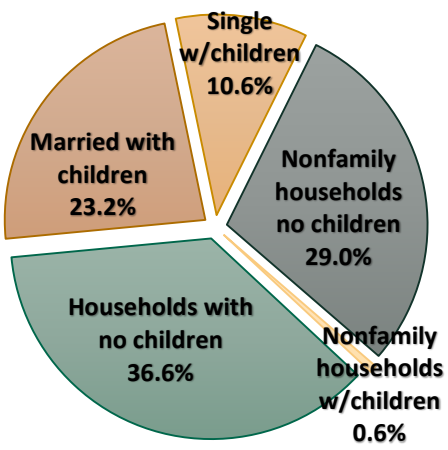


Figure 5: Senior Population Projections

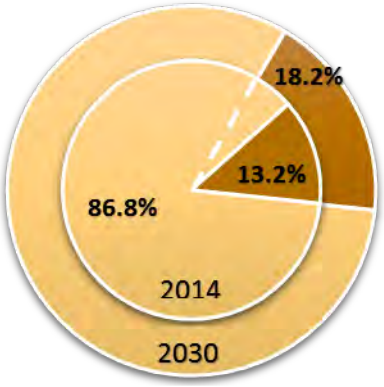


Figure 6: Occupied Housing Units

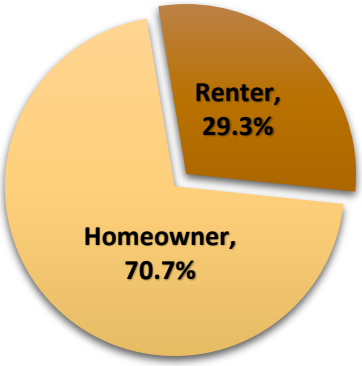


Figure 7: Educational Attainment for the Population 25 Years of Age & Older, 2014

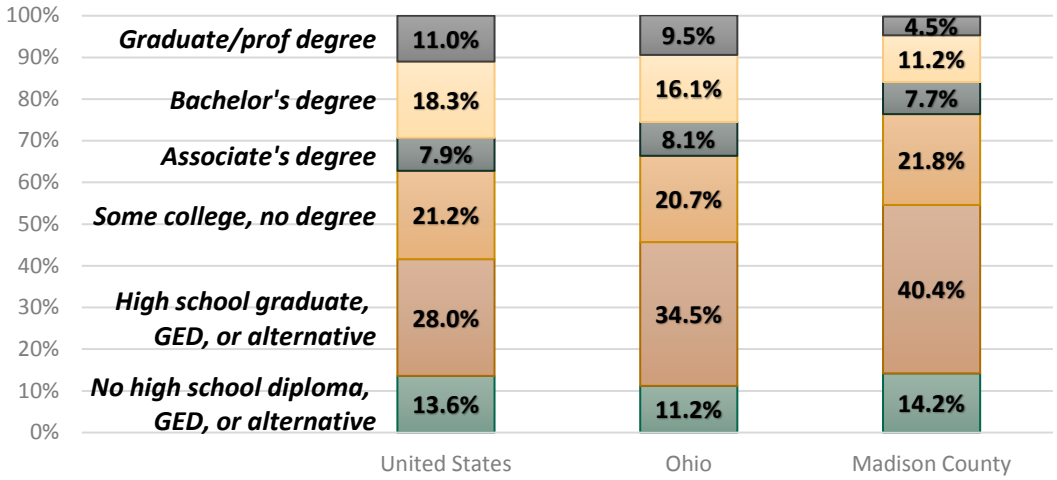
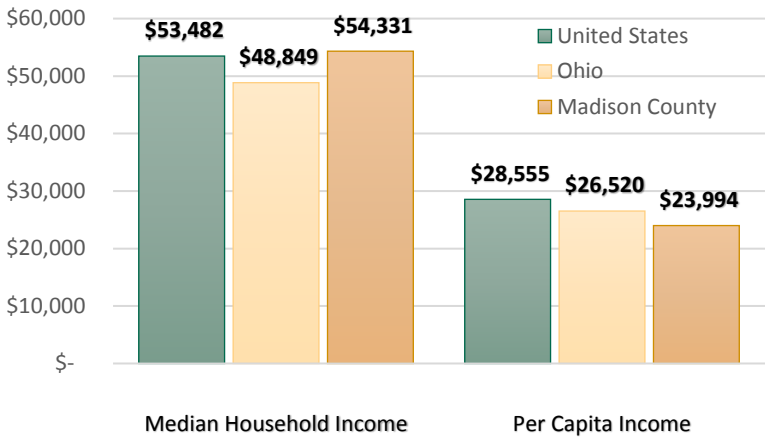
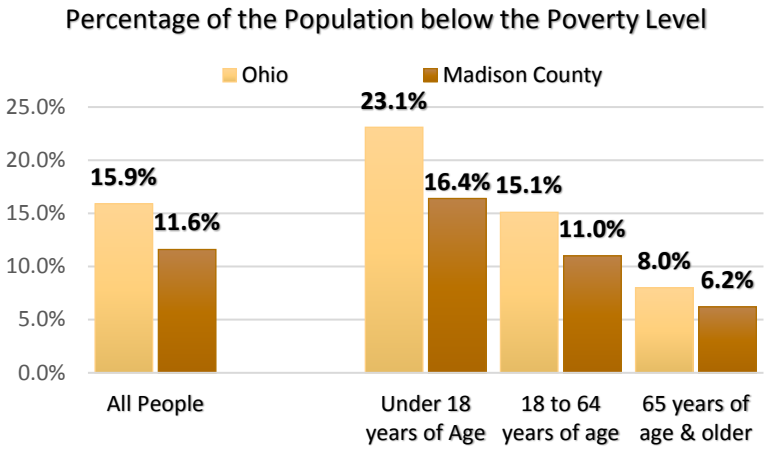


Figure 8: Median Household Income & Per Capita Income, 2014



The County has lower educational attainment levels and income levels than the State and U.S. Conversely, poverty is less pervasive at every age level in the County as compared to the State (Census data).

Figure 9: Percentage of the Population Living in Poverty, 2014



Health Care Facilities and Resources within the Community

The County's health care infrastructure is comprised of one hospital, an urgent care facility, a federally qualified community health center, two nursing homes, and hospice care.

Madison Health

Madison Health is a 94-bed facility that offers comprehensive inpatient and outpatient health care. Its unique affiliation with the OSU/Mount Carmel Health Alliance enables access to medical specialists.

Figure 10: Short-term Care

14 Special Care
46 Adult Medical-Surgical
8 Psychiatric (licensed, not in use)
10 Physical Rehabilitation beds (licensed, not in use)
7 Obstetrics Level I
85 Sub-Total
Newborn Care
9 New Born Care - Level I
9 Sub-Total
94 TOTAL BEDS

Source: Ohio Department of Health http://publicapps.odh.ohio.gov/eid/reports/Report_Output_RS.aspx last accessed 09/13/2016 (except where noted)

Physicians and other Health Providers

According to HRSA, the following physicians and other health providers provide services in Madison County.

Figure 11: Primary Care Physicians	**23**
PCP Physician/100K Pop	52.4
General/Family Practice	16
Gen/Family/100K Pop	36.4
Internal Medicine	3
Internal Medicine/100K Pop	4
Pediatricians	4
Pediatricians/100K Pop	38.7

Figure 12: Obstetricians/Gynecologists	**2**
OB/GYN /100K Pop	10.0
General Surgeons	1
General Surgeons/100K Pop	2.3

Figure 13: Psychiatrists	**0**
Psychiatrists/100K Pop	0

Figure 14: Dentists	**17**
Dentist/100K Pop	38.7

Source: Health Resources and Services Administration, Health Resources Comparison Tool, http://arf.hrsa.gov/arfdashboard/HRCT.aspx, last accessed 09/13/2016 (except where noted)

Clinics

Rocking Horse Community Health Center (formerly the Madison County Health Partners Free Clinic) became a Federally Qualified Health Center (FQHC) in March 2009. The Community Health Center provides health care to residents of Madison County regardless of their ability to pay. It has expanded its services to include primary healthcare for adults and children, prenatal care, lab testing and medication assistance. It is also working towards providing dental care within the next year. Its mission is to raise healthy families in a caring community.

Figure 15: Health Centers

Community Health Centers (FQHC)	1

Source: HRSA and http://www.madison-health.com/rockinghorse.php, http://rockinghorsecenter.org/about-us.html last accessed 09/13/2016

Nursing Homes

Figure 16: Nursing Homes

OHL01030 LONDON HEALTH & REHAB CENTER
218 Elm Street
London, Ohio 43140
Licensed Capacity 79 Beds

OHL01071 ARBORS WEST
375 West Main Street
West Jefferson, OH 43162
Licensed Capacity 100 Beds

Source: Ohio Department of Health http://publicapps.odh.ohio.gov/EID/reports/Report_Output.aspx Accessed 09/13/2016

Mental Health Care Capacity

Madison County is part of a three-county board - the Mental Health & Recovery Board of Clark, Greene and Madison Counties (MHRB). In Madison County, MHRB provided service to 755 people.

In 1988 Ohio passed the “Mental Health Act” which stressed the importance of community treatment rather than institutionalization. Community Mental Health Boards received even more authority to plan and develop local systems of care.

In 1989, Ohio recognized that a cabinet level department and local community control could best serve the recovery needs of Ohioans with alcohol and/or other drug addictions. Counties throughout Ohio reengineered their existing Community Mental Health Boards to also plan and oversee alcohol and other drug services.

Health Needs of the Community

Medically Underserved and Low-Income Population Needs

Focus group sessions were conducted with senior citizens, the workforce via the Stanley Electric U.S. Company, and patrons of H.E.L.P. House (providing food, clothing, shelter, etc.). The intent was to uncover disparities in coverage, access and other barriers to care, including chronic diseases. This summary begins with the results of the senior citizens focus group; followed by the workforce focus group, and finally the food pantry patrons.

Senior Center Focus Group Summary

A group of about 10 senior citizens at the Madison County Senior Center joined for a discussion about critical needs in the community, articulating top challenges, who they turn to for help, what they face when they try to get help, and what the community can do to better help.

This group also cited some of the best practices and resources at the Senior Center and believed that these should be cited. A report on promising Senior Center practices says, "Many states are moving towards a wellness approach to encourage active lifestyles that includes physical and intellectual pursuits." Examples include aerobic exercise, dancing, and internet skills workshops. The Madison County Senior Center has offered this full array of services, and discussed re-initializing computer workshops. This Senior Center has another best practice—providing a social day care and respite program, maintaining a responsible staff-to-client ratio. Clients participate in activities and the quality lunch at the senior center, while caregivers receive relief and peace of mind.

Top Community Challenges Cited by Senior Citizen Focus Group Participants

The seniors in this focus group discussed communitywide challenges as well as challenges that affect senior citizens. The list of challenges includes:

- job training as an educational aid for those not planning to go on to college, as well as an alternative for adult learners
- insufficient, flexible public transportation which affects all age groups; in terms of senior citizens, the insufficient countywide public transportation means that seniors in Mount Sterling and other towns outside of London cannot attend or have difficulty accessing the Senior Center
- the increasing cost of pharmaceuticals; one focus group participant mentioned that prescriptions are so expensive that it has become necessary to cut the pills in half so as to stretch doses further, while recognizing that this may have health ramifications
- the need for healthcare advocates for seniors; a health advocate is a family member, friend, trusted coworker, or a hired professional who can ask questions, write down information, and speak up for the person receiving medical care so that person can better understand the illness and get the care and resources needed, which provides peace of mind so the person can focus on recovery
- assistance with paying utility bills and obtaining emergency funds; "the Community Action Organization has fewer resources today than it did in the past"
- greater involvement by all to address homelessness and hunger; "we should teach people how to raise a garden and other means of providing food for themselves"

The Most Important Actions the Community could take to help Senior Citizens

Develop a handbook of services available in the County. In Tallahassee, Florida, numerous inquiries from seniors, caregivers and professionals regarding senior issues and services in the community inspired the "Tallahassee Senior Services Resource Assistance Program." While the extremes of the spectrum – basic information and referral on one end, and complete case management on the other – are adequately served by the area agency on aging and local service providers, the center found a need to address inquiries that fell in the middle of the spectrum. "Senior Resource Cards" were produced, listing various services available in the community, including transportation, housing, safety, caregiver support, education, social services and pets. The Senior Resource Cards provide resources and/or significant information only on a requested topic, helping the inquirer avoid "information overload." Cards are easily re-printed in limited quantities, making it possible to keep the information current.

Communicate to youth the importance of an education—"education is #1!" Because "college is not for everyone, the County also needs to promote the technical education options (e.g., electrician, plumber, and other types of trades)."

"Offer computer courses to senior citizens."

Offer diabetes training and education. Can we train more local professionals to be able to provide diabetes training, such as training health department staff? According to Your Guide to Medicare's Preventive Services, "Diabetes self-management training is for people with diabetes to teach them to manage their condition and prevent complications. You must have a written order from a doctor or other health care provider. You pay 20% of the Medicare-approved amount after the yearly Part B deductible. "

Employees (of the Stanley Electric U.S. Company) Focus Group Summary

A group of 10 employees of Stanley Electric U.S. Company participated in a focus group to identify and discuss community needs and suggest recommendations on the most important community improvements. Having the workforce perspective on how health care and other community wellness services can be improved is an excellent and comparatively rare resource for a community needs assessment.

Top Community Challenges Cited by Focus Group Participants

Focus group participants were asked to name the first thing that comes to mind when the moderator asked for the top concerns and health issues facing the Madison County community. The list follows:

- Cancer
- Drug abuse and the practice of parents drinking with their underage children
- More recreational options for youth other than athletic related activities
- Lack of an urgent care facility—this topic gained overwhelming concurrence and reaction from the group
- Too few pediatricians and family practice providers and the lack of physicians groups
- Comparatively high rates of asthma and COPD—is it environmental?
- The need for additional mental health services in the community

- The difficulty for senior citizens to access the health services they need (whether due to lack of public transportation, cost, or services not being available in the County)
- Life-threatening car accidents which may be due to distractive driving
- The lack of flexible public transportation and the lack of awareness of the public transportation that is available in the County

The group then revisited several of these topics for additional discussion. The lack of an urgent care facility was the topic that received the greatest reaction from the participants. Lack of an urgent care, it was mentioned, has ramifications for the entire county and affects the cost of health care in the community as people receive standard care (such as for ear infections) from the ER. One participant noted that in comparisons across other branches of Stanley Electric, the London-based branch has the highest ER utilization rate, which has cost implications to the employer as well as employees. Participants discussed the possible benefits if Madison Health managed the Urgent Care facility because if people presented in the ER for standard health care needs, the ER could simply redirect to the Urgent Care facility. Participants also noted that because Stanley Electric provides work opportunities to those who have not had insurance in the past, there may be lack of awareness among some employees about when to use the ER. Perhaps providing information about when to use the ER could be distributed widely in the company and in the community.

Participants discussed the difficulty of seeing family practice physicians and pediatricians around the work schedule. Given the tight production schedules of the company, employees cannot leave to take children to the doctor during their work hours. Some doctor's offices operate only from 10:00 to 4:00, which makes it impossible for these employees to access. Because there are few family practice doctors, and even fewer accepting new patients, some of these employees drive to Columbus to access family doctors. Furthermore, if employees get sick while at the work site, the employer makes arrangements for them to go to the doctor, which can require 20-25 minute travel one-way to obtain care.

Besides acute conditions, some employees face chronic health conditions such as hypertension and diabetes. While the employer has an exceptional wellness program with about 55% participation (compared to a common 20% rate for employers who offer HRAs), it is a challenge to motivate the people who have the greatest need to attend the targeted health education programs (such as the NOT ME Diabetes Prevention Program).

There was also much concern about drug abuse in the County (which is a topic of concern for many communities today), and participants suggested the need for more education for youth about the effects of drug use going beyond the DARE program. One participant provided an example still recalled from high school, stating that reality education (real life examples) may be the most impactful to high school students; another participant suggested that people in alcohol or drug recovery could present their lessons learned in the schools.

<u>The Most Important Community Improvement Actions</u>

Participants most strongly recommend the establishment of an Urgent Care facility and discussed a backup plan of attracting a "Minute Clinic" to the community. Participants also questioned whether doctors in the County could "partner up" into groups so that there is greater availability of doctors and office hours.

Develop an activity/recreation center or YMCA for the area, and promote to youth that "exercise is fun."

Improve community communications—given the difficulty of getting local news and the trend for younger readers to only read electronic news, a priority would be to create a local electronic news source. The millennials in the focus group said they would use a local app for local news, and thought that an addition to the improved London website may be a source. As one example of the lack of awareness, most people in the focus group were not familiar with the Rocking Horse Center and the name implied to them that the services would be limited to children's health.

Engage the hospital's community benefit investment to be on "eating right" and other free wellness outreach.

H.E.L.P House Focus Groups Summary

Focus group discussions were held at H.E.L.P. House. "H.E.L.P. House exists to serve children, families, and individuals in need by providing food, clothing, shelter, emergency assistance and God's love. We focus on recognizing their struggles within a loving environment with dignity and respect." The "Loving Kindness Kitchen" is open Mondays 5:00-6:30 pm; the Choice Food Pantry is Open Mondays 5:00-7:00 pm, Wednesdays 9:00 am -12:00 pm, and Saturdays 9:00 -11:00 am. Support for H.E.L.P. House comes primarily from churches in the County and from Galloway outside of Columbus, but also from the United Way. The situation for H.E.L.P. House is that the distribution from Mid-Ohio Pantry has been cut considerably (Mid-Ohio no longer receives low cost meats from grocers and so higher costs are passed on to the pantries), the court and JFS provide substantially fewer volunteers than in the past, and the prisons are curtailing/ending food production. The focus group sessions were held beginning at 4:30 pm with staff and volunteers, and then beginning at 5:00 with patrons in a free flowing way.

Top Community Challenges Cited by H.E.L.P House Staff/Volunteers Focus Group Participants

Focus group participants were asked to name the first thing that comes to mind when the moderator asked for the top concerns and health issues facing the Madison County community. The list follows:

- Drugs was the top concern and staff/volunteers cited the need for a treatment facility or treatment services.
- Homelessness (people go from house to house so that the extent of the homelessness situation is more difficult to measure or see); also it was noted that the focus of homeless shelters in the County is on families while a place for single adults is needed.
- Support in paying for utilities (H.E.L.P. House rarely has funds to assist people in this way). Most of the emergency funding goes to the Community Action Organization and as their resources have declined, when they do provide assistance it is a limited dollar amount and only one-time assistance.
- Prevalence of evictions; it has become more expensive to rent as demand for rentals has increased since the housing bubble burst in 2008. A deposit and two months' rent is commonly required.

Top Community Challenges Cited by H.E.L.P House Patrons Focus Group Participants

- Homelessness (one participant said, "this problem is generally ignored and many care more about the community image than the community's people.")

- Evictions—"there is no help for people being evicted; no one to ensure renters' rights with landlord issues; no process for letting us pay back [hat we owe]. " "There is a lack of free legal services."
- Support in paying utility bills ("every other month we trade off which utility bill we can't pay").
- "For people who are trying to do right and pay their child support, there should be job supports—training to help people find stable, decent jobs so that they can continue to pay child support."
- "Benefit coordinators at JFS are difficult to contact; and if you have trouble contacting them and they don't call you back, then you lose SNAP benefits due to 'your' noncompliance."
- "Drugs are a problem; the community needs a treatment center or clinic to help with this problem"; one participant said, "There have been 15 or 16 drug overdose deaths due to heroin recently in my neighborhood." He was an 18 year old who said, "Young people just want an easy way out." He also said that while he was in high school, "No one was using hard drugs." One person asked this participant what he thinks is the gateway to hard drug use, and he said, "It starts with taking pills." Another participant added, "You can buy drugs at any corner."
- A participant shared that, "It's like a vacation at the Marysville prison (Ohio Reformatory for Women); serving time there doesn't faze the young women who go there and they are okay with being sent back there" (a family member who had firsthand experience agreed).
- Cost of prescriptions (one person is on insulin but reported that it is very expensive).
- Urgent care/free emergency clinic
- "There are a lot of people who need help. The Community Action Organization doesn't help as much as they used to. In the past, you could be on PIPP and get additional help from Community Action. Now they say if you are on PIPP they cannot help you." (PIPP: The Percentage of Income Payment Plan Plus is an extended payment arrangement that helps Ohioans maintain their natural gas and/or electric service. Regulated gas and electric companies accept payments based on a percentage of the customer's household income.)
- "Children's Services takes kids from parents and then places them in foster families where they are abused, even when the birth parents are really trying."

<u>Where Focus Group Participants turn when they need help</u>

- "I can't associate with most of my neighbors because some use drugs and others are angry. It's better to not get involved so we stay to ourselves."
- "They tell you to call the churches for help, but churches aren't well funded these days." Another participant said, "The ministries built a ramp up to our house for my disabled grandson which helped so much."
- "The Rocking Horse Center will help you sign up for health care."
- Participants also turn to food banks, The Well (in Washington Court House), the DNA in Plain City (which "offers tax help, places to chat with others, and a place where you can ask for prayers"), and the Senior Center.
- The Most Important Community Improvement Actions
- "Stable jobs and training programs so that people can qualify for the stable jobs."
- "We need more for kids to do. Can we make better use of some of these large abandoned buildings like the old K-Mart?" "Kids especially need more to do in the summer." "Can we identify ways kids can earn their own money and at the same time help the community like helping with simple house repairs which would help the kid and the homeowner at the same

time?" "We used to have things for young people to do like scavenger hunts, camp fires, and fireworks—things that are family-oriented."
- "More law enforcement to address the drug problem."
- "If children have court costs due to their bad choices, can the children pay their court costs through community service? I as the parent/aunt have no way to come up with an extra $130."

Background for the Madison County Community Needs Assessment

A survey was conducted with 404 adults in Madison County, using random listed addresses and telephone numbers, in July and August 2016 to engage the general population in this effort to define community needs. Households were invited twice by mail to participate in the online survey. Respondents were also contacted by telephone a maximum of ten attempts. A copy of the full report is available upon request.

Top 10 Needs for Low Income Populations

To delve more deeply into the needs of the low income population, the survey results were organized into responses from households with an income below $50,000 and those with an income greater than that. A comparison of the perceptions of the top 10 problems facing people in their neighborhoods is presented below. Findings are similar across the two lists and mostly pertain to housing needs.

Figure 17: Top 10 Neighborhood Problems for Lower Income vs. all Respondents

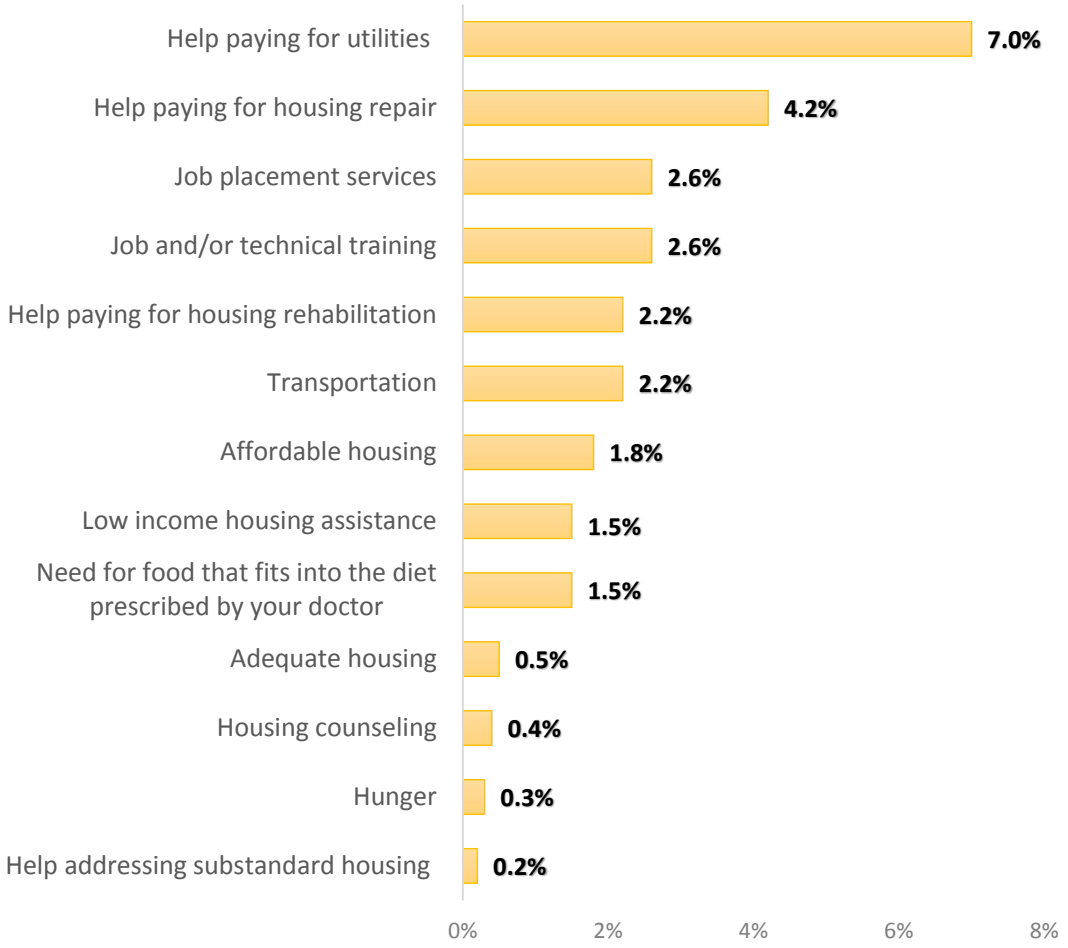
Top Ten Household Needs:
Respondents with household incomes below $50,000 vs. All Respondents

Rank	Respondents with a household income below $50,000	All Respondents
1	Affordable housing	Help paying for utilities
2	Help paying for housing repair	Help paying for housing repair
3	Job and/or technical training	Job and/or technical training
4	Job placement services	Job placement services
5	Help paying for housing rehabilitation	Transportation
6	Transportation	Help paying for housing rehabilitation
7	Low income housing assistance	Affordable housing
8	Need for food that fits into the diet prescribed by your doctor	Need for food that fits into the diet prescribed by your doctor
9	Help paying for utilities	Low income housing assistance
10	Housing counseling	Adequate housing

Top 10 Needs for Individual Households

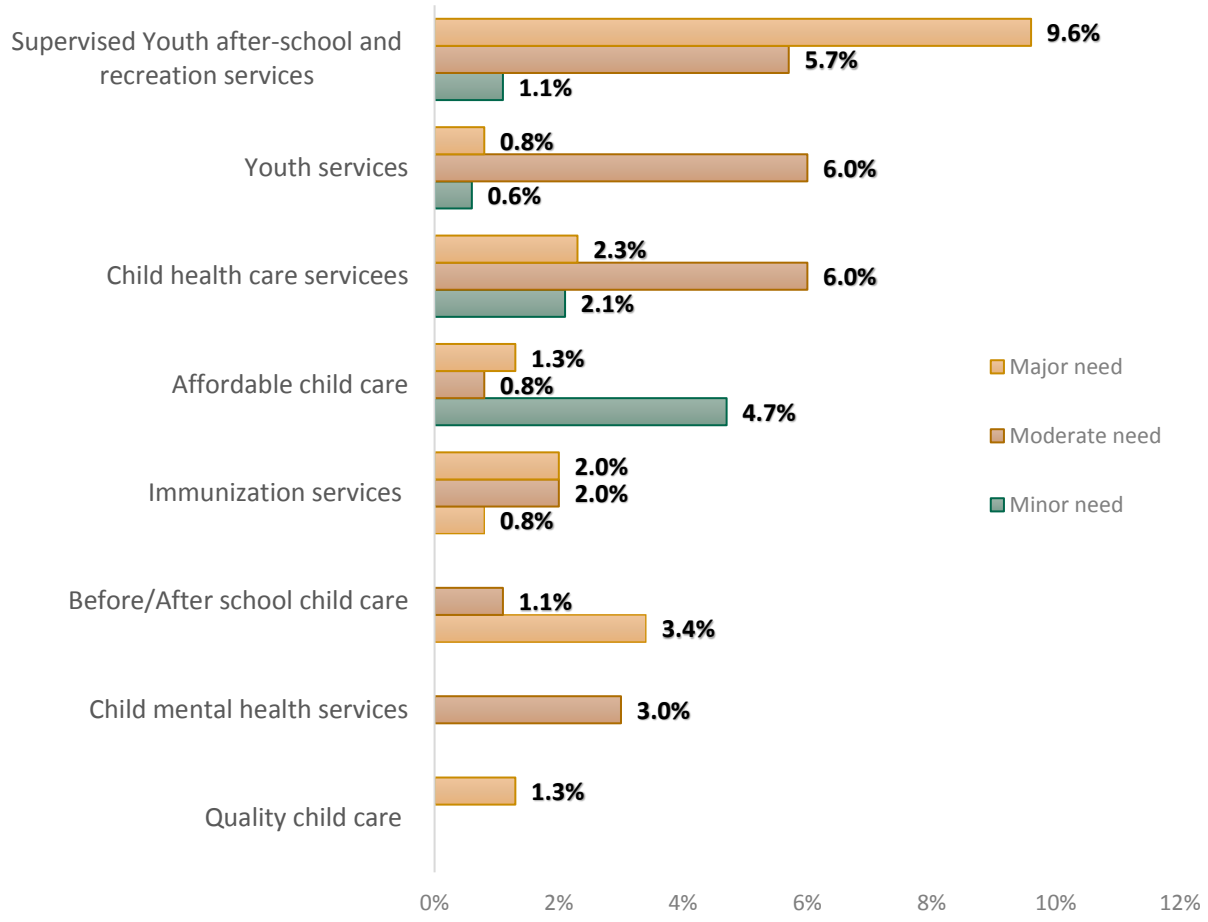
Respondents were provided with a list of needs and were asked to report whether each one was a major, moderate, minor or no need for their household. The figure below shows the household needs organized in order of prevalence.

Figure 18: Household Needs in Ranked Order



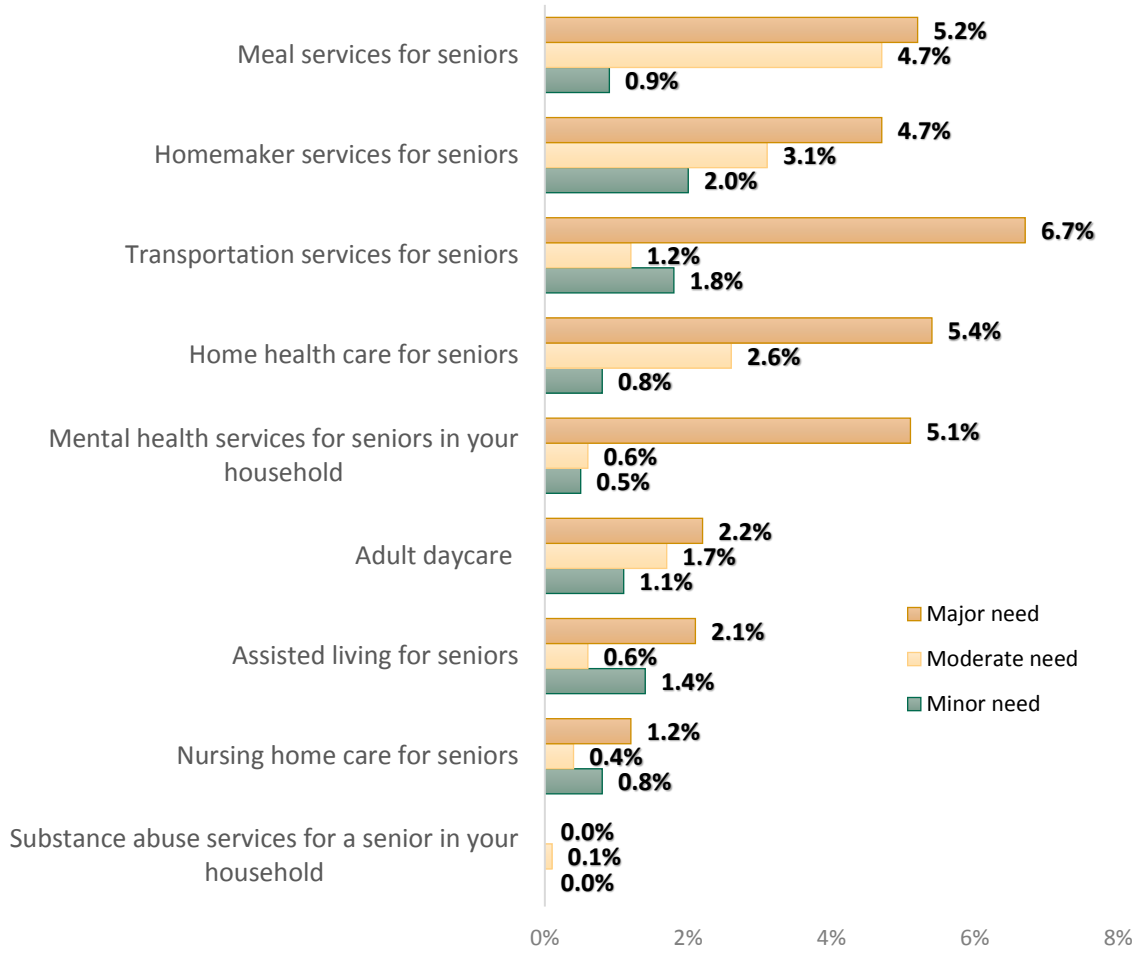
The figure below presents the top needs for households with children. The service considered to be a major need is supervised youth after-school care and recreation services.

Figure 19: Top Eight Needs for Households with Children



Respondents were also asked to indicate the level of need for senior services. The services considered to be of greatest need include: transportation, home health care, meals, and mental health services.

Figure 20: Ranked Order Senior Household Needs



Community Needs Assessment Primary and Secondary Data Results

County Health Rankings Data

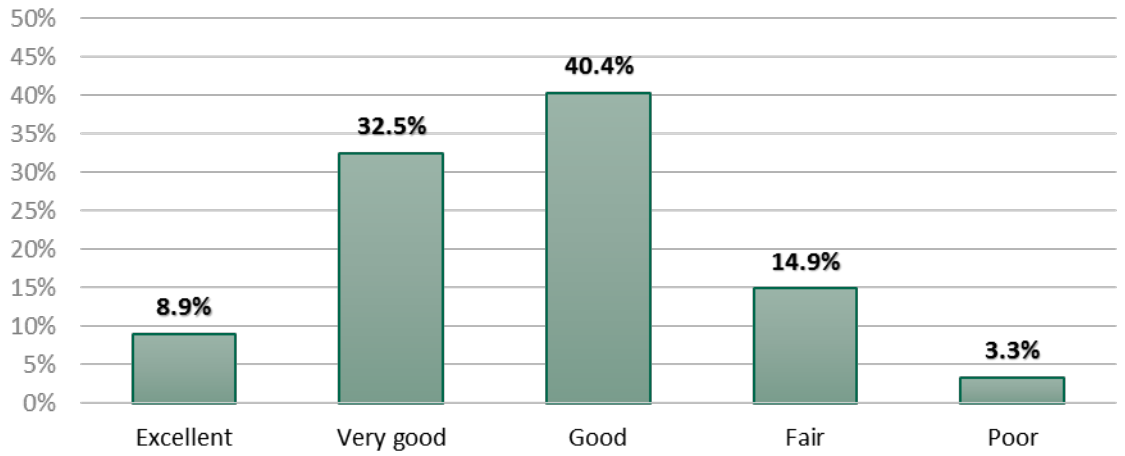
Figure 21: County Health Rankings Data	Madison County	Ohio	U.S. Top Performers	National Median	Rank (of 88)
Overall Health Outcomes					**33**
Maternal and Infant Health					
Teen Pregnancy Rate per 1000 (15-19)	29.2	27.4	19		
Low birth weight (2014)	7.7%	9%	6.0%		
Pregnant Mothers who smoked (ODH)	16.9%	13%		10.9%	
Mothers without 1st trimester care (ODH)	22.7%	29.3%			
Behavioral & Other Risk Factors					**25**
Adult smoking (% of adults that smoke ≥100 cigarettes) ***Changed definition/methods	23%	21%	14%		
Adult overweight/obesity* (BMI: 25-29.9=overweight; BMI 30+=obese)	29%	30%	25%		
Physical inactivity* (No leisure time physical activity)	29%	26%	20%		
Excessive drinking (Consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or drinking more than 1 (women) or 2 (men) drinks per day on average) ***Changed definition/methods	18%	18%	12%		
Motor vehicle crash death rate (Crude mortality rate per 100,000 population due to traffic accidents involving a motor vehicle)	17	10	9		
Sexually transmitted infections (Chlamydia rate per 100,000 population)	226.4	460.2	134.1		
Limited access to healthy foods (% low-income population that do not live close to a grocery store)	4%	6%	2%		
% of restaurants that are fast-food establishments					
Clinical Care					**36**
Uninsured (% population < age 65 without health insurance)	18%	13%	11%		
Primary care physicians (Primary care physicians include practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. Population per physician)	1,730:1	1,300:1	1,040:1		
Dentists (Population per dentist)	4,390:1	1,710:1	1,340:1		
Mental health providers (Population to the number of mental health providers including child psychiatrists, psychiatrists, and psychologists active in patient care)	2,090:1	640:1	370:1		
Preventable hospital stays (Hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees)	63	65	38		
Diabetic screening (Proxy measure: % diabetic Medicare patients whose blood sugar control was	89%	85%	90%		

Figure 21: County Health Rankings Data	Madison County	Ohio	U.S. Top Performers	National Median	Rank (of 88)
screened in the past year using a test of their glycated hemoglobin (HbA1c) levels.)					
Mammography screening (Proxy measure: % female Medicare enrollees age 67-69 that had at least one mammogram over a two-year period.)	55%	60%	71%		
Disease					
Poor or fair health* (Measure is based on a survey question)	18.2%	17%	12%		
Poor physical health days (Measure is based on a survey question)	3.6	4.0	2.9		
Poor mental health days (Measure is based on a survey question)	3.8	4.3	2.8		
High blood pressure* (Measure is based on a survey question asking, "Has a doctor ever told you that you have high blood pressure?")	39.8%	33.5%		31.4%	
Blood cholesterol* (Measure is based on a survey question asking, "Has a doctor ever told you that you have high blood cholesterol?")	29.9%	37.5%		38.4%	
Heart Attack (myocardial infarction)* (Measure is based on a survey question asking, "Has a doctor ever told you…?")	3.1%	5.4%		4.4%	
Coronary heart disease* (Measure is based on a survey question asking, "Has a doctor ever told you…?")	9.4%	4.8%		4.2%	
Diabetes* (Measure is based on a survey question asking, "Has a doctor ever told you…?")	11.8%	11.7%		10.0%	
Leading Causes of Death					**52**
Premature death (Years of potential life lost before age 75 (YPLL-75) presented as an age-adjusted rate per 100,000 population)	7,900	7,500	5,200		
**Note: Self-reports from the Madison County Community Needs Assessment Survey; all other Data from RWJF except where noted*					

Overall Health Status

Approximately eighty percent (81.8%) of survey respondents reported that their general health is excellent, very good or good; this percent is lower than the percentage for the State of Ohio (83%) and substantially lower than the top performers in the U.S. (88%).

Figure 22: Health Status

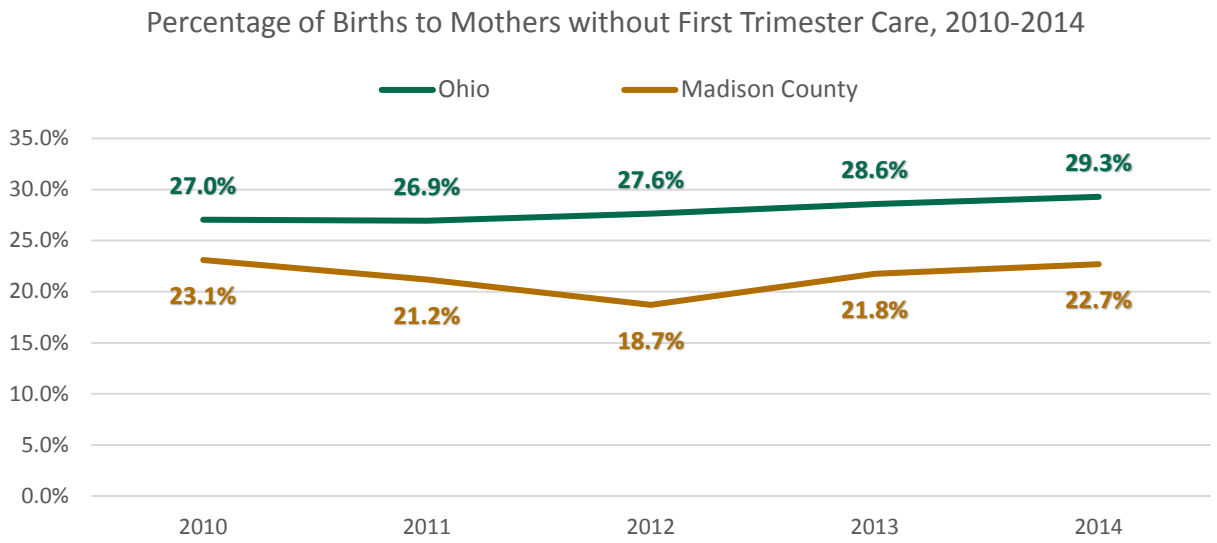


Maternal and Infant Health

First Trimester Prenatal Care

The percentage of women not obtaining first trimester prenatal care is generally increasing in Madison County over the last three years of the study period; however, the County's percentages are consistently lower than the State's percentages over time. The 5-year average for Madison County (21.5%) meets the 2020 Healthy Goal of 22.1%.

Figure 23: Percentage of Births without First Trimester Prenatal Care, 2010-2014

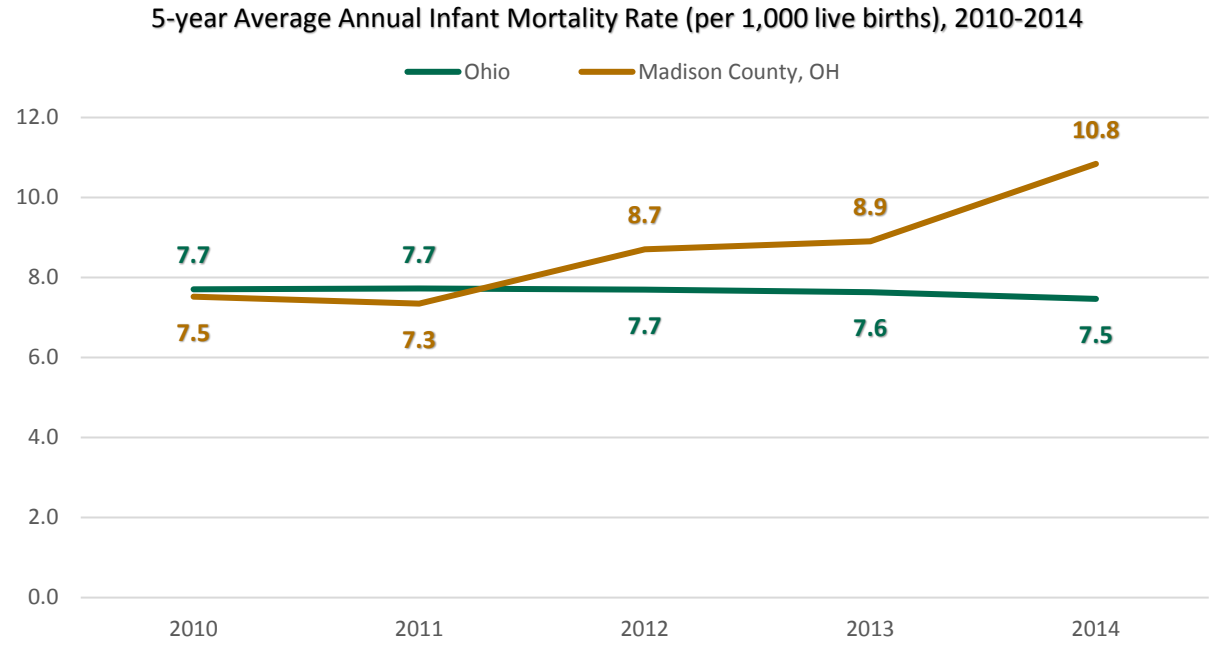


Source: 2010-2014, Ohio Department of Health, Vital statistics annual birth summaries. Last updated 9/11/2016.

Infant Mortality Rate

The chart below presents the general trend of infant mortality in the County and the State using a 5-year rolling average. The number of infant deaths in any given year is below the threshold for reporting (<20 reported cases); therefore, specific numbers are considered unstable and should be interpreted with caution, but the impression indicates a substantially lower rate in the County over the first two years of the study period and a higher rate in more recent years.

Figure 24: Infant Mortality Rate

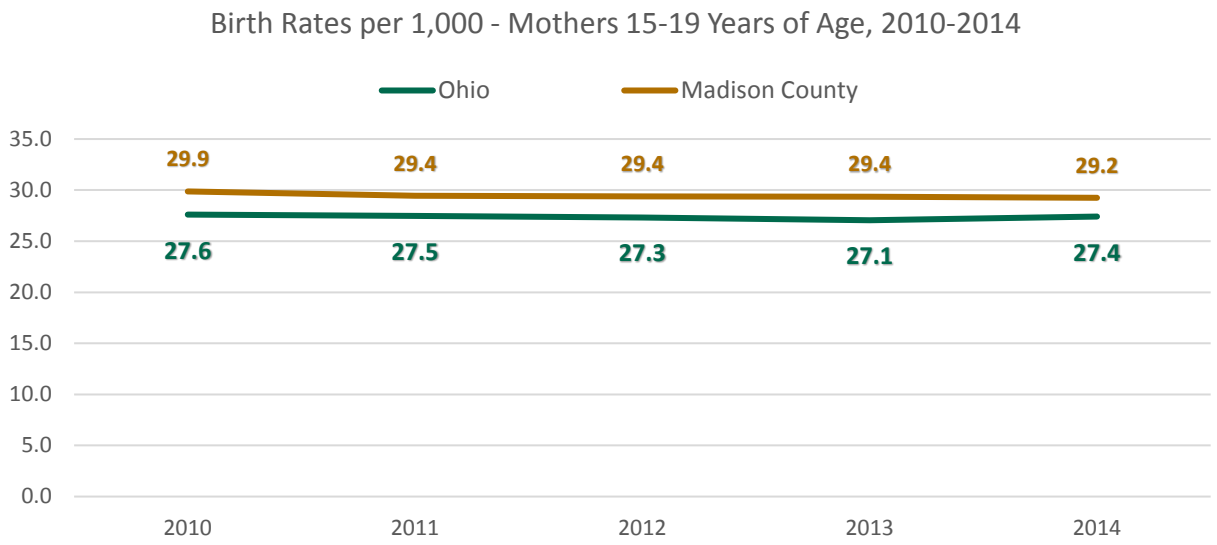


Source: Ohio Department of Health, Ohio Infant Mortality Data. Last Reviewed: 12/21/15.
Note: Based on available data. Small infant mortality numbers (<20) for Madison County are unstable and should be interpreted with caution.

Teen Birth Rates

The teen birth rate is declining in the County and in the State when reviewing the overall trends for 15-19 year olds.

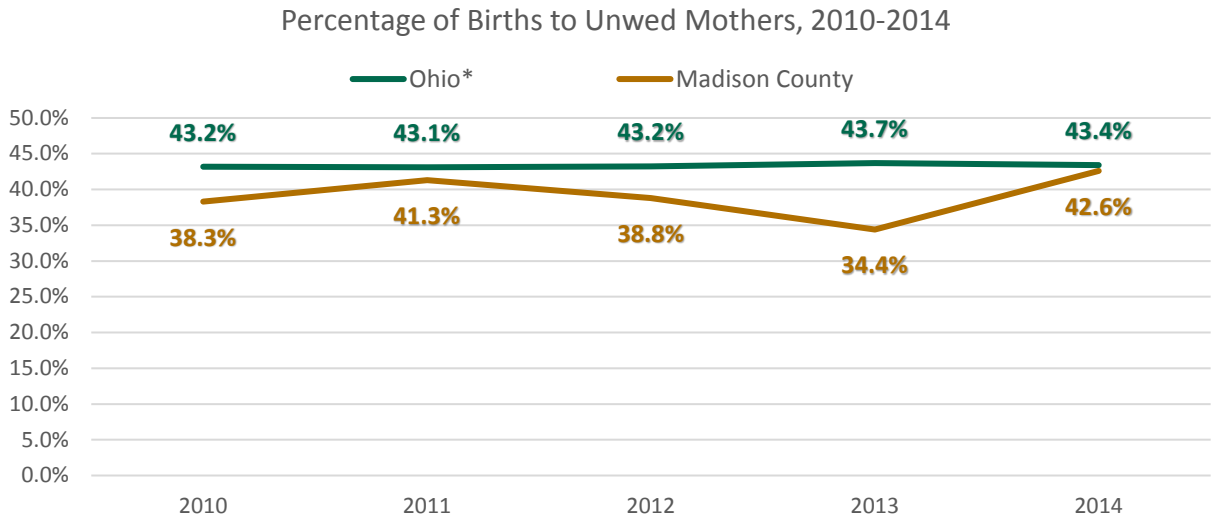
Figure 25: Teen Birth Rate, 2010-2014



Births to Unwed Mothers

The percentage of births to unwed mothers has fluctuated over the study period, but is generally increasing over time.

Figure 26: Births to Unwed Mothers



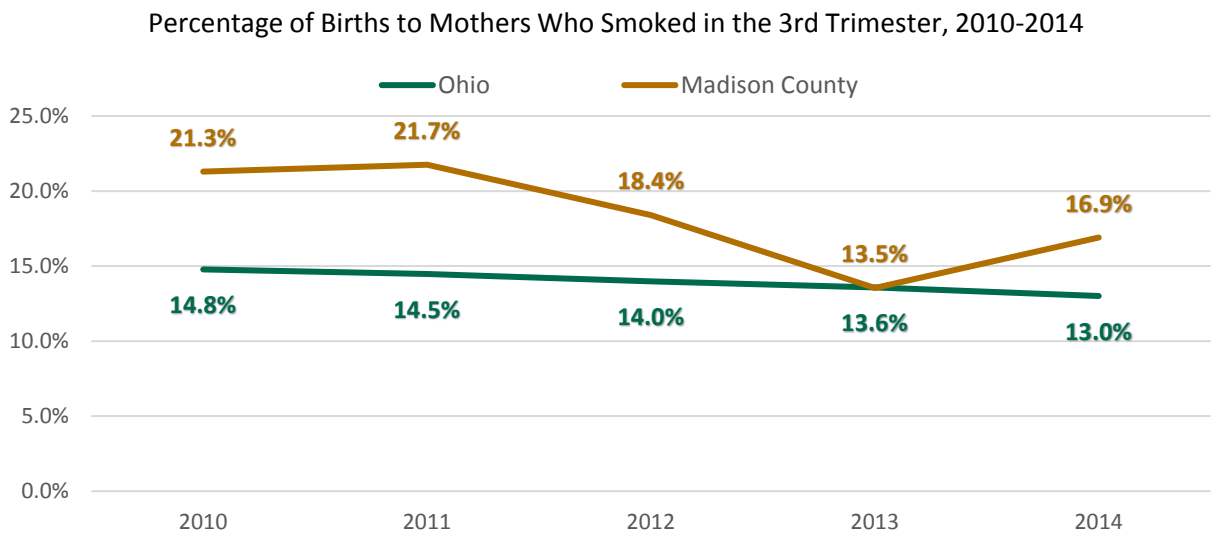
** Ohio Counties only - unknown and out of state residential geographies exluded from the state totals*

Source: 2010-2014, Ohio Department of Health, Vital statistics annual birth summaries. Last updated 9/11/2016.

Births to Mothers Who Smoke

The percentage of Madison County mothers who smoked while pregnant is substantially higher than the State (16.9% versus 13.0% in 2014) and 1.5 times higher than the nation (10.9%). The Healthy People 2020 goal is to reduce the percentage to 1.4%.

Figure 27: Births to Mothers Who Smoked, 2010-2014

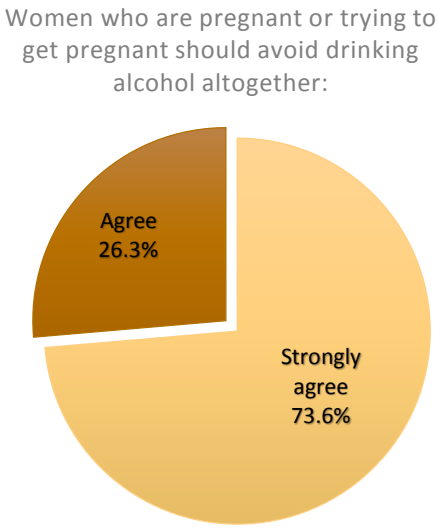


Source: 2010-2014, Ohio Department of Health, Vital statistics annual birth summaries. Last updated 9/11/2016.

Drinking during Pregnancy

The most current guidance regarding drinking while pregnant is that there is no known amount that has proven to be safe. "It is difficult to predict the impact of drinking on any given pregnancy because some women have higher levels of the enzyme that breaks down alcohol" (Garry, D., DO, Associate Professor of clinical obstetrics and gynecology at the Albert Einstein College of Medicine). One question on the survey presented the statement, "Women who are pregnant or trying to get pregnant should avoid drinking alcohol altogether." A full 100% of Madison County respondents agreed with this statement.

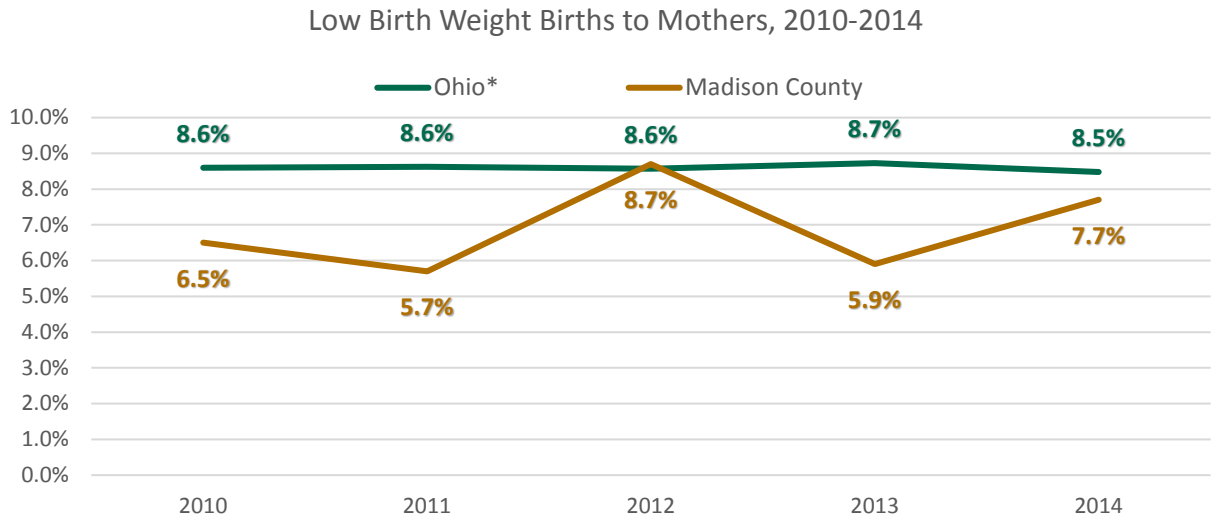
Figure 28: Drinking during pregnancy



Low Birth Weight Rate

The low birth weight rate in the State is 8.5%, while the national rate is 8.2% with a national target for reduction to 7.8%. Madison County's rate has been lower than the state rate for every year in the study period except 2012.

Figure 29: Percentage of Low Birth Weight Babies



** Ohio Counties only - unknown and out of state residential geographies exluded from the state totals*
Source: 2010-2014, Ohio Department of Health, Vital statistics annual birth summaries. Last updated 9/11/2016.

Behavioral Risk Factors

Physical Activity

In regard to exercise, approximately 4 to 5 out of 10 Madison County adults, primarily those over age 45, participated in physical activity in the past month.

Figure 30: Physical Activity – Self

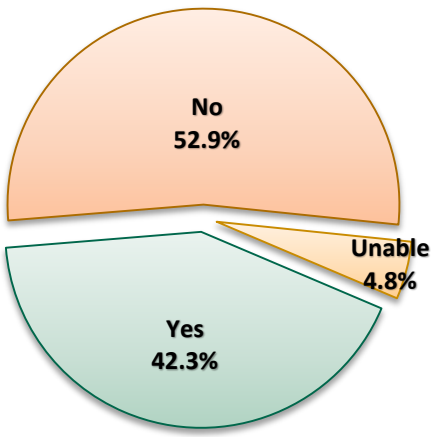
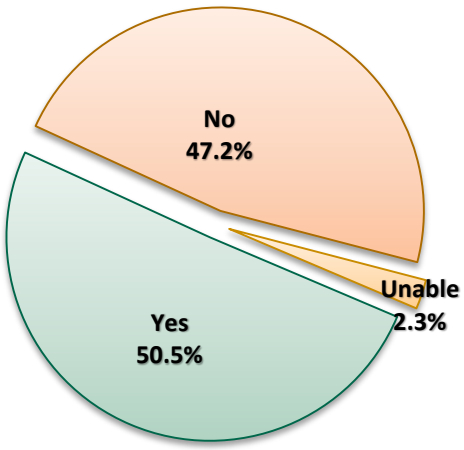


Figure 31: Physical Activity – Spouse



Childhood Obesity

Overweight and obesity prevalence among Ohio 3rd graders was measured in 2004-2005 and 2009-2010. The rate in 2004-2005 was 35.2% and was 30.0% in 2009-2010. This change was not statistically significant. The obesity rate for Ohio's 10 to 17 year olds in 2011 was 17.4%.

Adult Smoking

Less than one-quarter (23.2%) of Madison County adults currently smoke. Nearly 15% smoke every day.

Figure 32: Ever Smoked

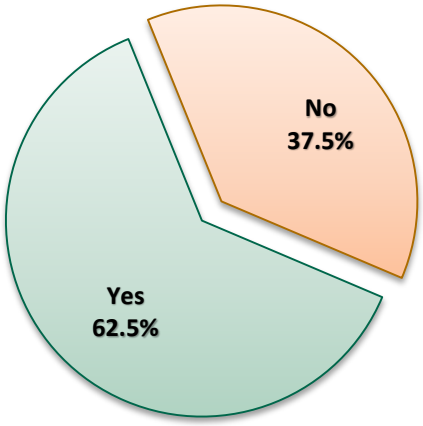
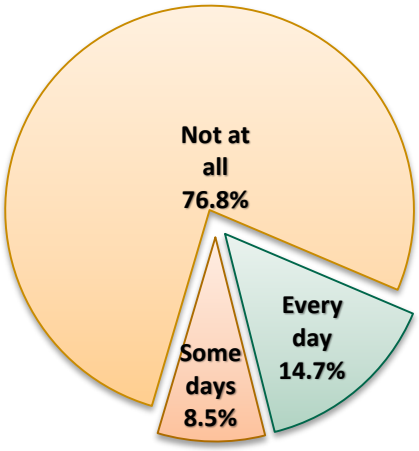


Figure 33: Smoke Now



Excessive drinking

According to the community needs assessment survey, over half of Madison County adults (58.5%) drank on at least one day in the past 30 days. Roughly 19% reported having binged at least once in the past 30 days.[1] The percentages for the State and nation are 16.0% and 18.1%, respectively. While 3.0% of the respondents have considered that they may be drinking too much. Almost all adults (99.9%) in the County *strongly agreed* or *somewhat agreed* that women who are trying to get pregnant should avoid alcohol altogether.

Figure 34: How many times did you drink in the past 30 days?

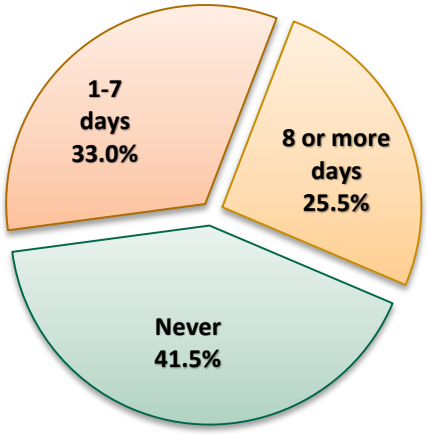


Figure 35: Have you ever worried you may be drinking too much?

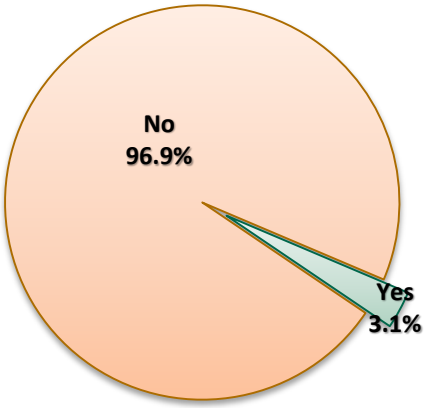
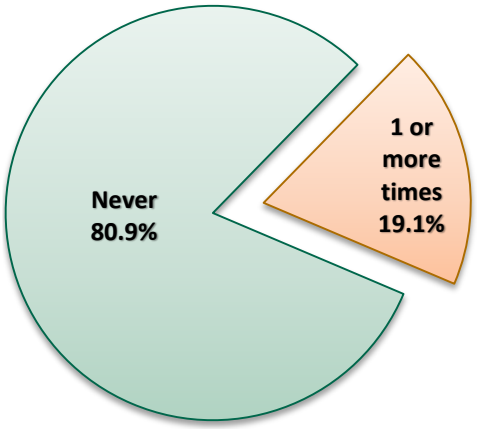


Figure 36: Binge Drinking



[1] A binge is defined as consuming at least 5 drinks on one occasion for males or at least 4 drinks on one occasion for females.

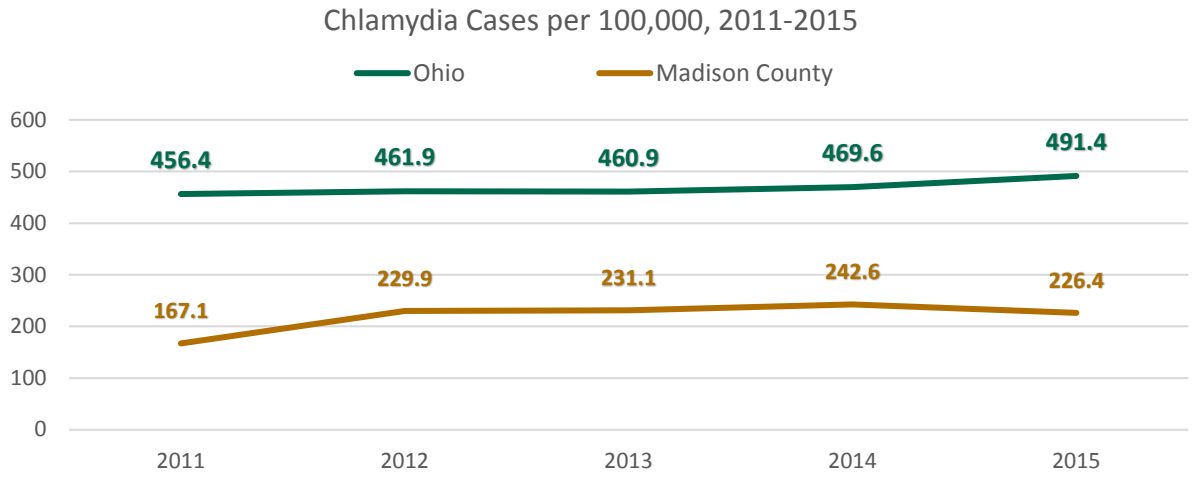
Motor vehicle crash death rate

The National Center for Health Statistics, using the National Vital Statistics System, estimates the number of motor vehicle crash deaths per 100,000 in population. According to this source, the motor vehicle crash death rate is substantially higher in Madison County than for the State or nation—17 deaths per 100,000 in the County versus 10 for the State and 9 for the nation.

Sexually Transmitted Infections

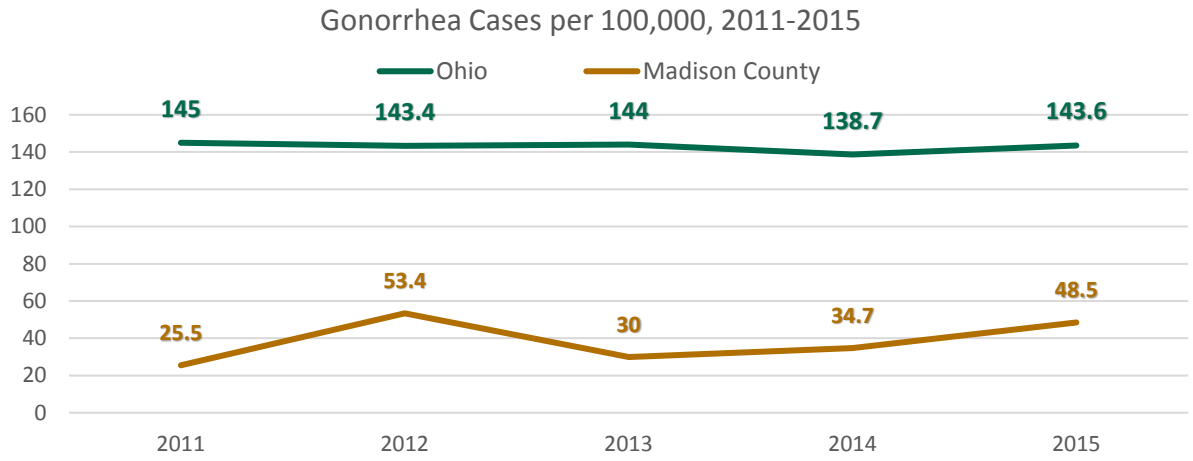
The rate per 100,000 in population of chlamydia cases in Ohio continues to increase, while the County indicates a leveling off in the rate. The rate of gonorrhea cases shows a leveling out in the State rate but an uptick for the County since 2013.

Figure 37: Chlamydia Cases, 2011-2015



Source: Ohio Department of Health, STD Surveillance Program. Data reported through 05/15/16.

Figure 38: Gonorrhea Cases, 2011-2015



Source: Ohio Department of Health, STD Surveillance Program. Data reported through 05/15/16.

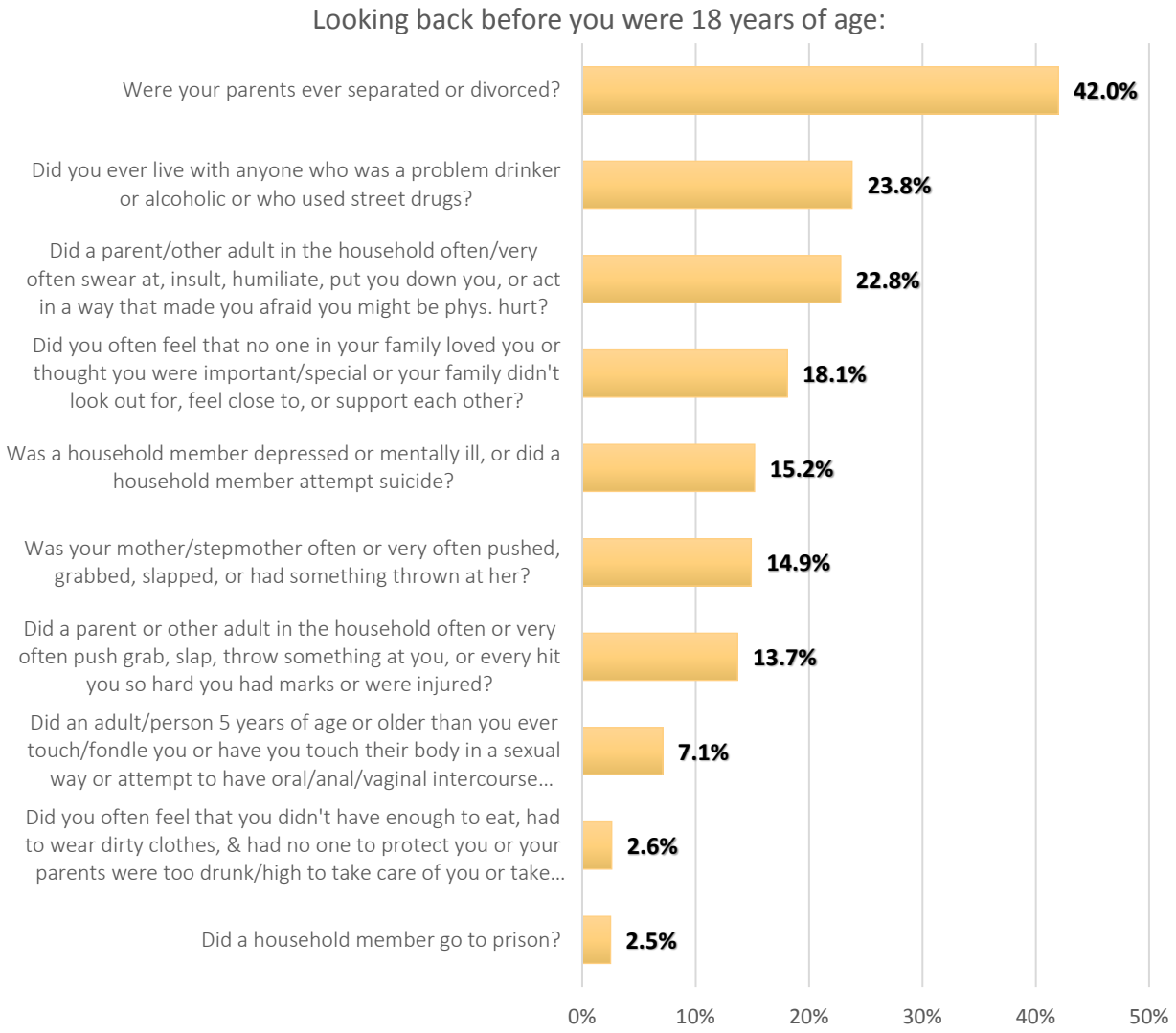
Adverse Childhood Experiences (ACEs)

The ACE survey was first conducted with Kaiser Permanente and the Centers for Disease Control and Prevention. The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being.

The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.

As a result, researchers had the ability to compare childhood trauma to adult health outcomes. They found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ($P < .001$). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.

The ACEs survey is ten questions, and the results for Madison County are presented in the chart below. Prevalence of separated or divorced parents is consistent with national trends. Also prevalent in Madison County are living with someone who was a problem drinker/alcoholic/illicit drug user (1 in 4 people have lived with someone with this condition), and living under physically threatening conditions (nearly 1 in 4).



Mental Health and Wellness

Poor mental health days

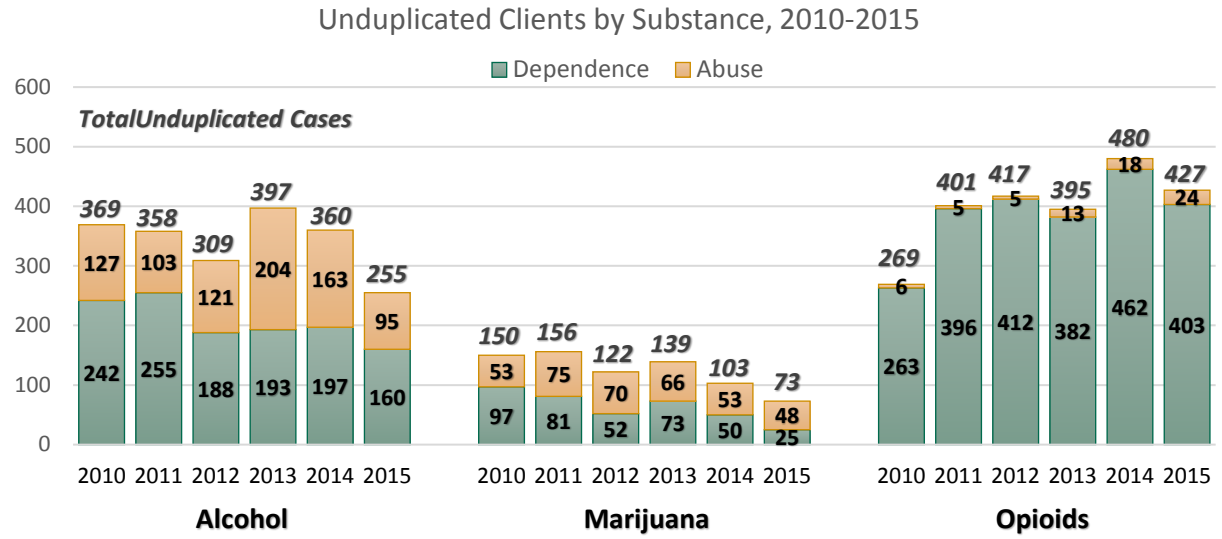
A higher percentage of adults in Ohio report that they had poor mental health days in the month prior to the survey versus the percentage for Madison County and the U.S. (3.8%, 4.3%, and 2.8%, respectively).

Mental Health and Substance Abuse

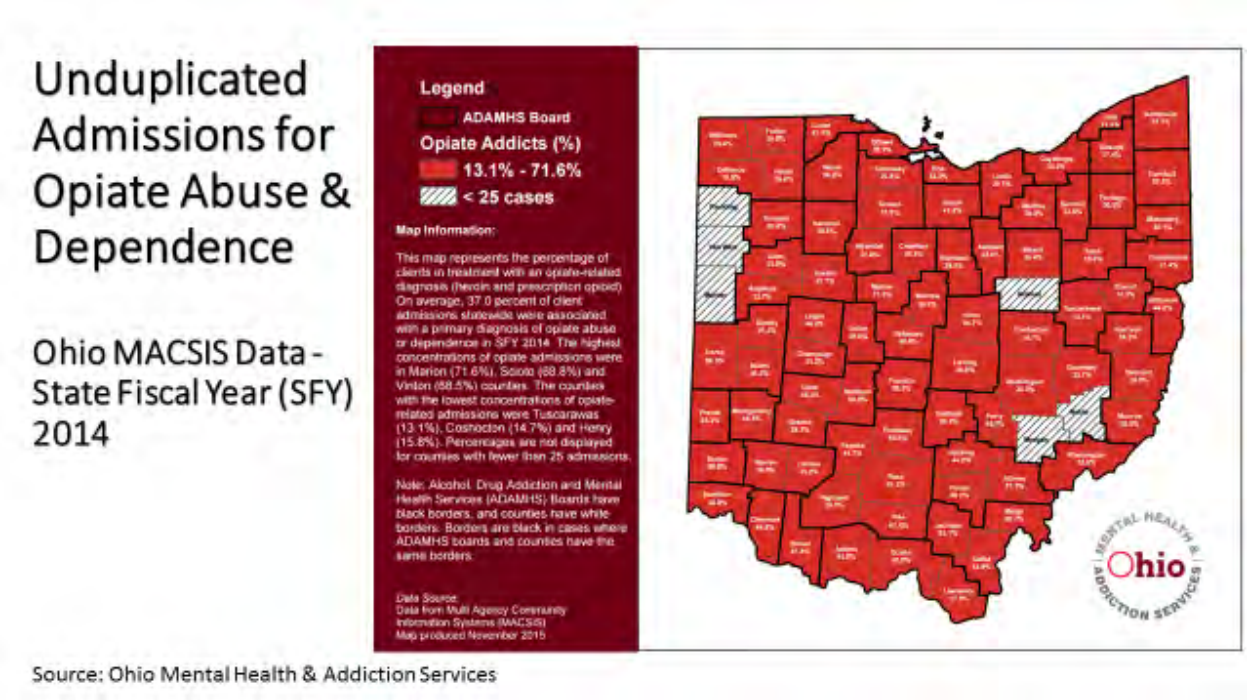
The chart below presents the general trend of Madison County residents (unduplicated clients) seeking treatment from MHRB for alcohol and other drug dependence. The number of individuals seeking treatment for marijuana dependence has decreased 51% from 2010-2015. The number of individuals seeking treatment for alcohol dependence decreased 31% from 2010-2015. There has been a 59%

increase in individuals seeking treatment for opioid dependency from 2010-2015. As is the case in most other counties in Ohio, more MHRB resources are going toward opioid dependency (see map below).

Figure 39: Mental Health & Recovery Board Trends in Treatment



Source: MHRB of Clark, Greene, and Madison Counties



Source: Ohio Mental Health & Addiction Services

The two tables below present additional information about the mental health and addiction services provided in the service area that includes Madison County. More residents receive mental health services than addiction services.

Mental Health and Addiction Services in the Service Area that includes Madison County & in Ohio

Mental Health & Addiction Services Diagnoses	Clark-Greene-Madison	Ohio
Mental Health Diagnosis	7,253	307,591
Alcohol & Other Drugs (AOD) Diagnosis	2,012	59,739
Dual Diagnosis	1,658	64,649
No Assessment	2,551	97,855
Total	13,474	529,834

Source: Ohio Department of Mental Health and Addiction Services; Unduplicated Counts

Medicaid Services	Clark-Greene-Madison	Ohio
AOD Clients	2,659	82,184
Medicaid Expenditures (Federal and State)	$9,254,535	$237,218,228
Mental Health Clients	8,503	354,757
Medicaid Expenditures (Federal and State)	$12,377,384	$674,783,981

Source: Ohio Department of Mental Health and Addiction Services; AOD and Mental Health Clients cannot be added together because dual diagnosis and non-assessed clients are in both categories.

The table below presents the public expenditures trend from 2010 to 2015 for mental health and addiction services provided to Madison County residents. Except for 2011, the expenditure is around $2 million annually.

Madison County Public Expenditures (MHRB and Medicaid)

Madison	Service Type	Gender	2010	2011	2012	2013	2014	2015
	AOD	Female	$ 149,199	$ 281,389	$ 239,975	$ 172,827	$ 224,988	$ 179,094
		Male	$ 277,795	$ 232,162	$ 236,571	$ 248,147	$ 245,186	$ 159,078
	A Total		$ 426,994	$ 513,551	$ 476,546	$ 420,974	$ 470,174	$ 338,172
	MH	Female	$ 881,252	$ 1,028,234	$ 774,228	$ 706,540	$ 799,096	$ 718,974
		Male	$ 807,590	$ 929,219	$ 847,910	$ 825,816	$ 886,326	$ 864,664
	M Total		$ 1,688,842	$ 1,957,453	$ 1,622,138	$ 1,532,356	$ 1,685,422	$ 1,583,639
MADISON Total			$ 2,115,835	$ 2,471,005	$ 2,098,684	$ 1,953,330	$ 2,155,596	$ 1,921,810

Source: Mental Health & Recovery Board of Clark, Greene & Madison Counties

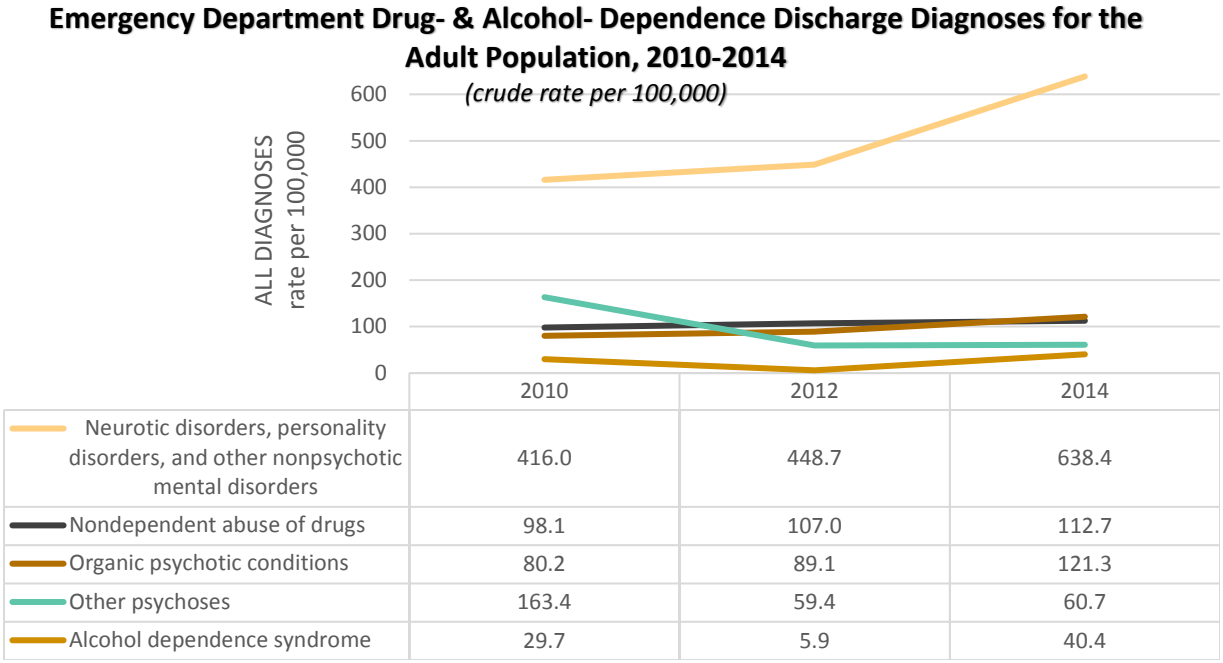
Hospitalization and/or ER use due to Poor Mental Health or Substance Abuse

The International Classification of Diseases (also known by the abbreviation ICD) is the United Nations-sponsored World Health Organization's "standard diagnostic tool for epidemiology, health management and clinical purposes."[2] ICD-9 codes for mental disorders and substance abuse are presented for the Emergency Department and Hospital Inpatient discharge diagnoses in the following two figures for further exploration of trends in the service area.

The Emergency Department trends show an overall diagnosis discharge rate that has increased by 53.4% from 2010 to 2014 for adult neurotic disorders

In regards to substance abuse, the Emergency Department trends show a diagnosis discharge rate that had rose sharply for alcohol dependence syndrome from 2010 to 2014, increasing by 36% from 2010.

Figure 40: Emergency Department Mental Health Discharge Diagnoses for the Adult Population, 2010-2012



	2010	2012	2014
Neurotic disorders, personality disorders, and other nonpsychotic mental disorders	416.0	448.7	638.4
Nondependent abuse of drugs	98.1	107.0	112.7
Organic psychotic conditions	80.2	89.1	121.3
Other psychoses	163.4	59.4	60.7
Alcohol dependence syndrome	29.7	5.9	40.4

Source: Madison Health Discharge Diagnoses data, 2010-2014

[2] http://www.who.int/classifications/icd/en/

Access to Mental Health Care Providers

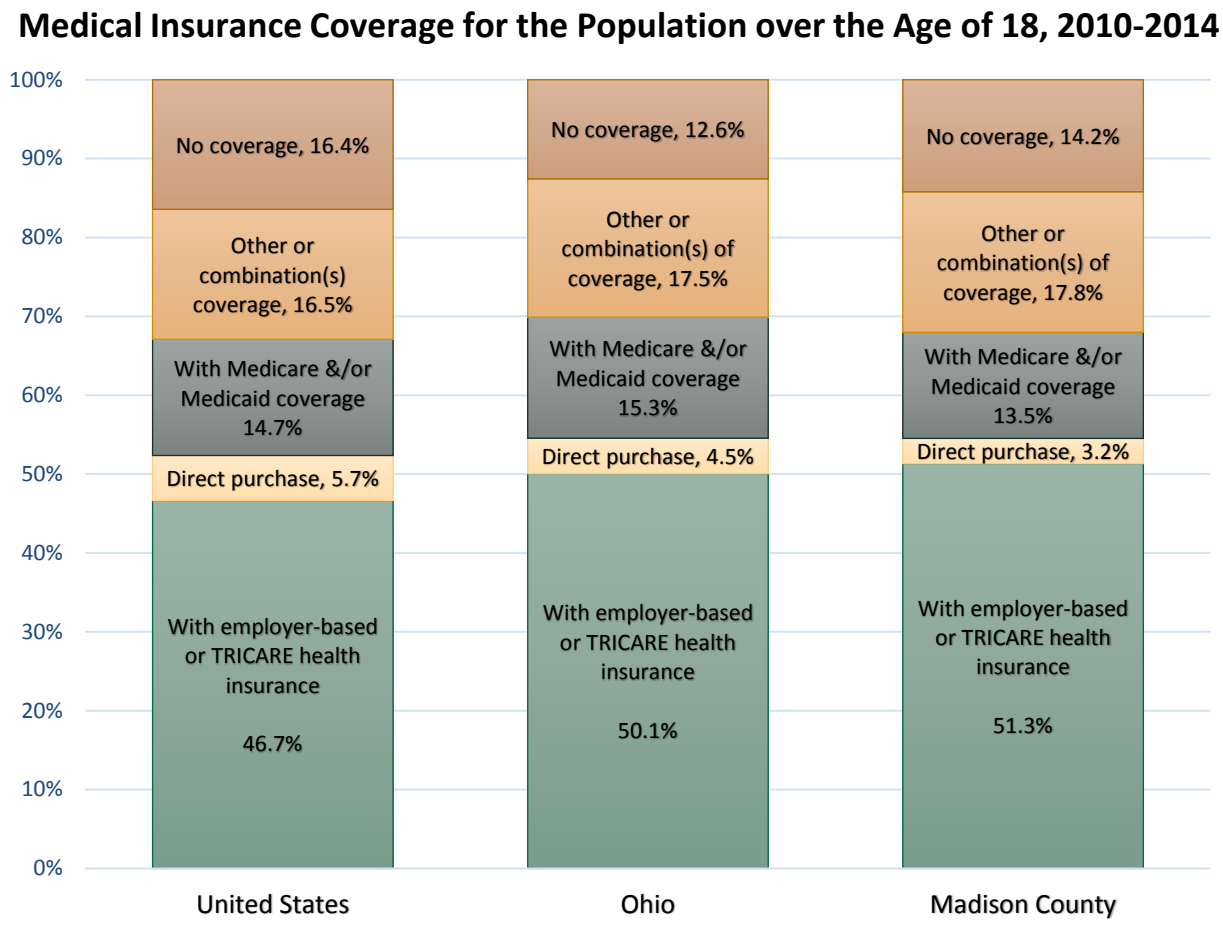
The Robert Wood Johnson Foundation reports that Madison County has the following mental health provider ratio of population to provider, which has vastly improved since the last CHNA report. — 2,090:1, while the State's ratio is 640:1 and the national ratio is 370:1. While the ratios at all geographic levels have improved, Madison County's ratio is still comparatively poor. This measure represents the ratio of the county population to the number of mental health providers including child psychiatrists, psychiatrists, and psychologists active in patient care in a given county.

Clinical & Preventive Services

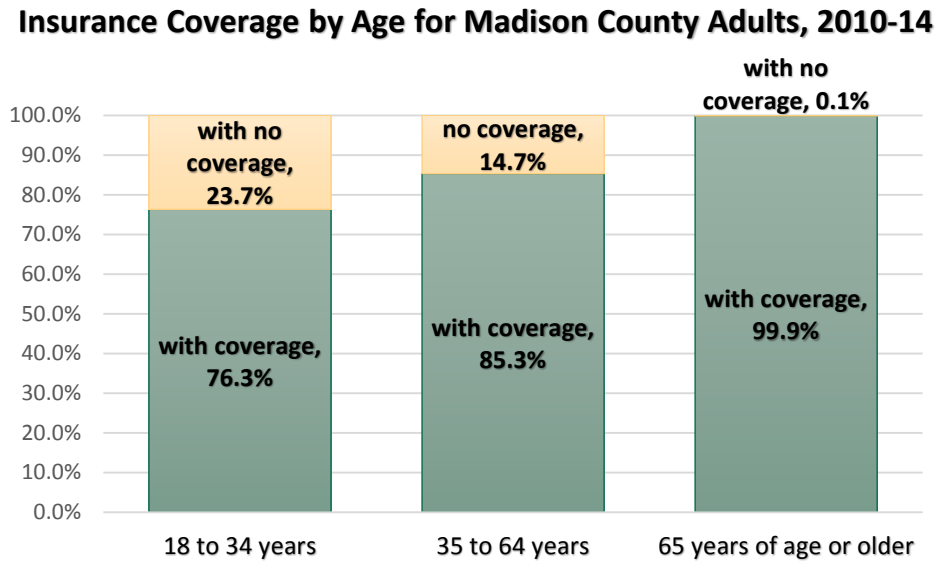
Health Care Access

The US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces estimates of health insurance coverage for all states and counties. The percent of County residents under age 65 that do not have health insurance coverage is 18% versus 13% for the State and 11% as the national benchmark. The percent of County residents over the age of 18 without medical insurance coverage is presented below along with State and national comparisons, followed by more detail by age in the following figure.

Figure 41: Medical Insurance Coverage



Source: Bureau of the Census American Community Survey, 2010-2014



Source: Bureau of the Census American Community Survey, 2010-2014

In the survey of County adults, respondents were asked several questions regarding their ability to access healthcare. One-quarter of respondents (22.3%) felt that getting the medical care they need has become harder.

Figure 42: Medical Insurance Coverage of Respondent

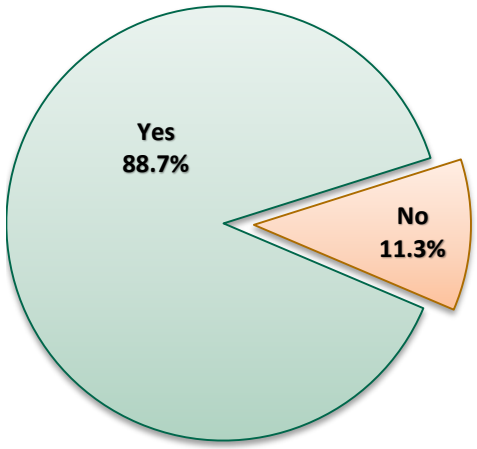
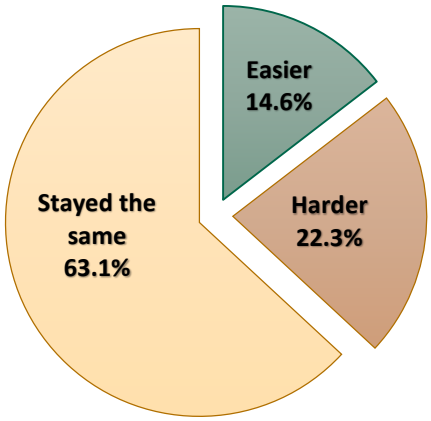


Figure 43: Ease of Access to Medical Care Compared to 3 Years Ago



Physician and Prescription Access

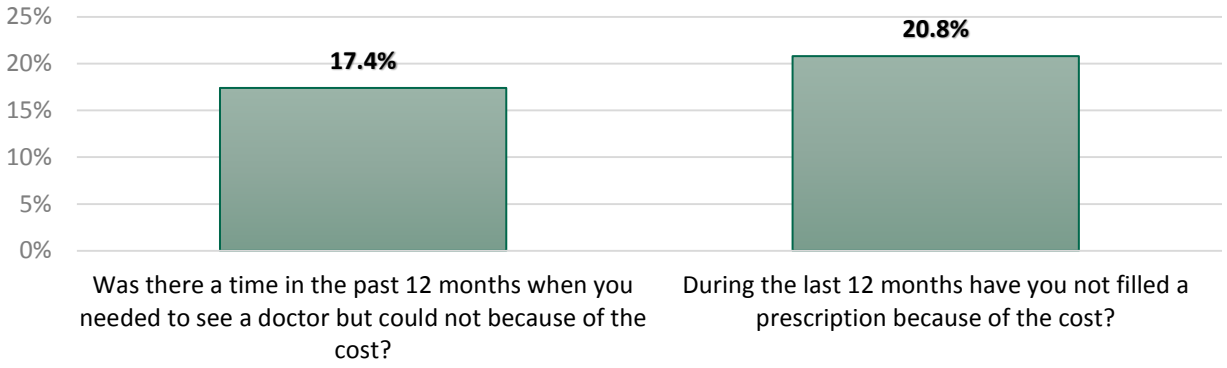
Approximately 9 out of 10 respondents go to a doctor's office when they are sick or need advice about their health. But 5% of Madison County adults go to the ER as a regular source of health care.

The Health Resources and Services Administration prepares the Area Resource File, which is a collection of data from more than 50 sources, including: American Medical Association, American Hospital

Association, US Census Bureau, Centers for Medicare & Medicaid Services, Bureau of Labor Statistics, and the National Center for Health Statistics. Those sources are used to estimate the ratio of the County population to primary care physicians. Primary care physicians include practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. The ratio for Madison County was 2,172:1 in the previous CHNA, but due to efforts by Madison Health, that ratio has improved to 1,730:1 versus 1,300:1 for Ohio, and the national benchmark of 1,040:1

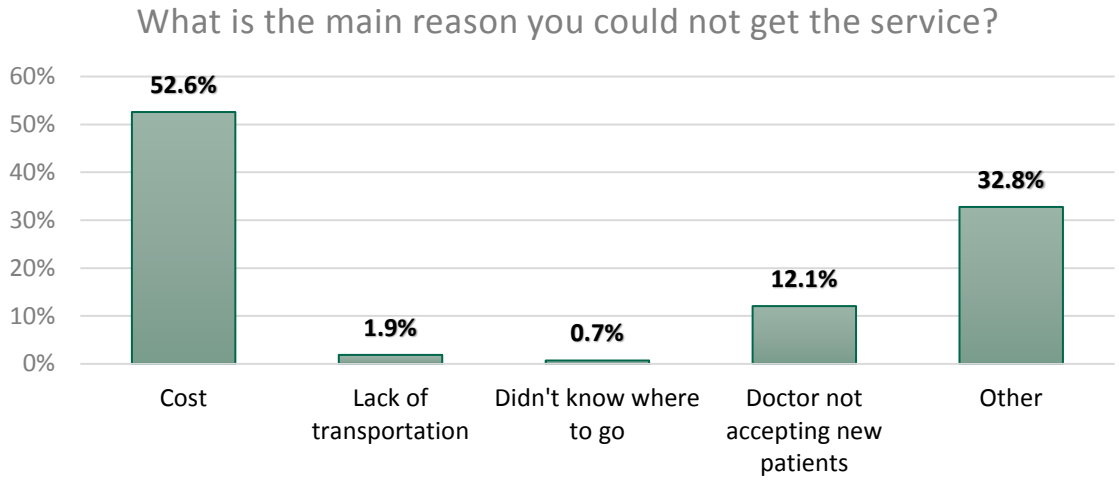
The survey also asked respondents if they were unable to see a doctor or fill a prescription due to cost in the past 12 months. Figures below show the percent of respondents who had to forgo this medical care. One in five Madison County adults had to forego filling a prescription due to cost, and 17.4% had to forego seeing a doctor due to cost.

Figure 44: Percent of Residents Foregoing Medical Care



Studying the reasons that residents forego medical care indicates that the primary reason is cost (52.6%). For 12% of respondents, the reason for foregoing medical care is that the physician was not accepting new patients. A variety of other reasons were also indicated.

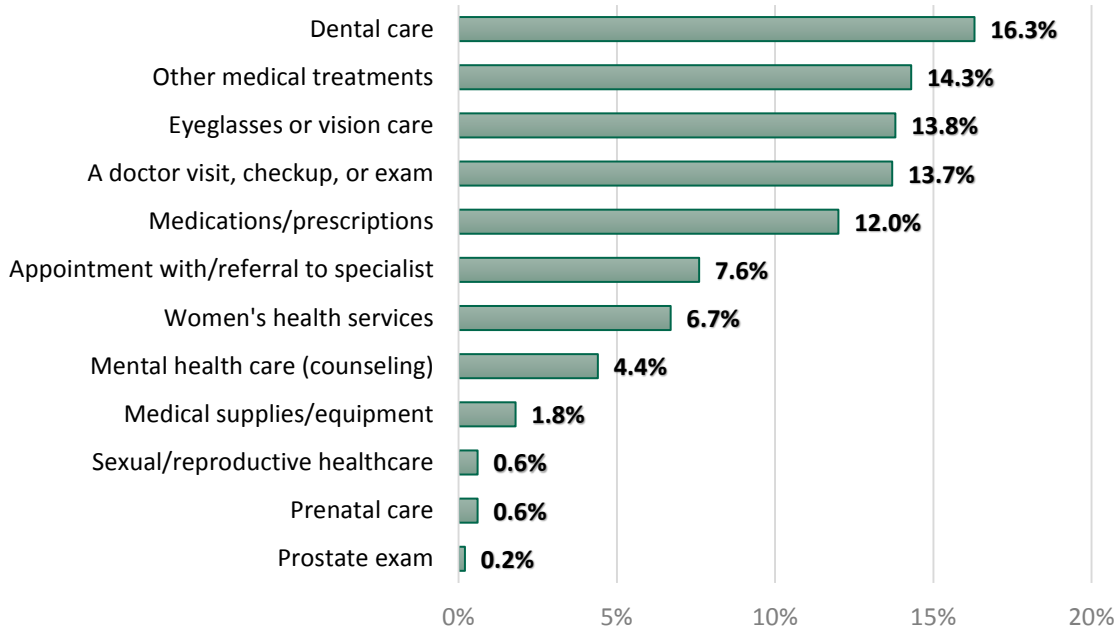
Figure 45: Main Reasons Did Not Get Medical Service When Needed



Clinical Care Access

The table below lists from most to least prevalent, the types of medical care that respondents to the Community Needs Survey expressed as needed, but were not able to get during the past 12 months.

Figure 46: Needed but Could Not Get Medical Care



The Dartmouth Atlas examines patterns of health care delivery and practice across the U.S. based on data from the Centers for Medicare and Medicaid Services. According to these sources, females in Madison County are well below the State and the national benchmark in obtaining mammograms (55% versus 60% for Ohio and 71 for the U.S. top performers). Regarding diabetic screening, a higher percentage of Madison County adults obtain this screening when compared to the State overall, and nearly matches the national top performers (89% versus 85% for the state and 90% for the U.S. top performers).

Preventable hospital stays

The rate of preventable hospital stays is often used to assess the effectiveness and accessibility of primary healthcare. The Dartmouth Atlas also provides the number of preventable hospital stays, as measured by the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees. Based on 2013 data (the most recent year available), the rate per 1,000 Medicare enrollees for Madison County was 63 versus 65 for the State, with a national top performer target of 38.

Disease

Poor Health

The Centers for Disease Control and Prevention has developed a survey called the Behavioral Risk Factor Surveillance System, on which several Madison County adult survey questions were based. Comparison results are presented in the table below and indicate a greater prevalence of poor health in the County as compared to the State and as compared to national goals.

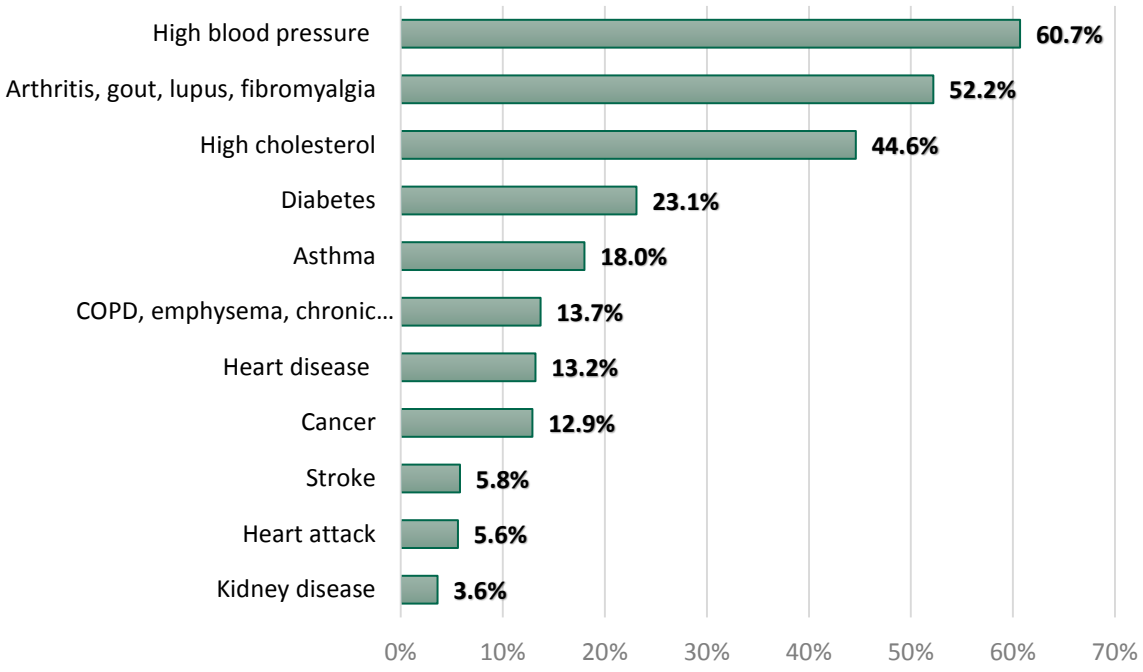
Figure 47: Health Status

Condition	County	State	US Benchmark
Poor or fair health	18.2%	15%	10%

Self-reported Disease Status

In the survey of County adults, respondents were asked about their health status. The figure below presents the percent of adults who are age 45 and over having one or more of the listed health challenges/conditions.

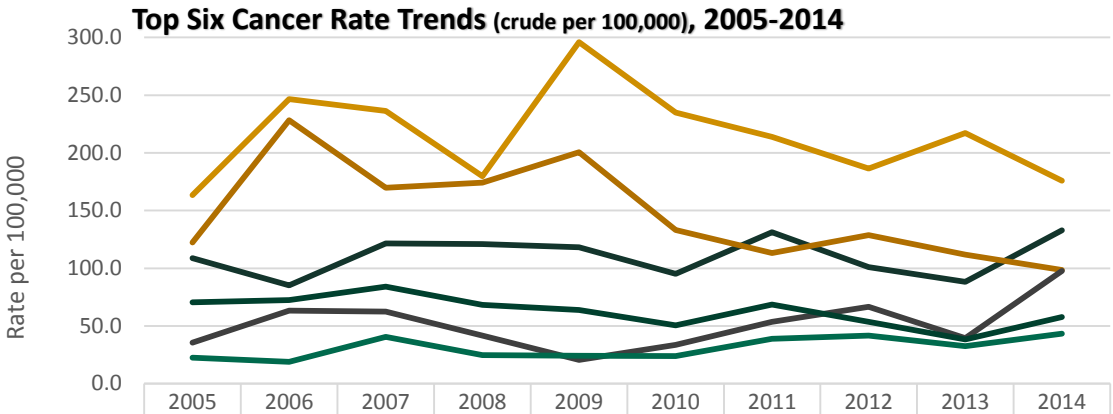
Figure 48: Prevalence of Health Conditions or Challenges for those age 45 and over



Cancer Rates

The most common form of cancer among the Madison County population is breast cancer (that rate is calculated for the female population only). All forms of cancer, based on rate, have increased from 2005 to 2014 with the exception of prostate cancer and colon & rectum cancer. Appendix A presents a more detailed analysis as well as comparison rates for Ohio.

Figure 49: Cancer Rates, 2005-2014



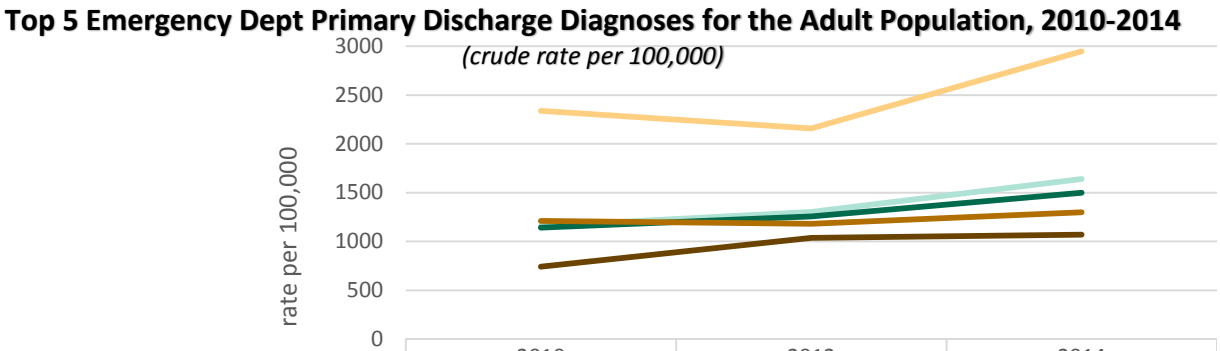
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Breast	163.5	246.5	236.2	179.8	296.0	234.9	213.7	186.3	217.2	176.0
Lung & Bronchus	108.8	85.1	121.6	120.9	118.3	95.1	131.2	101.0	88.2	132.9
Prostate	122.3	228.2	169.7	174.3	200.6	133.3	113.1	128.8	111.7	98.6
Uterus	35.5	63.4	62.5	41.5	20.6	33.6	53.4	66.6	39.5	97.8
Colon & Rectum	70.4	72.5	84.2	68.2	63.7	50.5	68.6	53.5	38.2	57.8
Bladder	22.4	18.9	40.5	24.8	24.3	23.8	38.8	41.6	32.4	43.3

Source: Ohio Department of Health Ohio Cancer Incidence Surveillance System

Adult Hospital and ER Discharge Diagnoses

The most prevalent emergency department primary discharge diagnosis among adults is sprains and strains of joints and adjacent muscles, which has a rate per 100,000 population that is nearly 80% higher than the second most prevalent diagnosis. The top 4 adult emergency room diagnoses have increased since 2010, while COPD remained steady since 2012.

Figure 50: Primary Adult Emergency Department Discharge Diagnoses

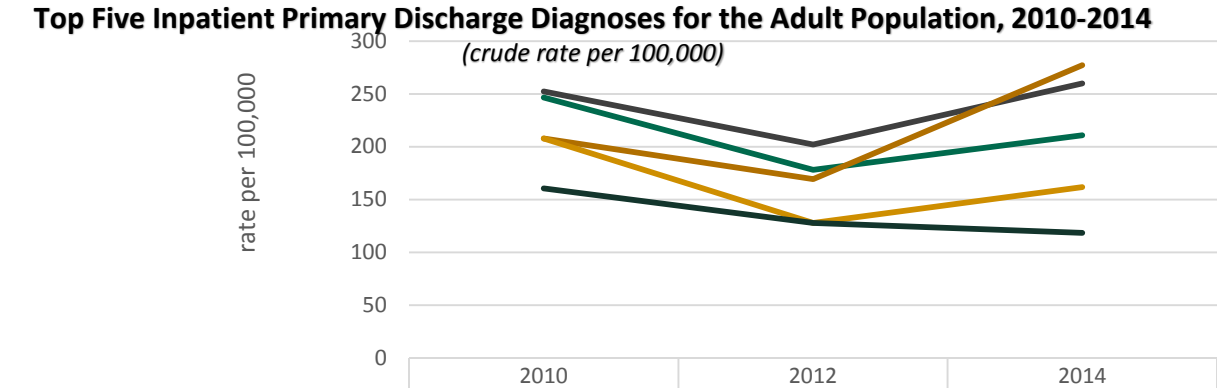


	2010	2012	2014
Sprains and strains of joints and adjacent muscles	2338.4	2157.2	2946.3
Acute respiratory infections	1158.8	1301.4	1640.7
Contusion with intact skin surface	1141.0	1256.9	1499.1
Open wound	1212.3	1179.6	1299.8
Chronic obstructive pulmonary disease and allied conditions	742.8	1037.0	1068.7

Source: Madison Health Discharge Diagnoses data, 2010-2014

Although, all five inpatient primary inpatient care diagnoses decreased from 2010-2012, all has increased since 2012, only diseases if the intestines and peritoneum continued the trend.

Figure 51: Primary Adult Inpatient Discharge Diagnoses

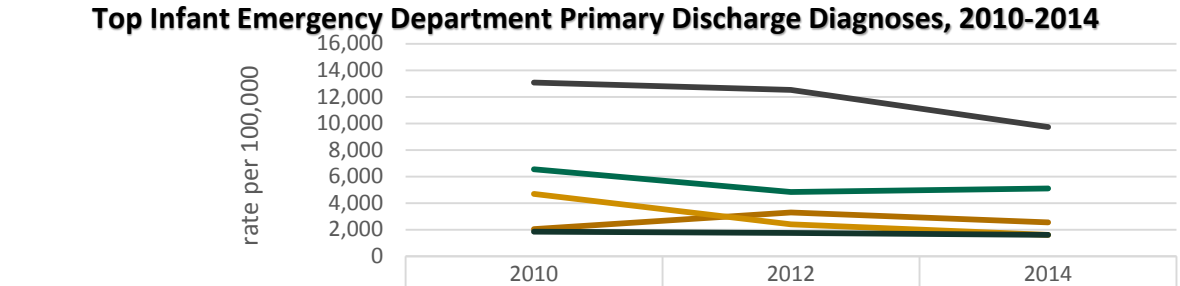


	2010	2012	2014
Pneumonia and influenza	252.6	202.1	260.0
Other forms of heart disease	246.6	178.3	210.9
COPD and allied conditions	208.0	169.4	277.3
Other diseases of digestive system	208.0	127.8	161.8
Other diseases of intestines and peritoneum	160.4	127.8	118.4

Source: Madison Health Discharge Diagnoses data, 2010-2014

The Infant ED discharge diagnoses, per 100,000, indicate that acute respiratory infections are the most common diagnoses. Diagnoses for diseases of the ear are trending up, while eye disorders are trending down.

Figure 52: Primary Infant Emergency Department Discharge Diagnoses



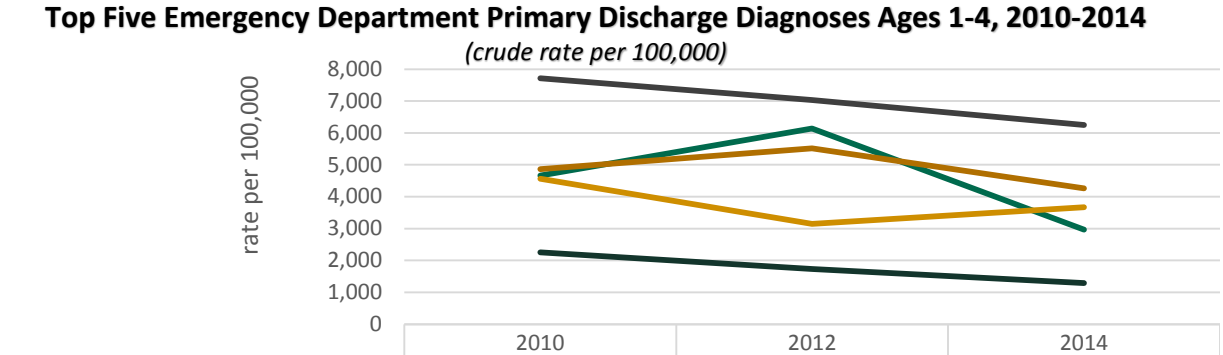
	2010	2012	2014
Acute respiratory infections	13,087.9	12,527.5	9,722.2
Diseases of the ear/mastoid process	6,544.0	4,835.2	5,092.6
Disorders of the eye & adnexa	2,045.0	3,296.7	2,546.3
Oth disease due to viruses & Chlamydiae	4,703.5	2,417.6	1,620.4
Contusion with intact skin surface	1,840.5	1,758.2	1,620.4

Source: Madison Health Discharge Diagnoses data, 2010-2014

Young Child ED Diagnoses Trends, Ages 1-4

Acute respiratory infections are again the most common ER diagnoses for young children, ages 1 to 4. There were a fewer number of diagnoses in 2014 for all ailments presented in the figure below.

Figure 53: Top Five Emergency Department Primary Discharge Diagnoses Ages 1-4



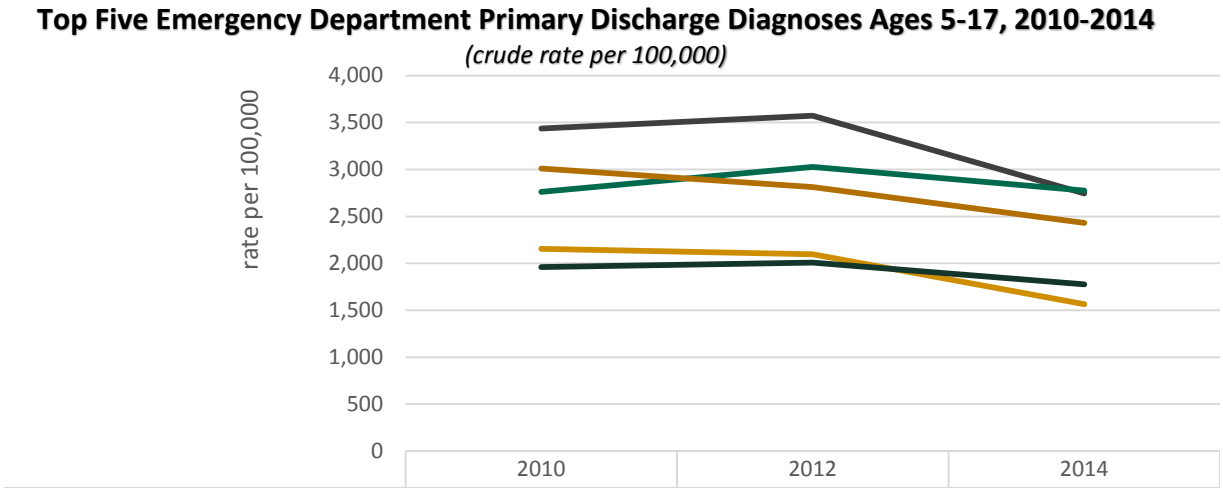
	2010	2012	2014
Acute respiratory infections	7,711.2	7,034.1	6,253.4
Symptoms, Signs, and Ill-Defined Conditions	4,666.0	6,141.7	2,965.0
Diseases of the ear and mastoid process	4,862.5	5,511.8	4,258.8
Open wound	4,567.8	3,149.6	3,665.8
Other diseases due to viruses and Chlamydiae	2,259.3	1,732.3	1,293.8

Source: Madison Health Discharge Diagnoses data, 2010-2014

Youth ED Diagnoses Trends, Ages 5-17

The most prevalent emergency department primary discharge diagnosis for the population ages 5-17 is sprains and strains of joints and adjacent muscles, which has a rate of 3,482 per 100,000 population. Diagnoses in 2012 for acute respiratory infections, contusions with intact skin surface and open wounds, and diseases of the ear and mastoid process have remained relatively stable compared to 2010.

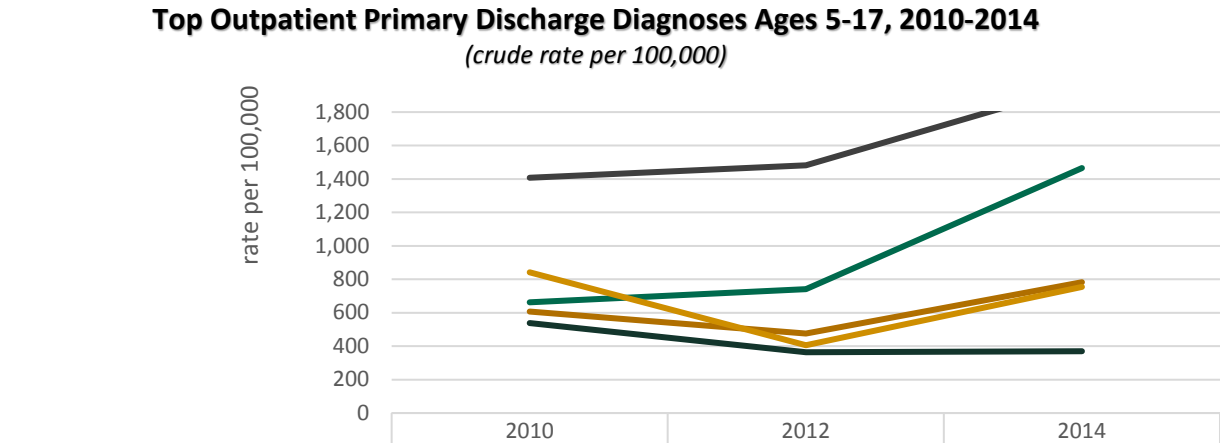
Figure 54: Top Five Emergency Department Primary Discharge Diagnoses Ages 5-17



	2010	2012	2014
Sprains and strains of joints and adjacent muscles	3,437.8	3,573.5	2,745.4
Acute respiratory infections	2,761.3	3,028.1	2,773.8
Symptoms, Signs, and Ill-Defined Conditions	3,009.8	2,812.9	2,432.4
Contusion with intact skin surface	2,153.8	2,095.3	1,564.7
Open wound	1,960.5	2,009.2	1,778.1

Source: Madison Health Discharge Diagnoses data, 2010-2014

Figure 55: Top Outpatient Primary Discharge Diagnoses Ages 5-17



	2010	2012	2014
Arthropathies and related disorders	1,407.3	1,482.3	1,963.0
Rheumatism, excluding the back	662.3	741.2	1,465.1
Dorsopathies	607.1	475.5	782.4
Diseases of the Genitourinary System	841.6	405.5	753.9
Acute respiratory infections	538.1	363.6	369.8

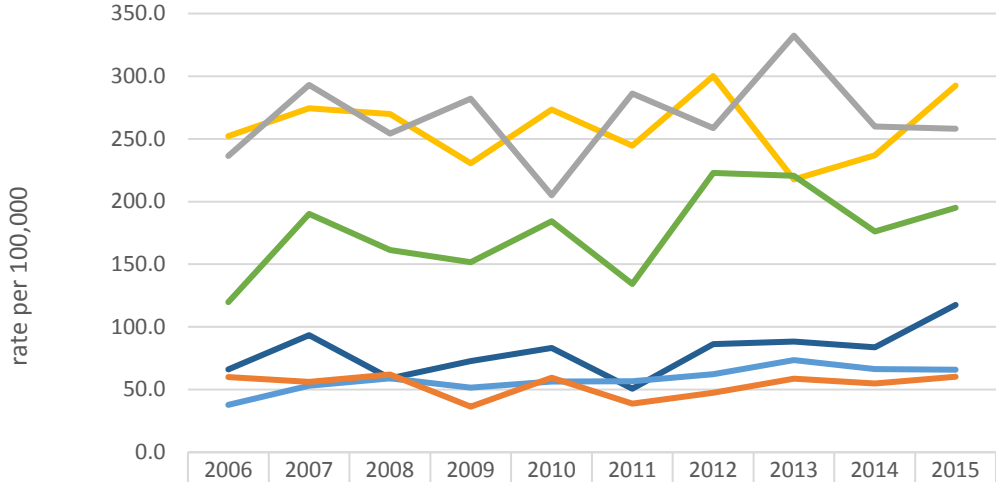
Source: Madison Health Discharge Diagnoses data, 2010-2014

Leading Causes of Death

The top two leading causes of death—cancer and heart disease--have rates that are 3 to 6 times greater than the other specified leading causes of death presented in the chart below for all Madison County residents. While death rates due to diseases of the heart had shown stabilization and even decline in 2013 and 2014, the rate increased in 2015. The rate of deaths caused by accidents (unintentional injuries) increased steadily over the decade, while the mortality rate for chronic lower respiratory diseases displays a sharp increase from 2012 through 2015.

Figure 56: Top Six Leading Causes of Death. 2006-2015

Top Six Leading Causes of Death for the Adult Population, 2006-2015 *(crude rate per 100,000)*



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Diseases of heart	252.1	274.4	269.8	230.5	273.4	244.5	300.1	217.7	236.9	292.4
Malignant neoplasms	236.4	293.1	254.3	282.0	205.0	286.2	258.5	332.4	260.0	258.0
Other and unspecified	119.8	190.2	161.3	151.6	184.2	134.2	222.8	220.6	176.2	195.0
Chronic lower respiratory diseases	66.2	93.5	58.9	72.8	83.2	50.7	86.2	88.2	83.8	117.5
Accidents (unintentional injuries)	37.8	53.0	58.9	51.5	56.5	56.7	62.4	73.5	66.4	65.9
Diabetes mellitus	59.9	56.1	62.0	36.4	59.4	38.8	47.5	58.8	54.9	60.2

Source: 2006-2015, Ohio Department of Health Vital Statistics

Process for Identifying and Prioritizing Community Health Needs

The data collection and analysis efforts described above expose community health priority needs. The process used to select priorities from this needs assessment depends upon shared decision criteria. The first set of criteria used pertain to prevalence, seriousness (e.g., hospitalization and death), and comparison to state and/or national averages. The next step is for subject matter experts to review the results of this Community Health Needs Assessment and apply a second set of criteria such as the following.

- Urgency—what are the consequences of not addressing this issue?
- Prevention—is the strategy preventative in nature?
- Economics — is the strategy financially feasible? Does it make economic sense to apply this strategy?
- Acceptability – Will the stakeholders and the community accept the strategy?
- Resources — is funding likely to be available to apply this strategy? Are organizations able to offer personnel time and expertise or space needed to implement this strategy?

Methodology

The data provided in this report were obtained from multiple sources:

- U.S. Bureau of the Census American Community Survey: the most recent 5-year estimates were obtained wherever possible
- Madison Health: in-patient, out-patient and emergency department crude rates were calculated
- The Ohio Department of Health: crude rates were calculated for multiple diseases
- The Ohio Department of Job and Family Services
- The Ohio Development Services Agency
- Ohio Department of Mental Health and Addiction Services
- Robert Wood Johnson Foundation
- Community Needs Survey of Madison County residents: primary data collection was carried out by Wright State University using random listed sampling and conducting 404 online, hardcopy, or telephone interviews with adults using Computer-aided Telephone Interviewing software. The results for the County as a whole can be reviewed with 95 percent confidence level and a ±5.0 percent sampling error. Calls were made each day of the week in late afternoon and evening hours in July and August 2016.
- Economic Modeling Specialists, Inc.: Industry and occupation level data were extracted

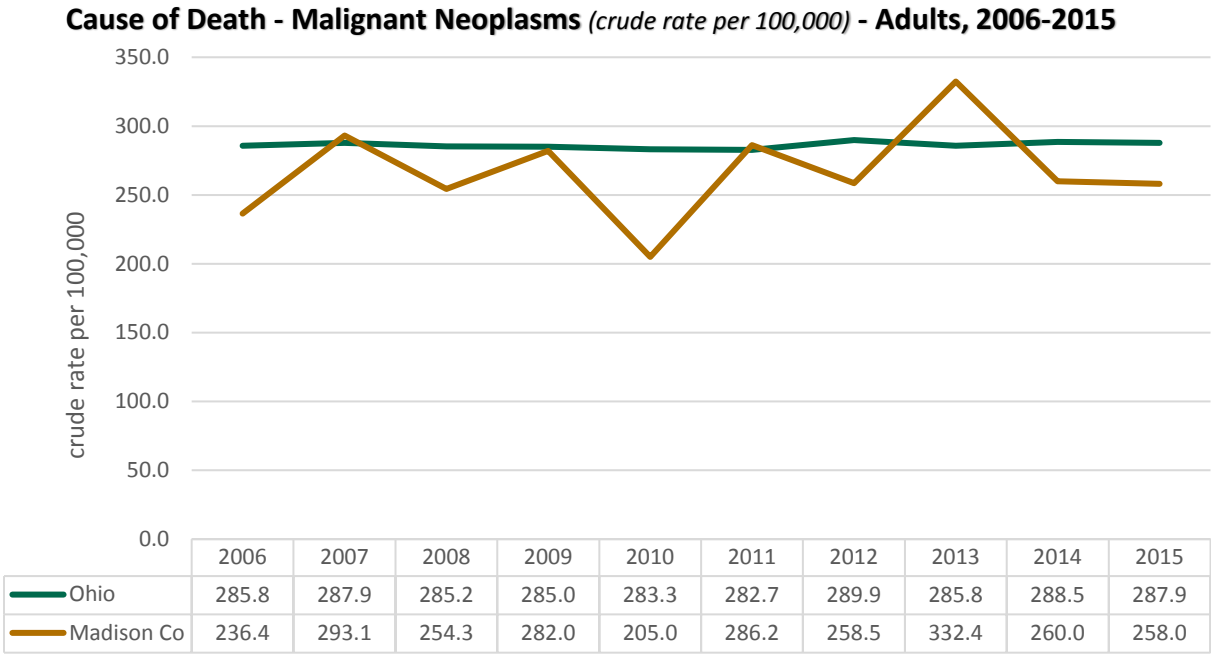
Limitations of the Data

Information gaps that limit the ability to assess the community's health needs include:

- No data are included from private clinics
- The health data presented in this report is not exhaustive.

Appendix A: Leading Causes of Death – State Comparison

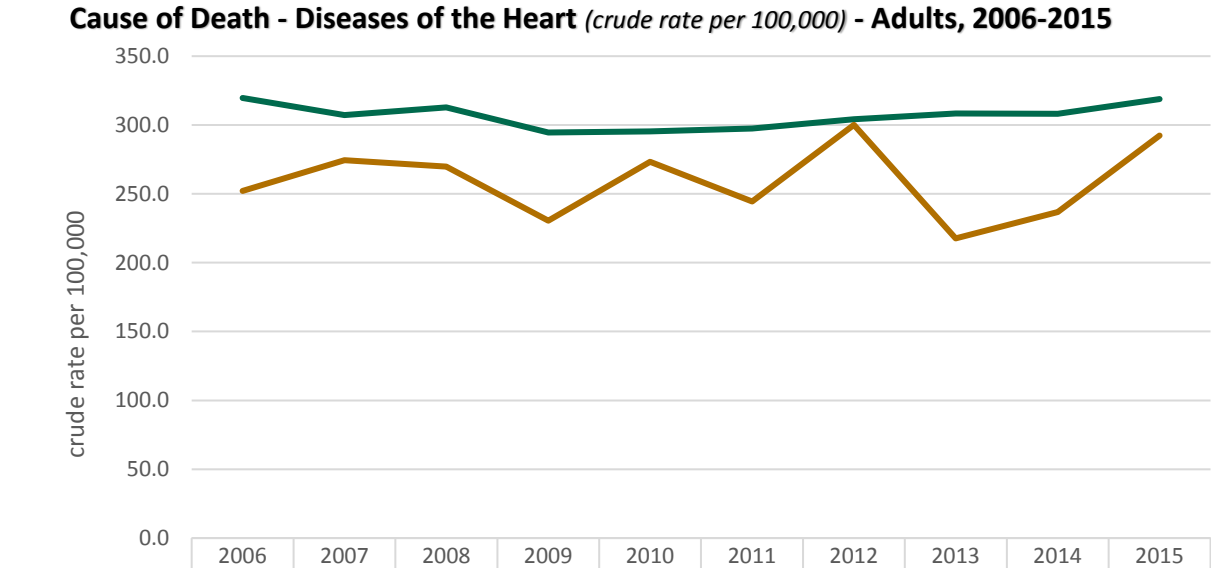
Figure 57: Malignant Neoplasms, 2006-2015



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Ohio	285.8	287.9	285.2	285.0	283.3	282.7	289.9	285.8	288.5	287.9
Madison Co	236.4	293.1	254.3	282.0	205.0	286.2	258.5	332.4	260.0	258.0

Source: Ohio Department of Health Ohio Vital Statistics, 2006-2015, last updated Sept. 2016.

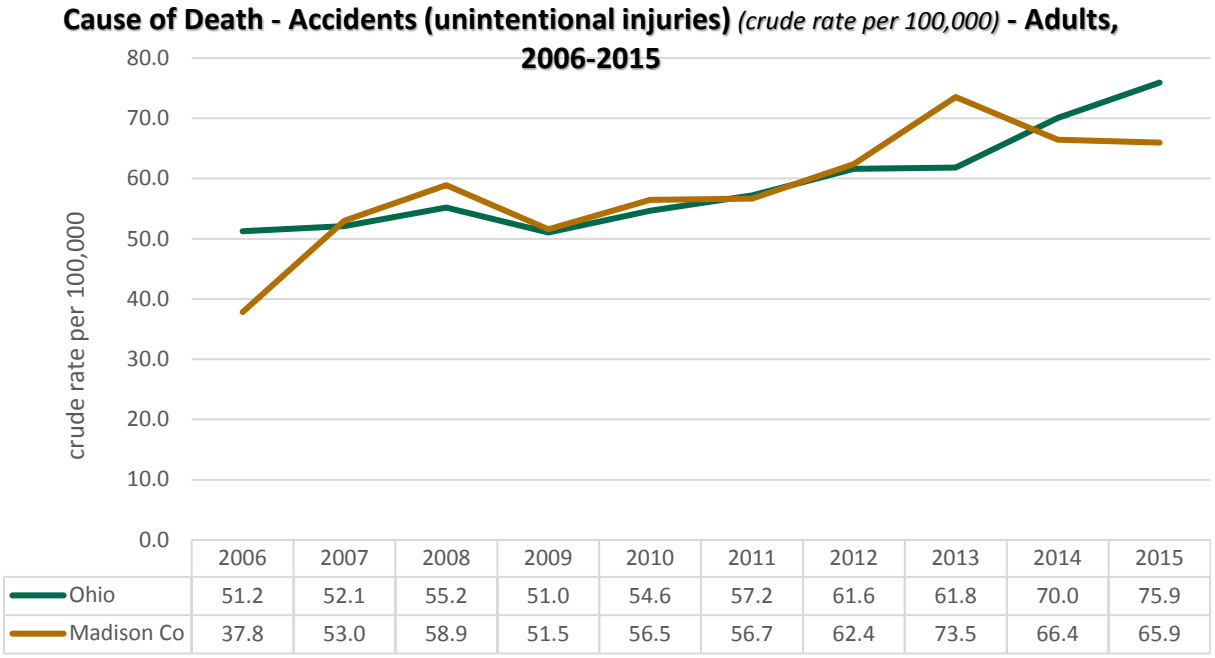
Figure 58: Diseases of the Heart, 2006-2015



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Ohio	319.6	307.2	312.9	294.6	295.3	297.5	304.2	308.4	308.2	318.8
Madison Co	252.1	274.4	269.8	230.5	273.4	244.5	300.1	217.7	236.9	292.4

Source: Ohio Department of Health Ohio Vital Statistics, 2006-2015, last updated Sept. 2016.

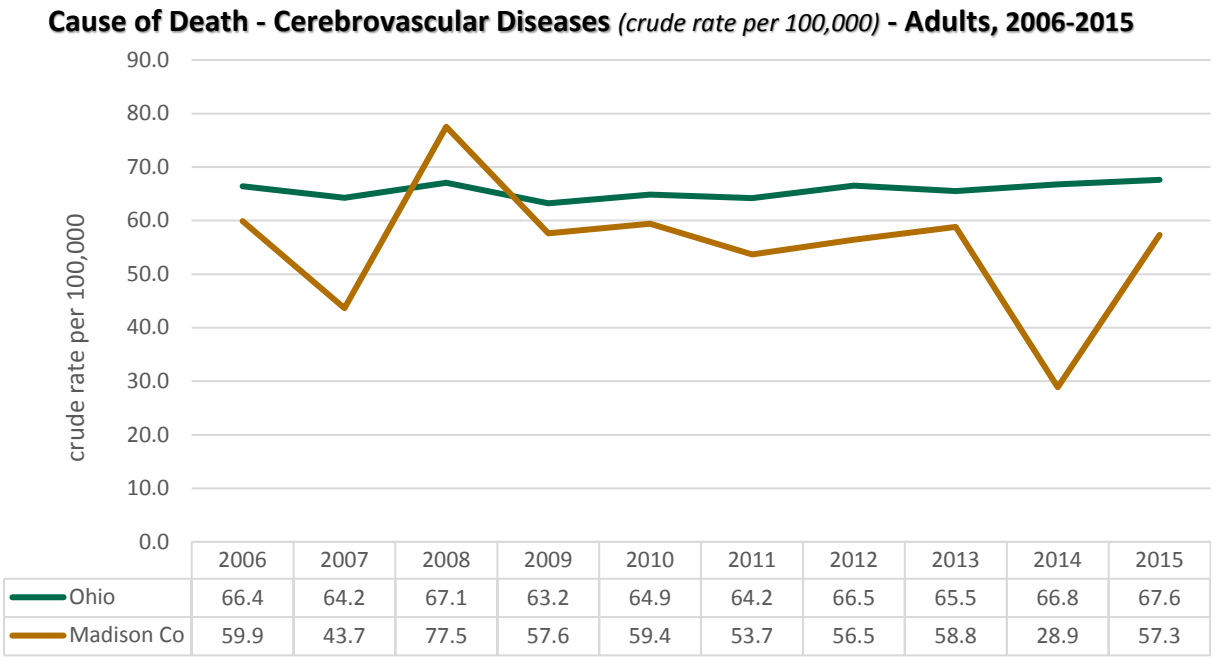
Figure 59: Accidents (unintentional injuries), 2006-2015



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Ohio	51.2	52.1	55.2	51.0	54.6	57.2	61.6	61.8	70.0	75.9
Madison Co	37.8	53.0	58.9	51.5	56.5	56.7	62.4	73.5	66.4	65.9

Source: Ohio Department of Health Ohio Vital Statistics, 2006-2015, last updated Sept. 2016.

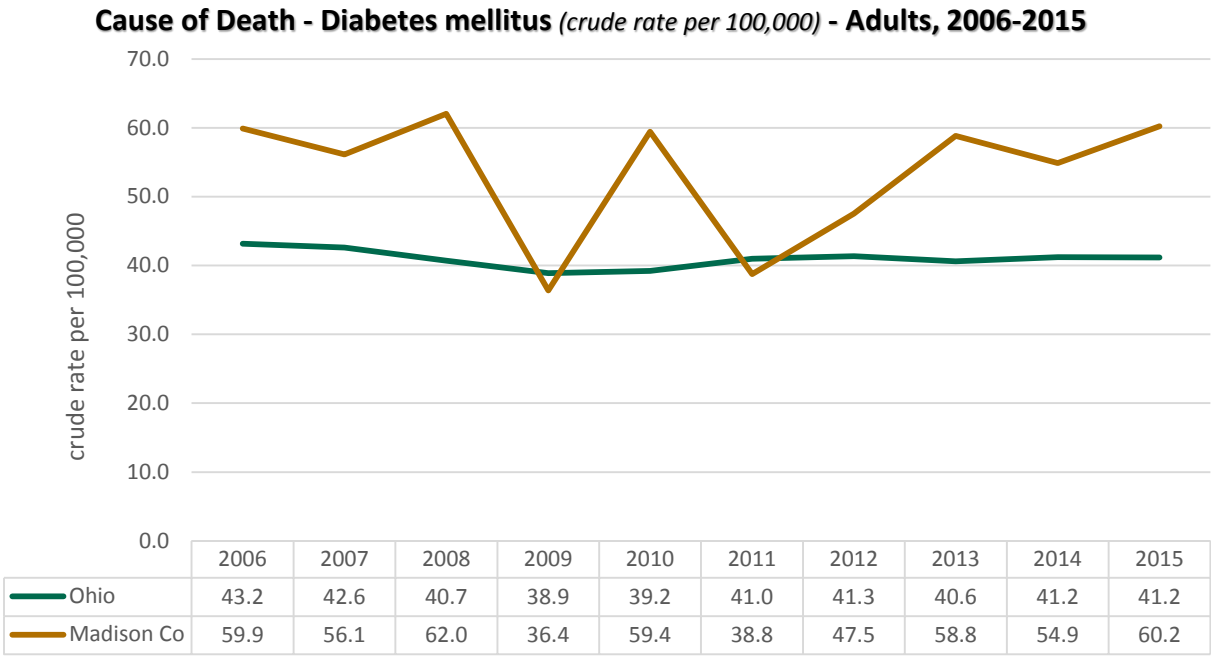
Figure 60: Cerebrovascular Diseases, 2006-2015



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Ohio	66.4	64.2	67.1	63.2	64.9	64.2	66.5	65.5	66.8	67.6
Madison Co	59.9	43.7	77.5	57.6	59.4	53.7	56.5	58.8	28.9	57.3

Source: Ohio Department of Health Ohio Vital Statistics, 2006-2015, last updated Sept. 2016.

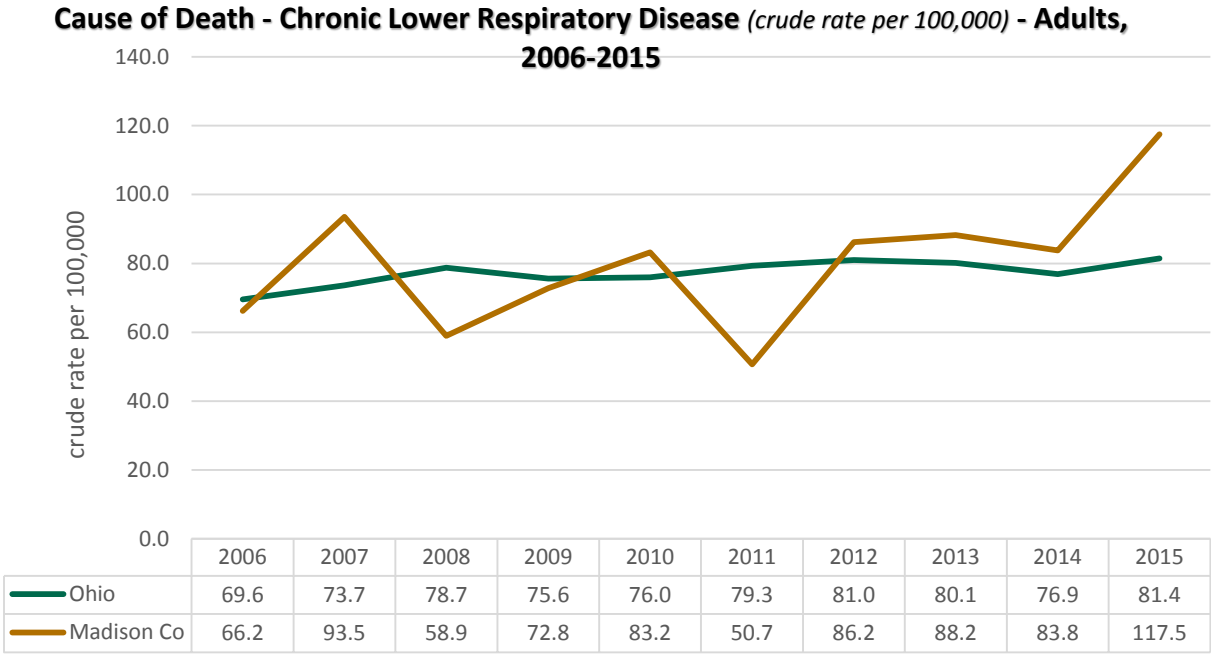
Figure 61: Diabetes mellitus, 2006-2015



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Ohio	43.2	42.6	40.7	38.9	39.2	41.0	41.3	40.6	41.2	41.2
Madison Co	59.9	56.1	62.0	36.4	59.4	38.8	47.5	58.8	54.9	60.2

Source: Ohio Department of Health Ohio Vital Statistics, 2006-2015, last updated Sept. 2016.

Figure 62: Chronic Lower Respiratory Disease, 2000-2011



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Ohio	69.6	73.7	78.7	75.6	76.0	79.3	81.0	80.1	76.9	81.4
Madison Co	66.2	93.5	58.9	72.8	83.2	50.7	86.2	88.2	83.8	117.5

Source: Ohio Department of Health Ohio Vital Statistics, 2006-2015, last updated Sept. 2016.