Madison HEALTH

Madison County Public Health
Prevent. Promote. Protect.

ABSTRACT

This Community Health Assessment is a systematic collection, assembly, analysis, and dissemination of information about the health of our community. It highlights major health and social issues affecting the health status and quality of life in Madison County.

Community Health Assessment

2019-2021
COMPLETED NOVEMBER 2019

Madison Health
210 North Main Street
London, Ohio 43140
Toll Free: (866) 357-4677

Madison County Public Health
306 Lafayette Street, Suite B
London, Ohio 43140
(740) 852-3065

Table of Contents

Table of Figures

Chapter 1: Introduction

Purpose

The purpose of the Community Health Assessment (CHA)/Community Health Needs Assessment (CHNA) is to learn about the health of the population, identify contributing factors to higher health risks or poorer health outcomes, and determine what assets and resources are available to improve the population health status.

Mobilizing for Action through Planning and Partnerships (MAPP)

MAPP is a community-wide strategic planning tool for improving public health. More than the absence of illness, health is a dynamic state of complete physical, mental, spiritual and social well-being. Such a broad definition of health requires a collective effort. Following the MAPP method helps communities prioritize public health issues, identify resources for addressing them, and take action. The ultimate goal of MAPP is reaching toward optimal community health, a community where residents are healthy, safe, and have a high quality of life.

Collaborative Process for Sharing and Analyzing Data

This CHA/CHNA was developed through a collaborative process of collecting and analyzing data, involving many sectors of the community (local government, for-profits, non-profits, community foundations, health care providers, academia, and human service agencies); and ensuring representation of populations that are at higher health risk or have poorer health outcomes. All of these partners have committed to using the assessment, in which they have highlighted areas for improvement, identified resources, and set the stage to adopt priorities and policies and develop plans to address community health outcomes.

List of CHA/CHNA Stakeholders

Name		Agency
Marie	Dunsten	Bridges Community Action
Diane	Ulrich	Chamber of Commerce
Pat	Closser	City of London
Dan	Kaffenbarger	Educational Services Center
Jenn	Coleman	Family and Children First Council
Lori	Dodge-Dorsey	Job and Family Services
Stephen	Rath	London First United Methodist Church
Amanda	Hampton	Madison County Prevention
Chris	Cook	Madison County Public Health
Darcie	Scott	Madison County Public Health
Erin	Fawley	Madison County Public Health
Lauren	Robinson*	Madison County Public Health
Allison	Wenger*	Madison Health
Cindy	Holland	Madison Health
Cindy	Gross	Madison Health
Cindy	Stout	Madison Health
Danielle	Sanders	Madison Health
Curt	Gillispe	Mental Health
Brianna	Wilson	Mental Health & Recovery Board
Greta	Mayer	Mental Health & Recovery Board
Tracy	Stute	Mental Health & Recovery Board

Name		Agency
Deetra	Huntington	The Ohio State University Extension
Mary	Griffith	The Ohio State University Extension
Modupe	Durojaiye	Rocking Horse Center
Kelly	Sparks	Sheriff's Office
J'Nell	Buehl	Sisters Elderly Care of London
Levin	Hutson	Township Trustee
Kerry	Pedraza	United Way
Carol	Murray	Wright State University
Jane	Dockery	Wright State University

*These stakeholders represented women during pregnancy, which is a population at higher health risk in Madison County

Data and Information Sources Contributing to the Assessment

Sources of data for this report include the Ohio Department of Health, Ohio Department of Job and Family Services, the Center for Disease Control and Prevention, the Bureau of the Census' American Community Survey, the Ohio Department of Public Safety, the Ohio Development Services Agency, the Ohio Mental Health and Addiction Services, the Institute for Health Metrics and Evaluation, the Health Resources and Services Association, the USDA Economic Research Service, and the Robert Wood Johnson Foundation.

Report Structure

This report illustrates the key health issues faced by County residents along with relevant health disparities affecting community health. Data in this report are organized into topical areas, which can be located by referring to the table of contents. The structure of this report includes: this introduction and description of the process; a demographic discussion of the population; an analysis of the Social Determinants of Health; a community health status report based on four of the Foundational Public Health Areas (Communicable Disease, Chronic Disease, Maternal & Child Health and Access to Care); summaries of focus group sessions; and a summary of the key findings and conclusions. This report compiles primary (newly collected data) and secondary (existing) data to paint a detailed picture of the County and compares the area's status to state and national data where possible, drawing out critical areas of concern.

Vision and Values Statements

Madison County stakeholders developed vision and value statements during two stakeholder meetings, with a stakeholder subcommittee finalizing the statements after the meetings. This guiding image of a healthy Madison County is supported by value statements that define what is important to this community as it carries out this public health vision.

A Vision for an Involved, Safe, and Healthy Community

Our vision for creating a healthy community starts with a county-wide network of partners all working together to provide high-quality, affordable services for all residents that are easy to access.

A Community Value System to Improve Health

Safe: support a safe environment for people to live, work, and play.

Fair: promote and provide services and resources in a straightforward and non-judgmental way that makes all feel welcome and valued.

Flexible: recognize the different paths people take towards better health and work to provide innovative programs.

Accessible: reduce barriers to achieving better health caused by differences in income, education, race, ethnicity, and transportation.

Involved: encourage residents, community agencies, businesses, and faith-based organizations to be involved in improving community health.

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 93% of its land area being cropland, pasture, and forest. About 6% of its land cover is considered to be developed.

Madison County's total population is 44,413. Its largest community and singular city is London with 10,271 residents (2018 estimate). West Jefferson Village has a population of about 4,411 while Plain City has a population of 3,582. Outside of those three jurisdictions, most of the population is distributed in townships. Population projections forecast Madison County's population to increase by 7% from 2018 to the year 2030.

Chapter 2: Executive Summary - Significant Health Needs of the Community

Maternal and Infant Executive Summary

The HP2020 goal for maternal and child health is to improve the health and well-being of women, infants, children, and families. Maternal and infant health includes infant and maternal mortality, birth outcomes and related risk factors impacting preconception, pregnancy and infancy such as teen pregnancy.

Source: Miami County Park District

PUBLIC HEALTH INPORTANCE: THE RISK OF MATERNAL AND INFANT MORTALITY AND PREGNANCY-RELATED COMPLICATIONS CAN BE REDUCED BY INCREASING ACCESS TO QUALITY PRECONCEPTION (BEFORE PREGNANCY), PRENATAL (DURING PREGNANCY), AND INTERCONCEPTION (BETWEEN PREGNANCIES) CARE

Healthy People 2020˙

Figure 1: 5-year Infant Mortality Rate, 2014-2018
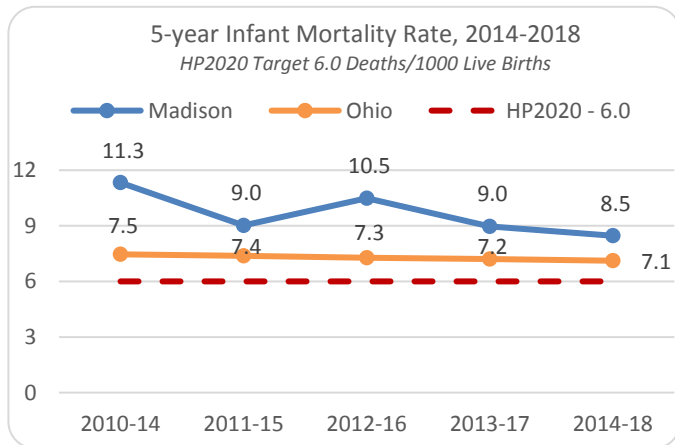
Source: Ohio Department of Health

Figure 2: Births to Madison County Mothers Who Received 1st Trimester Prenatal Care, 2014-2018
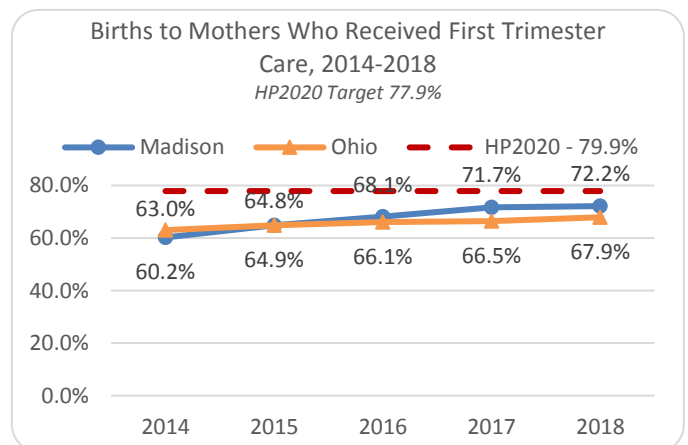
Source: Ohio Department of Health

Key Research Findings

According to the literature, socioeconomic status and poverty are predictors of infant mortality. Nationally, Blacks/African Americans have a significantly higher rate of low birth weight and preterm birth babies, which are predictors for infant mortality and infant mortality is higher among this group. Infant mortality is also higher among mothers in the youngest and oldest age groups.

Health Disparities

Figure 3: 1st Trimester Care, Identifying Health Disparities in Madison County, 5-year Average (2014-2018)

1st Trimester Care, 5-year Average (2014-2018)
Madison   Ohio   Linear (HP2020 - 77.9%)

White, Non-Hisp: 68.0% / 68.8%
Black, Non-Hisp: 55.9% / 55.5%
Hispanic: 64.5% / 74.5%
Married: 71.8% / 71.6%
Unmarried: 61.2% / 57.8%
<20: 60.0% / 52.6%
20-39: 67.8% / 66.6%
40+: 75.6% / 62.4%
< H.S.: 55.8% / 44.1%
H.S. +: 68.8% / 69.1%
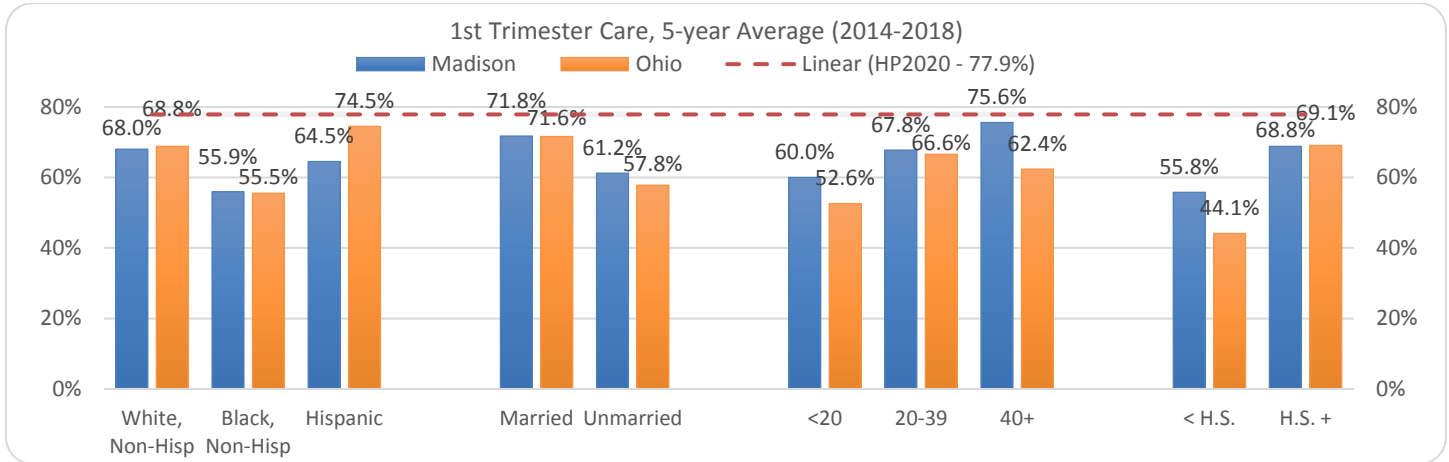
Source: Ohio Department of Health

Chronic Disease Executive Summary

According to the CDC, about half of all adults had one or more chronic health conditions and one of four adults had two or more chronic health conditions and two of the top ten causes of death account for almost half (48 percent) of the deaths in the United States – heart disease and cancer.

Key Research Findings

Figure 4: Top 3 Leading Causes of Death in Madison County, 2014-2018

Top 3 Leading Causes of Death, 2014-2018
Age-Adj Rate/100,000 Adults 20 Years of Age or Older

	2014	2015	2016	2017	2018
Malignant neoplasms	171.6	177.2	185.6	192.8	163.1
Diseases of heart	167.9	200.3	171.3	144.7	177.1
Chron lower resp dis	58.2	78.1	59.2	60.3	62.8
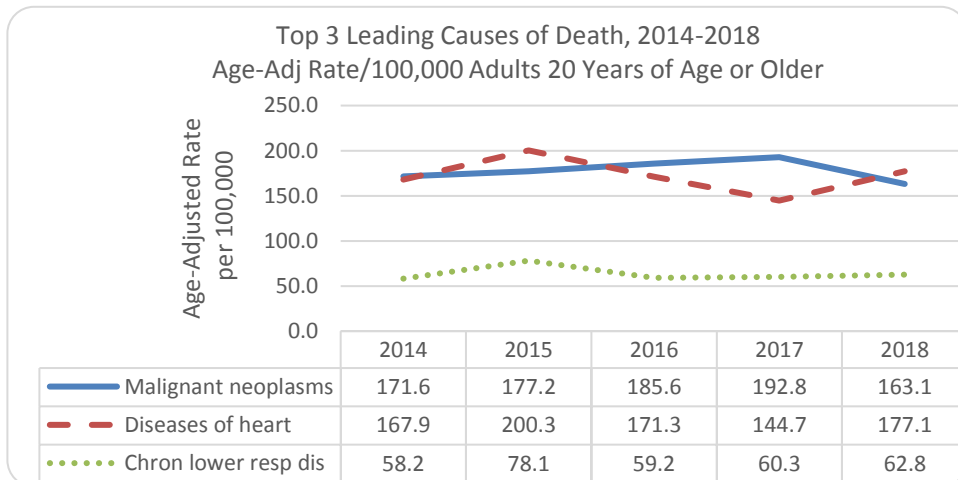
Chronic diseases, including obesity, cardiovascular disease, diabetes and cancer, stand out as concerns for Madison County. Obesity and hypertension, for example, are highly-prevalent conditions in the County, affecting more than one-third of the population.

Source: Ohio Department of Health

Health Disparities

Figure 5: Top 3 Leading Causes of Adult Death, Identifying Health Disparities in Madison County, 5-year Rate 2014-2018
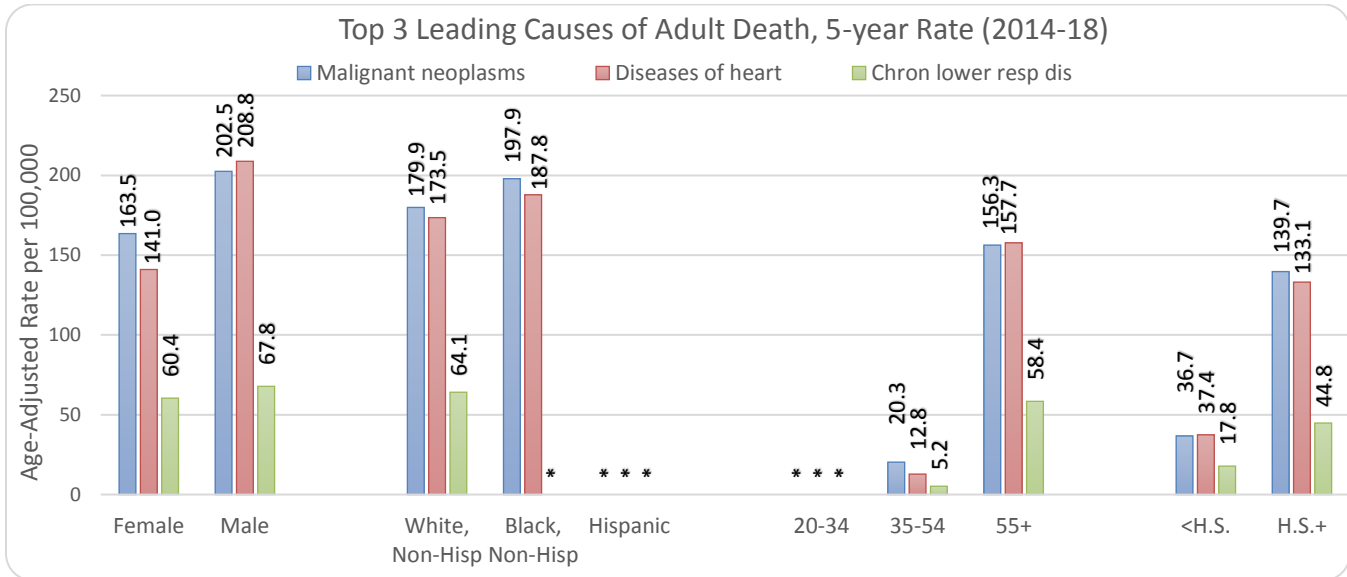
Source: Ohio Department of Health

Figure 6: Cancer Incidence, Identifying Health Disparities 2012-2016
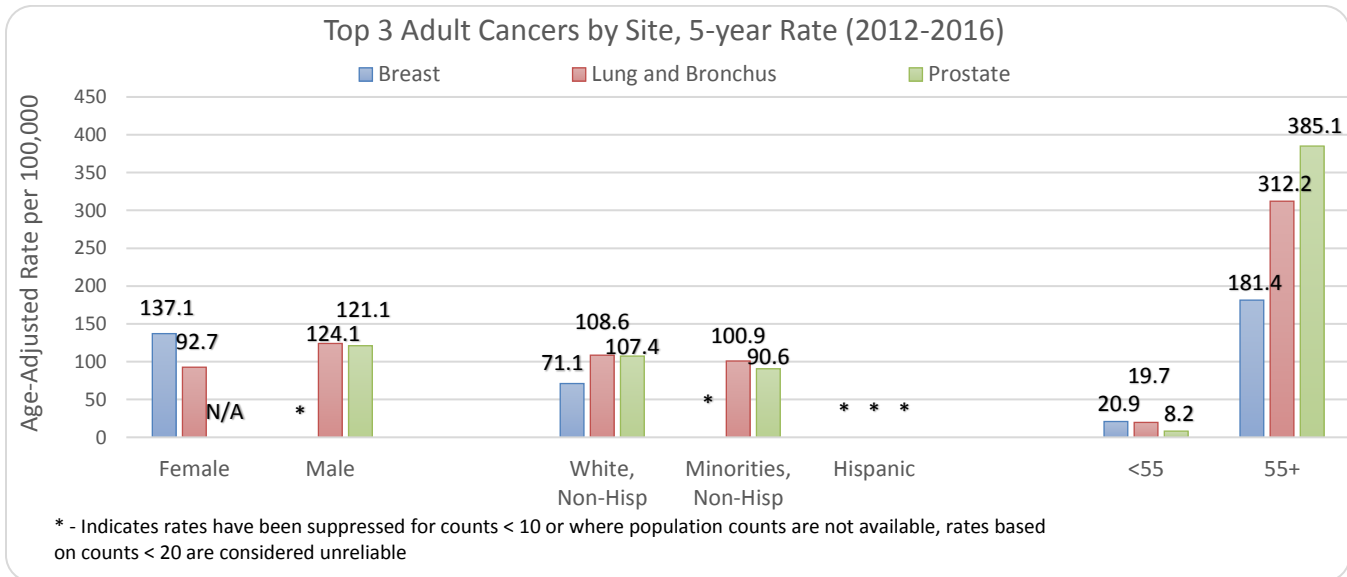
Source: Ohio Department of Health

Mental Health and Addiction Executive Summary

Key Research Findings

Nationally, 5% of the adult population needs mental health services. In 2017, 1,011 Madison County adults received mental health services, which equates to 3% of the adult population. While Ohio and its counties face many behavioral health challenges, including strained access to care and high prevalence of depression, the opiate epidemic has taken a toll on communities and their resources.

Figure 7: Mental Health Unduplicated Client Count, FY2017
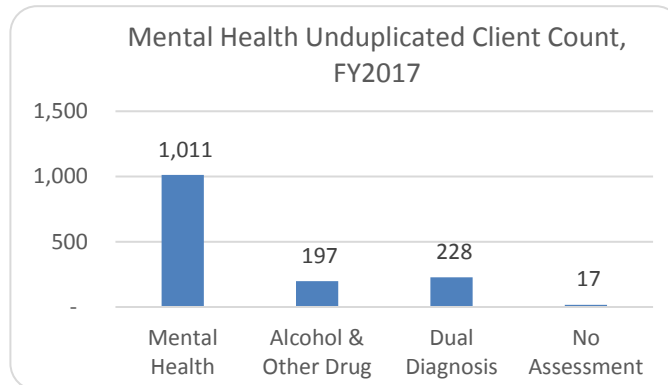
Source: Ohio Department of Mental Health and Addiction Services

Figure 8: Accidental Drug Overdose, Madison County Adults 20 Years of Age or Older, 2014-2018

	2014	2015	2016	2017	2018
Accidents (Age-Adj)	52.9	40.8	73.1	84.4	28.2
Accidents (Death Rate)	65.4	47.1	92.9	105.8	43.7
Accid Drug Overdose (Death Rate)	20.8	20.6	44.9	58.8	17.5
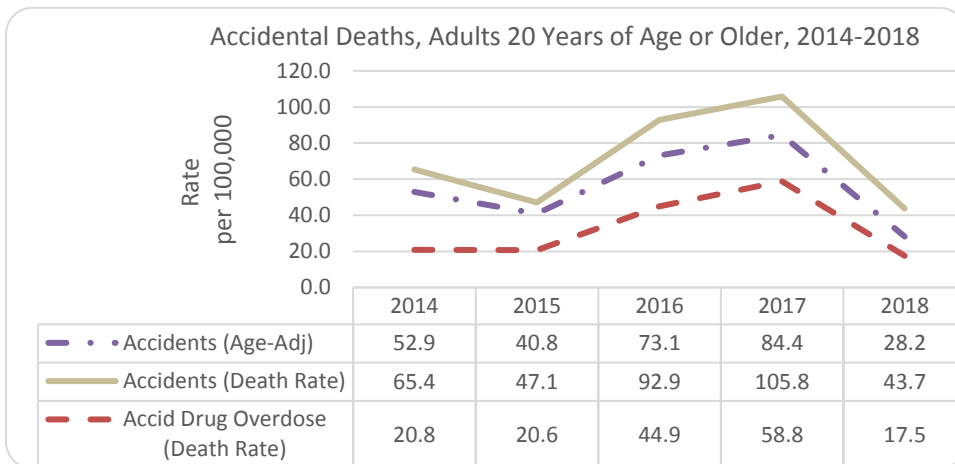
Source: Ohio Department of Health

Health Disparities

Figure 9: Unintentional Drug Overdose, Madison County Adults 20 Years of Age or Older, 10-year Age-Adjusted Rate (2009-2018)

* Indicates rates have been suppressed for counts < 10 or where population counts are not available, rates based on counts < 20 are considered unreliable
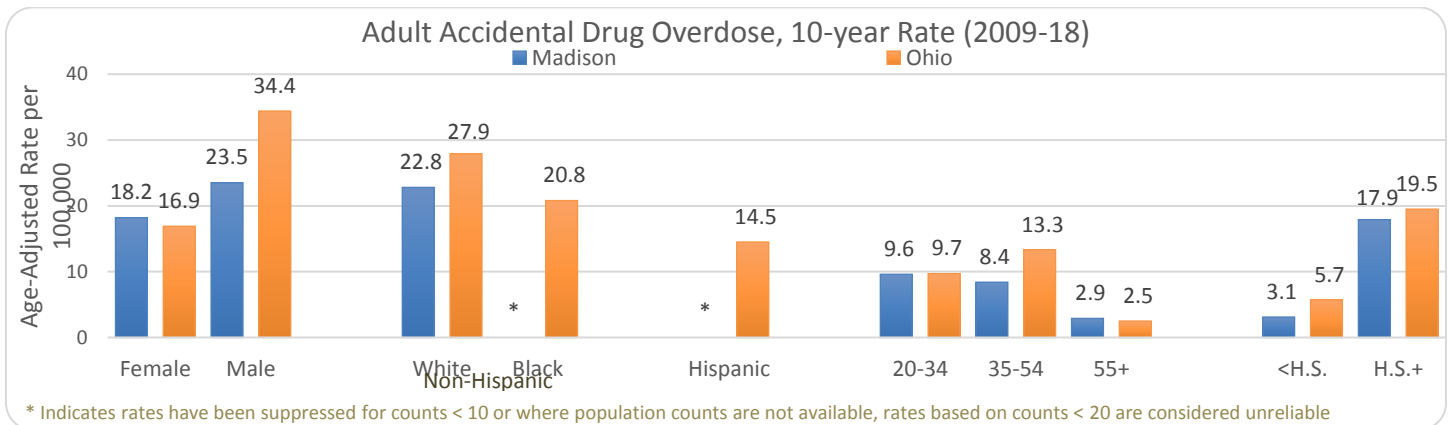
Source: Ohio Department of Health

Chapter 3: Demographics of the Population and Social Determinants of Health

Demographic Determinants of the Population

A LARGE AND GROWING BODY OF EVIDENCE SHOWS THAT SOCIODEMOGRAPHIC FACTORS – SUCH AS AGE, RACE, AND ETHNICITY – AND SOCIOECONOMIC STATUS (SES), SUCH AS INCOME AND EDUCATION, CAN INFLUENCE HEALTH OUTCOMES.

Figure 10: Population Trends, 2010-2040

Population Trends, 2010-2050

Year	Population
2010	43,435
2017	43,732
2020	45,670
2030	47,420
2040	48,700
2050	48,540
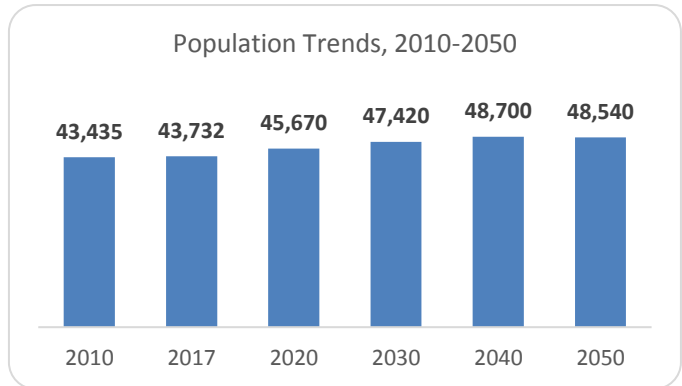
Source: American Community Survey, 2013-2017
Ohio Development Services Agency

Figure 11: Youth Population Projections, 2010-2050

Youth Population Trends, 2010-2050

Legend: 0-4, 5-9, 10-14, 15-19, YOUTH, % POPULATION

Age Group	2010	2017	2020	2030	2040	2050
0-4	2,538	2,245	2,600	2,710	2,780	2,820
5-9	2,670	2,733	2,580	2,730	2,820	2,800
10-14	2,706	2,516	2,710	2,800	2,930	2,890
15-19	3,032	2,600	2,960	2,910	3,110	3,110
Youth, % Population	25%	23%	24%	24%	24%	24%
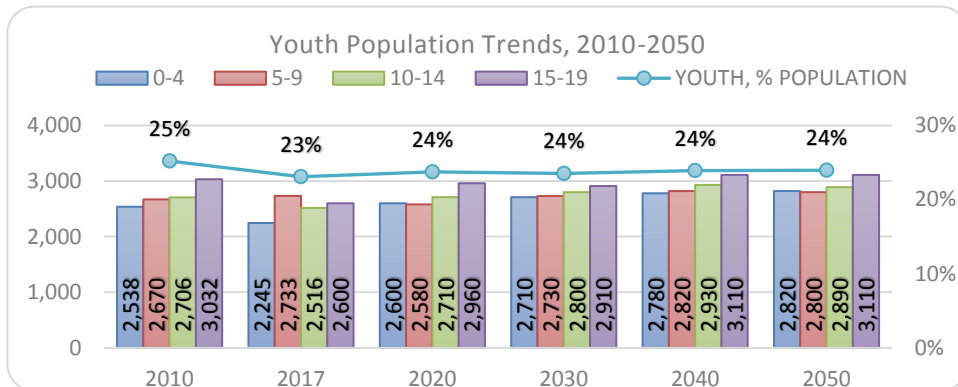
Source: American Community Survey, 2013-2017
Ohio Development Services Agency

Figure 12: Senior Population Projections, 2010-2050

Senior Adult Population Trends, 2010-2050

Legend: 65-69, 70-74, 75-79, 80-84, 85+, SENIORS, % POPULATION

Age Group	2010	2017	2020	2030	2040	2050
65-69	1,711	2,090	2,330	2,750	2,400	2,400
70-74	1,392	1,567	1,870	2,320	2,190	1,970
75-79	970	1,108	1,200	1,610	1,890	1,540
80-84	732	745	790	1,040	1,280	1,060
85+	584	825	720	860	1,120	1,290
Seniors, % Population	12%	14%	15%	18%	18%	17%
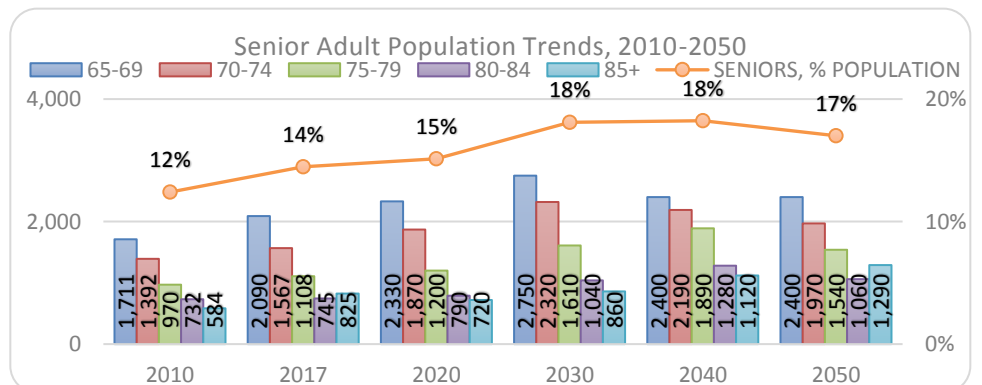
Source: American Community Survey, 2013-2017 and the Ohio Development Services Agency

Figure 13: Race

Race

White, 90.5%

African American, 5.8%

Amer Indian/Alaska Native, 0.3%

Asian, 1.1%

Native Hawaiian/Oth Pacific Islander, 0.0%

Some other race, 0.1%

Two or more races, 2.1%
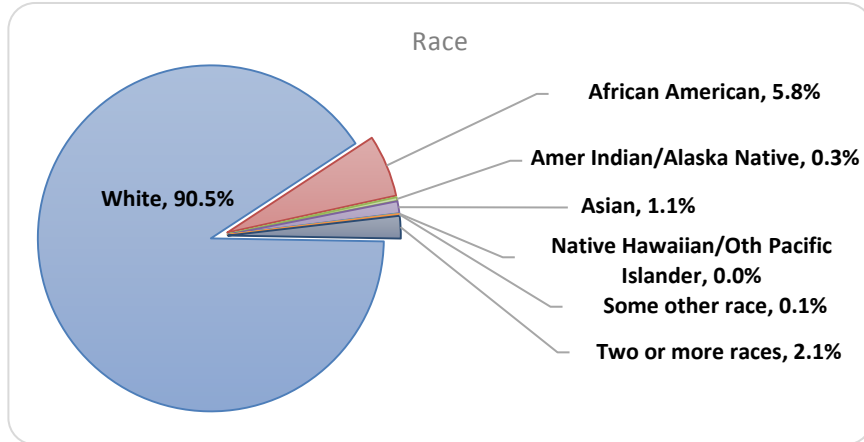
Source: American Community Survey, 2013-2017

Figure 14: Ethnicity

Hispanic or Latino Origin

Hispanic or Latino, 1.9%

Not Hispanic, 98.1%
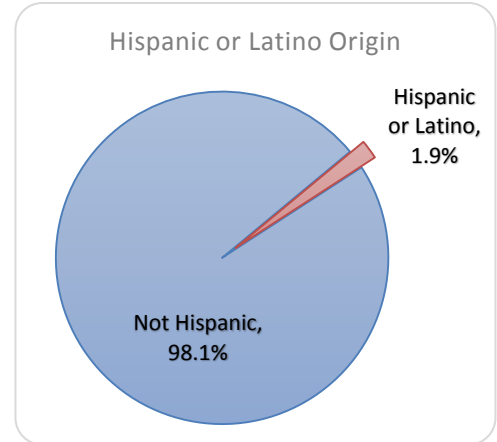
Source: American Community Survey, 2013-2017

Figure 15: Marital Status

Marital Status

Married, 44.3%

Separated/spouse absent, 5.0%

Divorced 13.5%

Widowed, 5.3%

Never Married, 31.9%
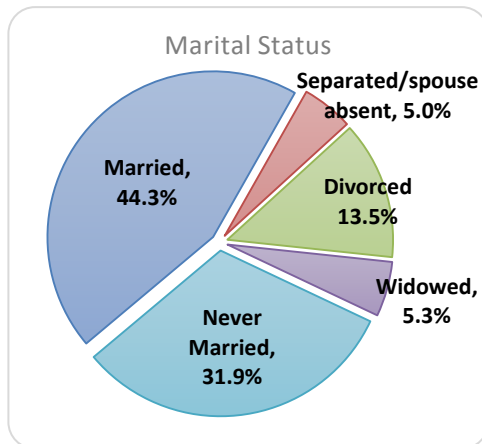
Source: American Community Survey, 2013-2017

Figure 16: Household Type

Household Type

Married with child(ren), 21.5%

Single with child(ren), 11.2%

Non-family Single Adult with child(ren), 0.6%

Households with no child(ren), 66.6%
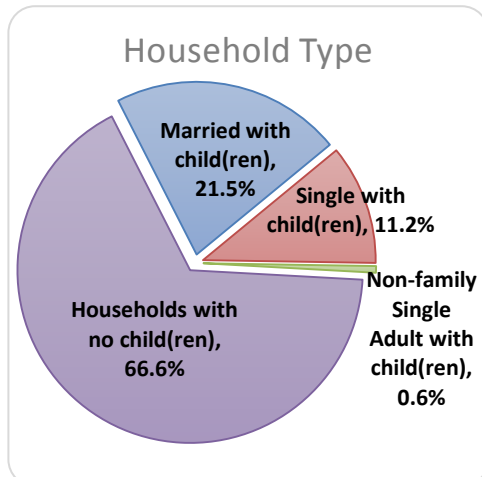
Source: American Community Survey, 2013-2017

Key Research Finding: In Ohio, 29.8% of households have children whereas the percentage is 33.4% for Madison County. About 8% of households with children in Madison County have grandparents as the head of household.

Figure 17: Households with Children

Housholds with Children - Relationship of the Child to the Householder

Biological child, 81.4%

Adopted child, 2.0%

Stepchild, 3.1%

Grandchild, 8.2%

Oth relatives, 1.9%

Foster child or other unrelated child, 3.3%
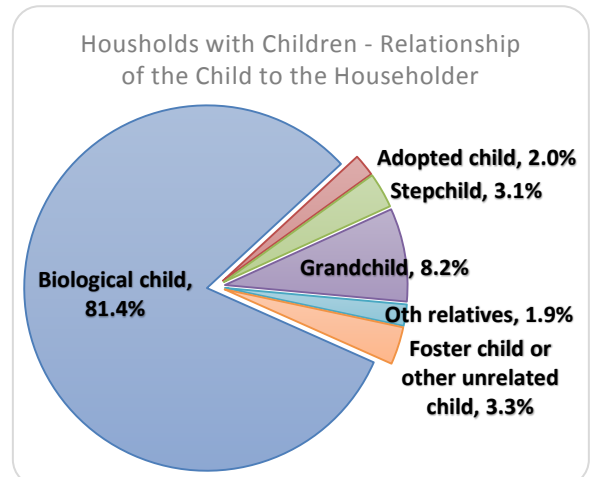
Source: American Community Survey, 2013-2017

Figure 18: Minority Population in Madison County by Census Block Group, 2017
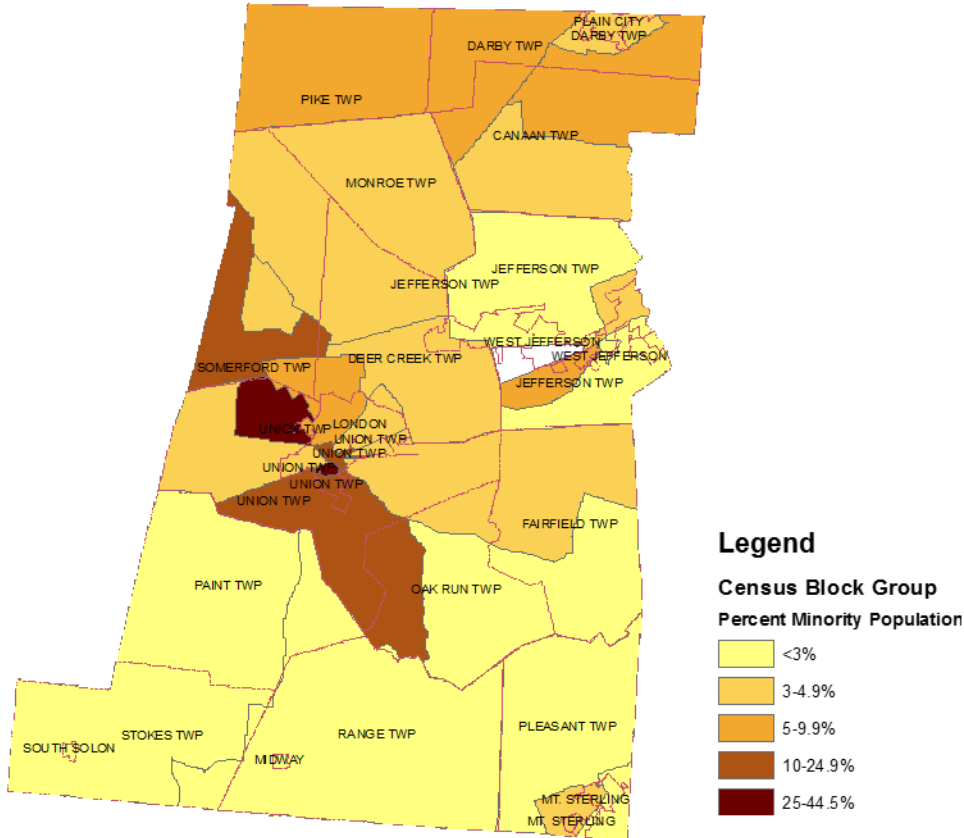
Source: American Community Survey, 2013-2017

Figure 19: Disabled Population
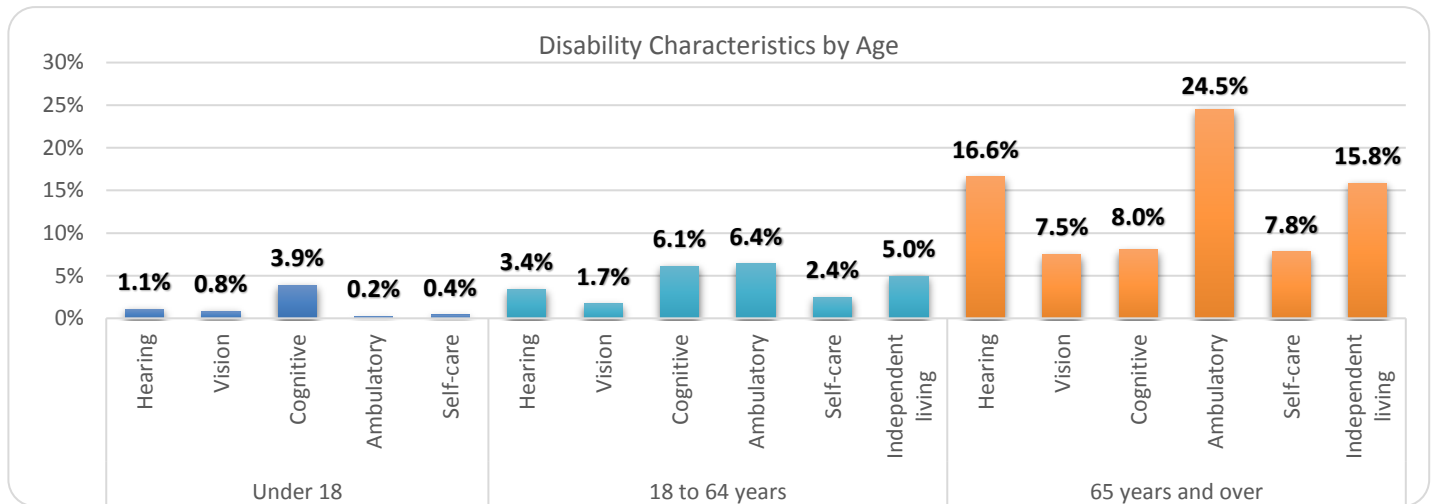
Source: American Community Survey, 2013-2017

Social Determinants of Health[1]

Social determinants of health (SDOH) are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. There are five parts of the HP 2020 SDOH definition which will be touched upon in this chapter: economic stability, education, social and community context, health and health care, and neighborhood and the built environment. Health and Health Care will also be further discussed in Chapter 6.

Economic Stability

Figure 20: Occupation Change Summary, 2001-2029
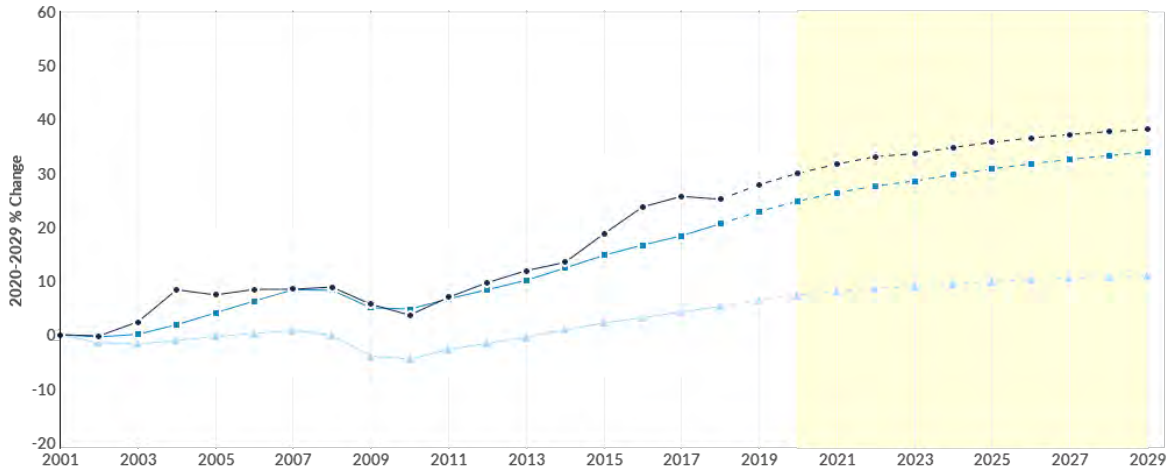
	Region	2020 Jobs	2029 Jobs	Change	% Change	Median Hourly Earnings
●	Madison County, OH	23,795	25,284	1,489	6%	$16.89
■	United States	206,125,580	221,171,808	15,046,228	7%	$18.52
▲	Ohio	7,177,337	7,417,956	240,619	3%	$17.75

Source: Economic Modeling Specialists Intl.

Figure 21: Annual Unemployment, 2014-2018

	2014	2015	2016	2017	2018
Madison County	4.8	4.0	3.9	3.9	3.8
Ohio	5.8	4.9	5.0	5.0	4.6
United States	6.2	5.3	5.0	4.4	3.9
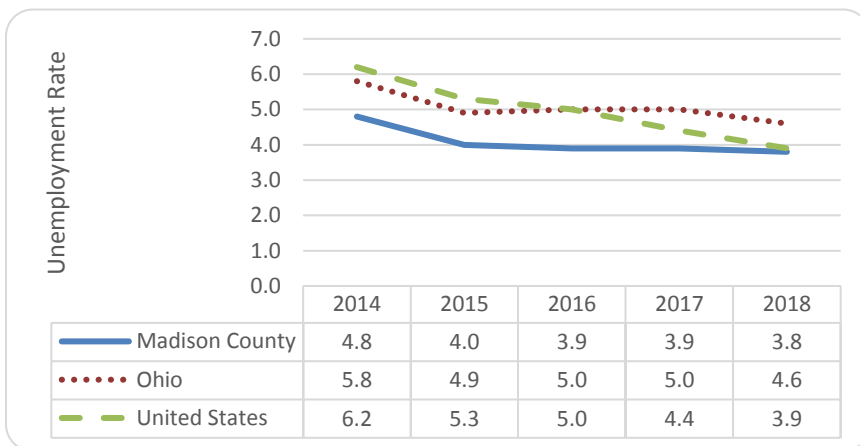
Key Research Findings: Madison County's job growth rate (presented above) has outpaced the state and national rates for most years from 2001 to 2019, with its forecasted rate to sustain a pace of 6% growth to 2029. Associated with that, Madison County's unemployment rate has been lower than Ohio's and the U.S. rate from 2014-2018.

---

[1] Healthy People (HP) 2020 Social Determinants of Health

Source: Ohio Dept. of Job & Family Services, Local Area Unemployment Statistics (LAUS) Program

Figure 22: Per Capita and Median Household Income
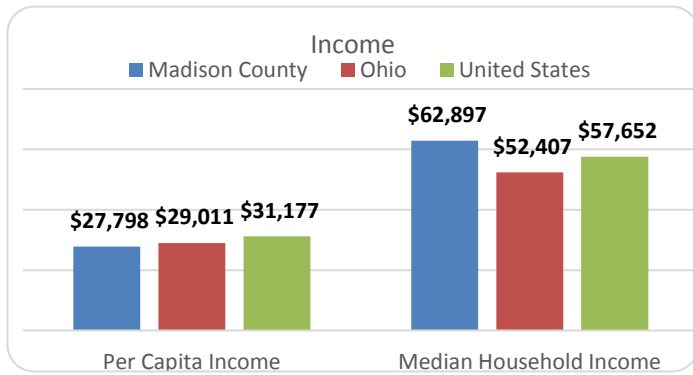
Source: American Community Survey, 2013-2017

PUBLIC HEALTH IMPORTANCE: A PERSON'S HEALTH IS LINKED TO THEIR ECONOMIC AND EDUCATIONAL STATUS. ECONOMIC STABILITY IS INFLUENCED BY EMPLOYMENT, FOOD INSECURITY, HOUSING INSTABILITY, AND POVERTY.

Figure 23: Persons below the Poverty Level by Age
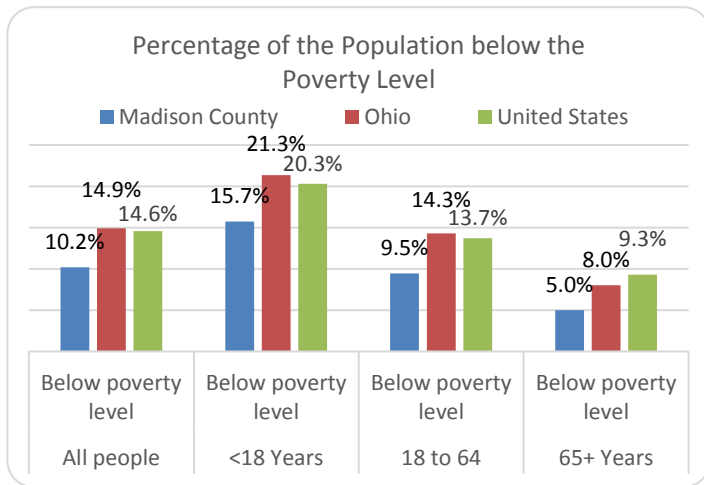
Source: American Community Survey, 2013-2017

Figure 24: Family Poverty
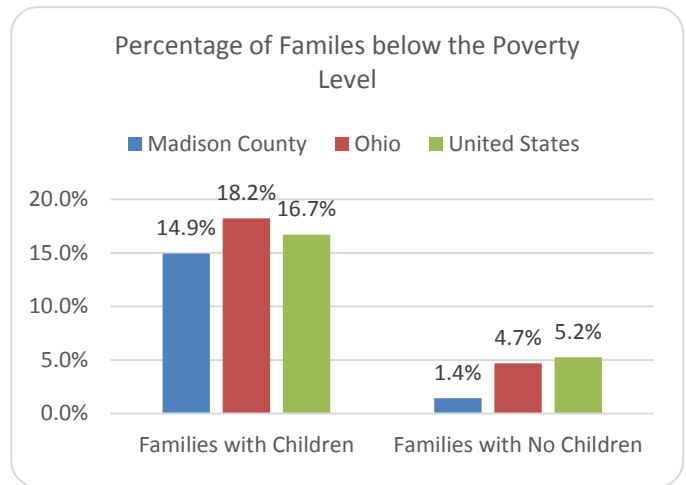
Source: American Community Survey, 2013-2017

Figure 25: Persons – Percent below the Poverty Level by Census Block Group
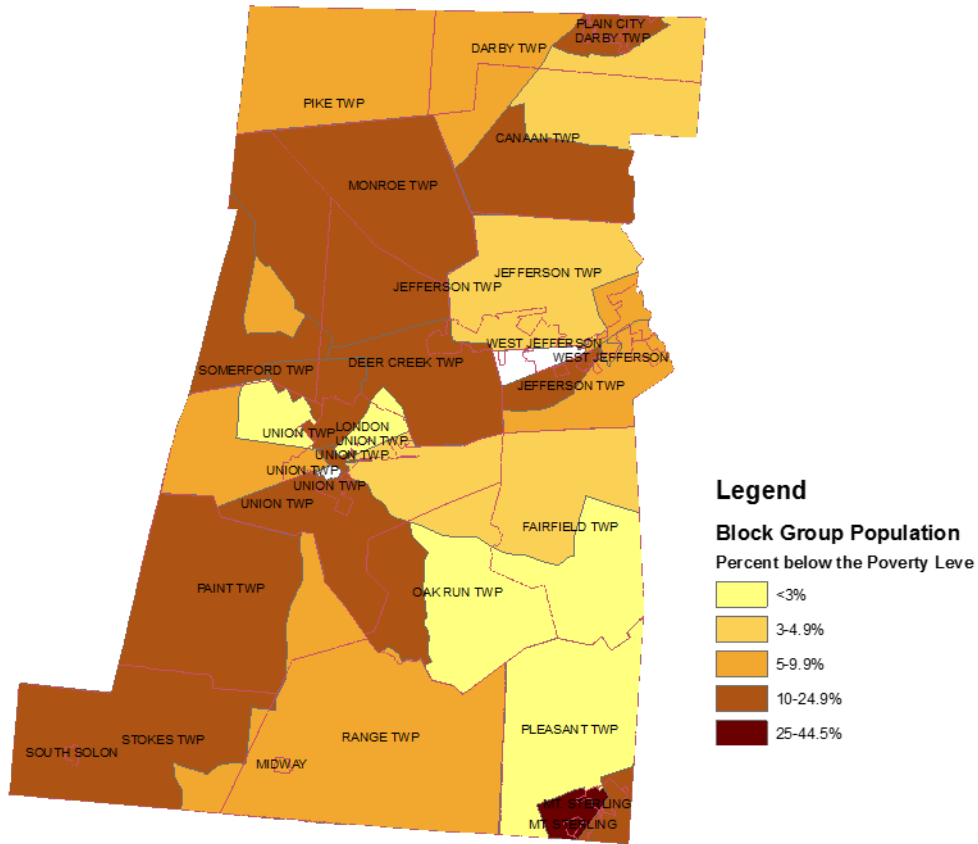
Source: American Community Survey, 2013-2017

Figure 26: Percentage of Individuals Qualifying for Most Public Assistance Programs
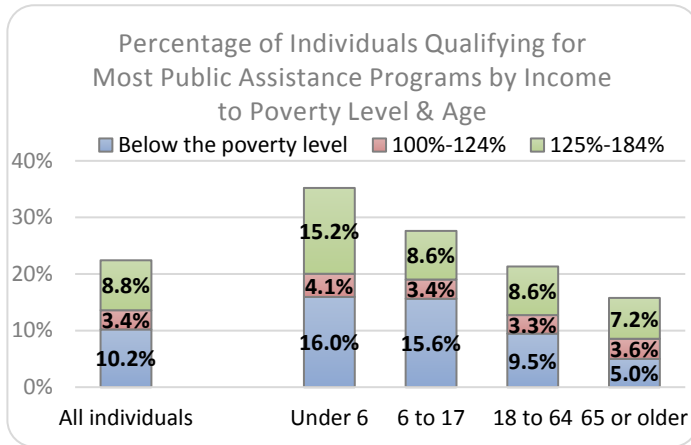
Source: American Community Survey, 2013-2017

Figure 27: Percentage of Households Qualifying for Most Public Assistance Programs
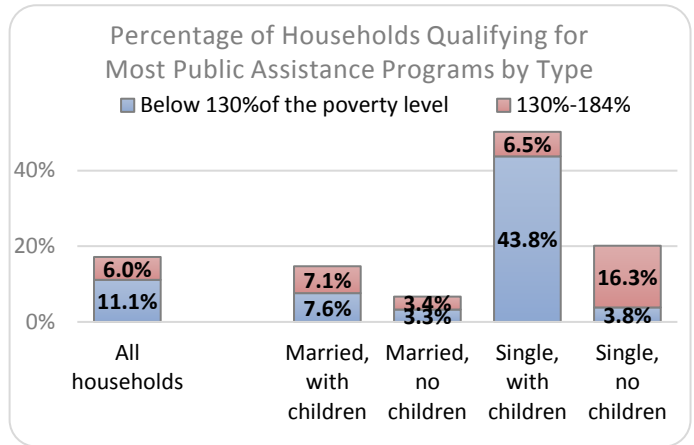
Source: American Community Survey, 2013-2017

Key Research Findings: Figure 26 presents percentages for individuals qualifying for public benefits, whereas Figure 27 presents data for households. Among all individuals qualifying for public assistance, 10.2% are below the poverty level, 3.4% are at the poverty level or a little higher, and 8.8% are at 125%-184% of the poverty level. Among all households, a greater proportion of those qualifying for public assistance programs are single heads of households.

Figure 28: Percentage of All Households That Are Housing Cost Burdened
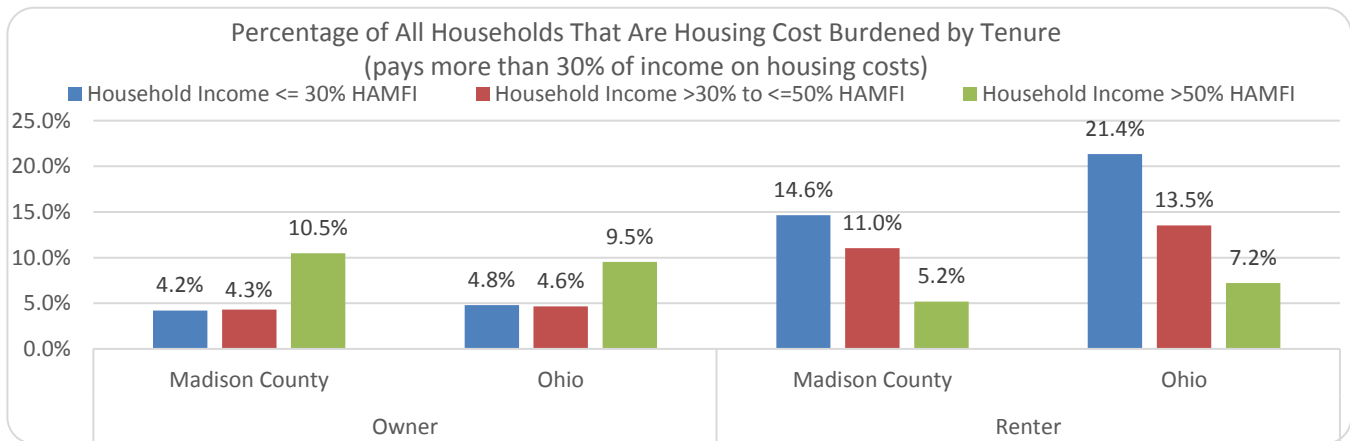
Housing Urban Development (HUD) adjusted median family incomes (HAMFI)

Source: U.S. Department of Housing and Urban Development (HUD) Office of Policy Development and American Community Survey (ACS) Comprehensive Housing Affordability Strategy data for the 2012-2016 period

Figure 29: Homeless Children and Youth, SY 2013-2017

Percent of the Total K-12 Student
Enrollment Who Are Homeless, SY2013-17

——— Madison   - - - Ohio

1.1%   1.0%   1.2%   1.2%   1.4%

0.1%   0.3%   0.5%

2013-14   2014-15   2015-16   2016-17   2017-18
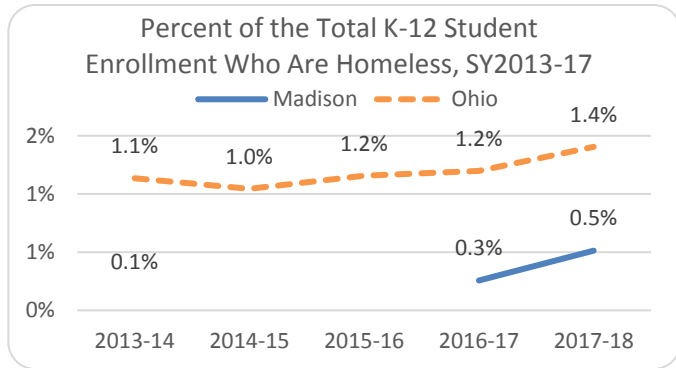
Source: Ohio Department of Education

Figure 30: Overall Food Insecurity Rate, 2015-2017

Overall, Food Insecurity

——— Madison   •••••• Ohio   United States

15.1%   14.5%   14.5%
12.9%   12.5%   12.5%
12.5%   12.1%   11.7%

2015   2016   2017
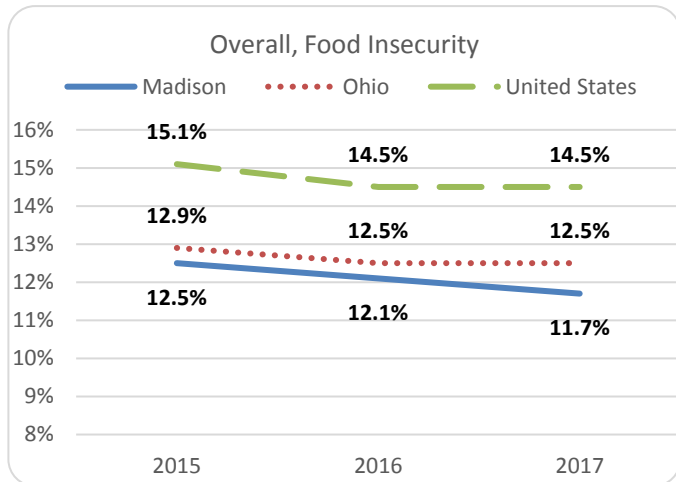
Source: Ohio Department of Education

Figure 31: Child, Food Insecurity Rate, 2015-17

Child, Food Insecurity

——— Madison   ——— Ohio   ——— United States

21.9%   20.3%   19.6%
19.3%   18.4%   17.9%
17.9%   17.5%   17.0%

2015   2016   2017
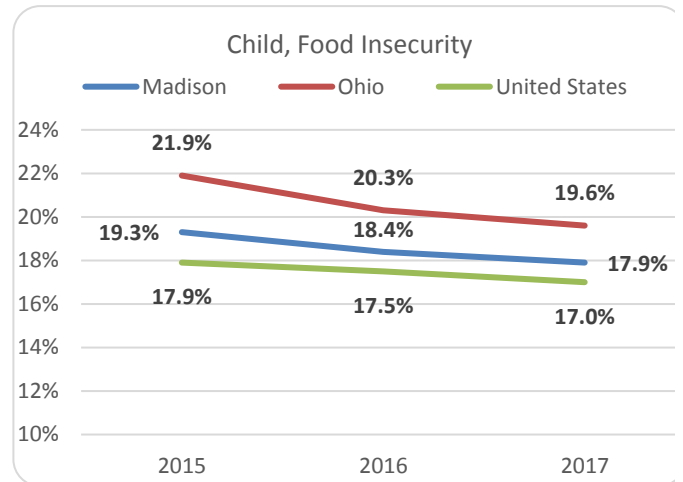
Source: Ohio Department of Education

Education

PUBLIC HEALTH IMPORTANCE: LEVEL OF EDUCATION IS ONE OF THE GREATEST PREDICTORS OF INDIVIDUAL HEALTH. EARLY CHILDHOOD EDUCATION PROVIDES A FOUNDATION FOR CHILDREN'S ACADEMIC SUCCESS, HEALTH, AND GENERAL WELL-BEING. HIGHER EDUCATIONAL ATTAINMENT ALLOWS FOR BETTER PAYING JOBS WITH RESOURCES LIKE HEALTH BENEFITS, PAID LEAVE, RETIREMENT ACCOUNTS, EASIER ACCESS TO HEALTHY FOODS AND SERVICES, AND MORE TIME FOR EXERCISE.

Figure 32: Kindergarten Readiness Assessment, SY 2015-16

Kindergarten Readiness Assessment, SY2015-2016

- Demonstrating (270-298)
- Approaching (258-269)
- Emerging (202-257)

	Demonstrating	Approaching	Emerging
Jefferson Local	36.2%	44.9%	18.8%
Jonathan Alder Local	64.0%	26.5%	9.6%
London City	37.1%	38.7%	24.2%
Madison-Plains Local	31.8%	47.1%	21.2%
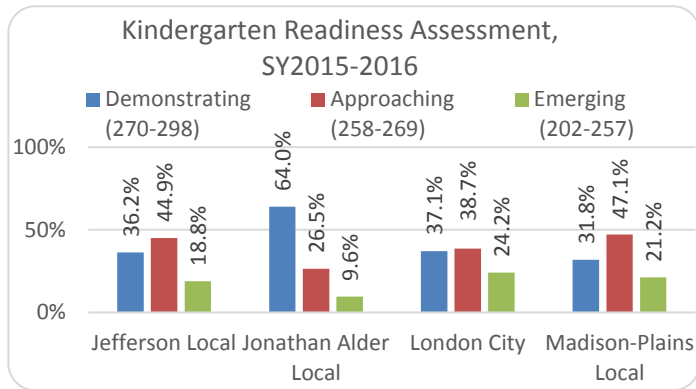
Source: Ohio Department of Education

Figure 33: Average Social and Physical Well-being & Motor Development, SY 2015-16

KRA Average Social and Physical Well-being & Motor development Scores, SY2015-2016

- Social Foundations
- Physical Well Being & Motor Dev.

	Social Foundations	Physical Well Being & Motor Dev.
Jefferson Local	272.5	271.6
Jonathan Alder Local	276.2	276.3
London City	272.6	271.7
Madison-Plains Local	275.0	273.2
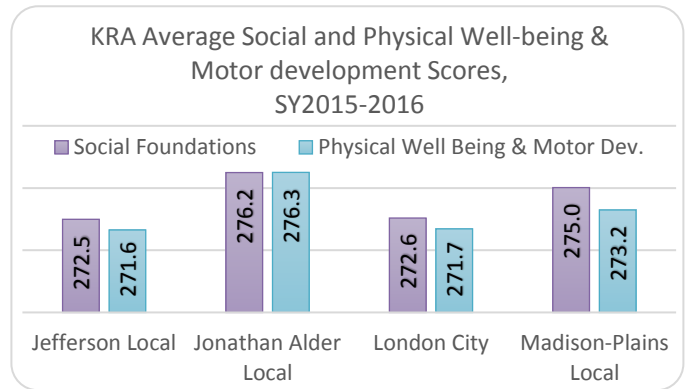
Source: Ohio Department of Education

Figure 32 shows that 64% of Jonathan Alder's kindergartners were assessed as kindergarten ready (demonstrating the criteria assessed). Figure 33 presents Social Foundations and Physical Well-being assessment scores for Kindergartners. Social Foundations includes social emotional skills and approaches toward learning.

Source: Image by Iris Hamelmann from Pixabay
https://pixabay.com/photos/kindergarten-children-play-fun-504672/

Figure 34: School Enrollment SY 2009-2017

Madison County School Enrollment
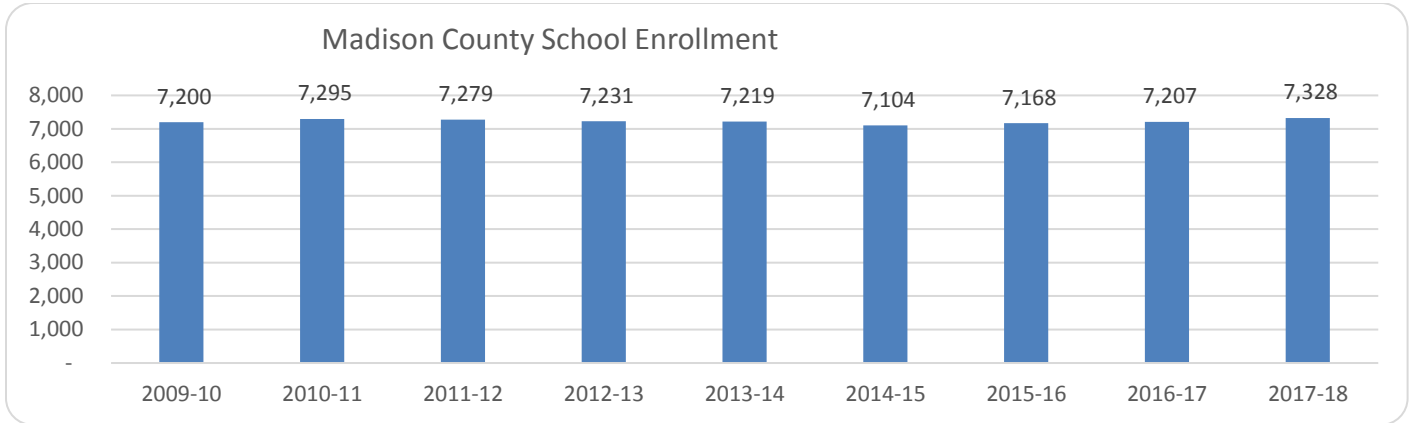
Source: Ohio Department of Education

Figure 35: 4-Year High School Graduation Rate, SY 2012-2016

4-Year High School Graduation Rate, SY2012-2016

— Madison 4-Year Graduation Rate
- - - Ohio 4-Year Graduation Rate
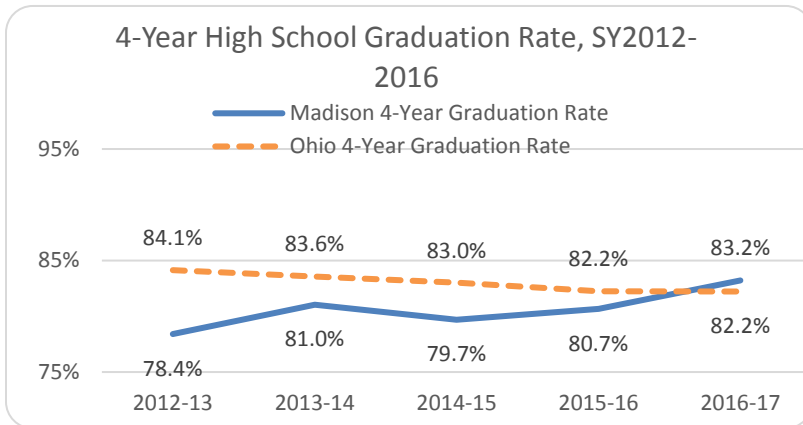
Key Research Findings: Figure 35 shows that Madison County high schools have closed the gap in 4-year high school graduation rates in comparison to the Ohio average. Figure 36 shows that a smaller proportion of the adult population in Madison County has college degrees versus the average for Ohio and the U.S.; however, a higher percentage of Madison County adults have some college education.

Source: Ohio Department of Education

Figure 36: Educational Attainment for the Population 25 Years of Age or Older

Educational Attainment, Adults Ages 25 and Over
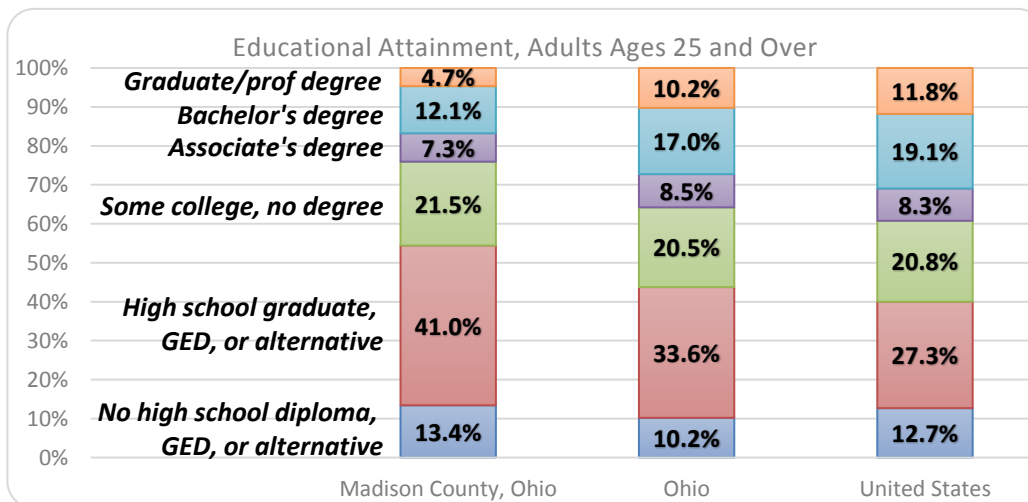
Source: American Community Survey, 2013-2017

17

Neighborhood and the Built Environment

Public Health Importance: The built environment includes all of the physical aspects of where we live, and influences a person's level of physical activity. Access to healthy foods, quality of housing, environmental conditions, and crime and violence comprise the HP 2020 list for this determinant.

Figure 37: Land Use/Land Cover

Land Use/Land Cover

- Cultivated Crops, 84.0%
- Forest, 4.7%
- Pasture, 4.5%
- Other, 0.8%
- Developed, 6.0%
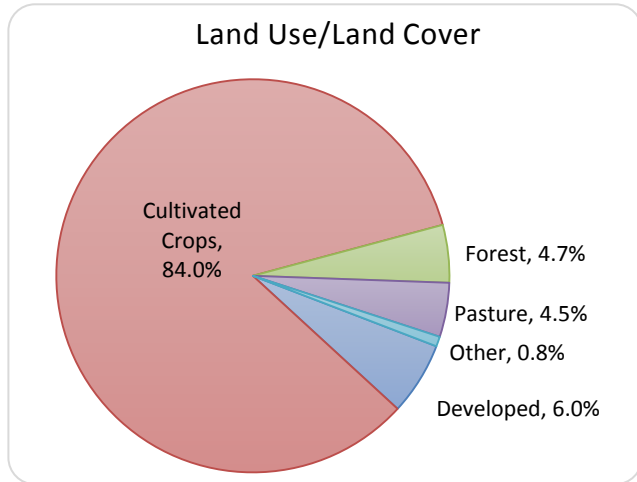
Source: Ohio Development Services Agency, Office of Research, Ohio County Profiles, 2019

Figure 38: Air Quality Index

Air Quality Index, Healthy and Moderate Days, 2014-2018

	2014	2015	2016	2017	2018
Good Days	169	172	161	211	209
Moderate Days	33	41	50	32	34
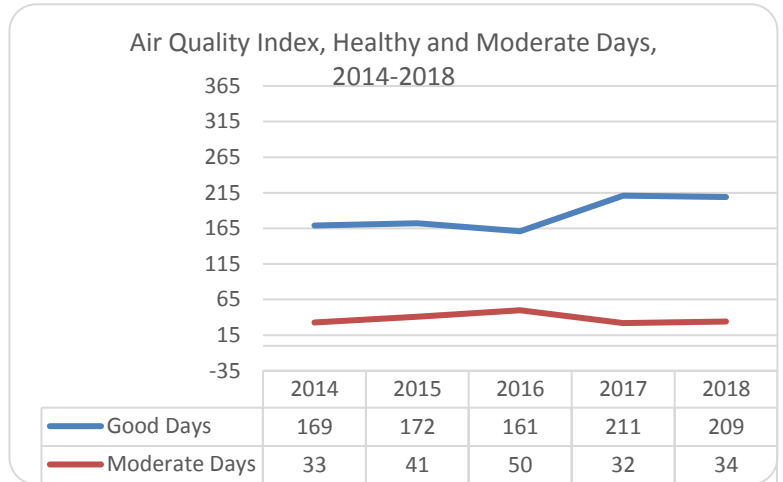
Source: Environmental Protection Agency

Figure 39: Means of Transportation to Work

Means of Transportation to Work for Workers 16+

- Car, truck, or van 93.0%
- Public transportation 0.2%
- Other 6.8%
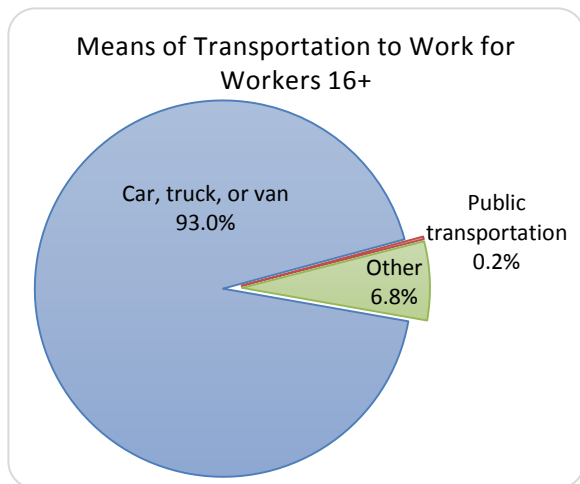
Source: American Community Survey, 2013-2017

Figure 40: Housing Problems Overview

Housing Problems Overview

- Household has at least 1 of 4 Housing Problems
- Household has none of 4 Housing Problems

Owner:
- Madison County: 20.3% / 79.3%
- Ohio: 19.9% / 79.5%

Renter:
- Madison County: 35.8% / 60.7%
- Ohio: 44.5% / 52.9%
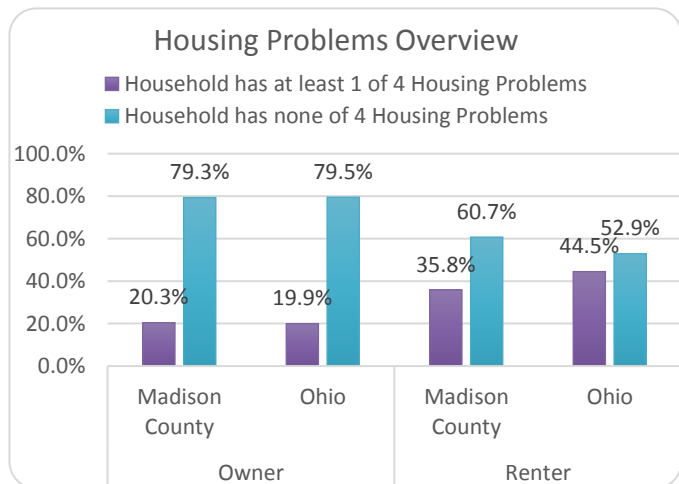
The four housing problems are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 30%.
Source: U.S. Department of Housing and Urban Development (HUD) Office of Policy Development and American Community Survey (ACS) Comprehensive Housing Affordability Strategy data for the 2012-2016 period

Key Research Findings: The US Department of Housing and Urban Development (HUD) identifies four types of housing problems. Figure 40 presents the percentage of households that have at least 1 of the 4 problems and the percentage that have none of the 4 problems. Data are compared between Madison County and Ohio, and are compared for home owners versus renters. There is wider prevalence of these housing problems among renter occupied homes.

Social and Community Context

Social and Community Context is part of the Social Determinants of Health definition. This section looks at households that may experience isolation due to language barriers, voter turnout as a measure of social engagement, and incarceration trends as a measure of community safety.

PUBLIC HEALTH IMPORTANCE: "SOCIAL ISOLATION PREDICTS MORBIDITY AND MORTALITY FROM CANCER, CARDIOVASCULAR DISEASE, AND A HOST OF OTHER CAUSES." CIVIC PARTICIPATION, INCARCERATION, AND SOCIAL COHESION ARE THE MAIN ELEMENTS FOR THIS DETERMINANT.

U.S. Department of Health and Human Services, Administration for Children and Families 2010

Figure 41: Social Isolation – Limited English Speaking Households

Limited English Speaking Households
Percentage of All Households

- Madison: 0.6%
- Ohio: 1.4%
- United States: 4.5%
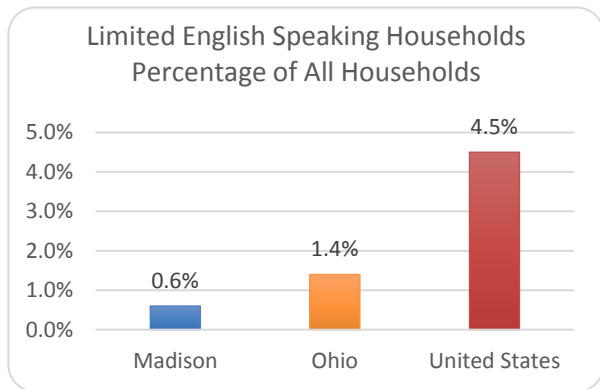
Source: American Community Survey, 2013-2017

Figure 42: Language Spoken at Home

Limited English Speaking Households
Percentage of Households by Language Spoken at Home

- Spanish
- Other Indo-European languages
- Asian and Pacific Island languages
- Other languages

Madison: Spanish 19.2%, Other Indo-European 9.0%, Asian and Pacific Island 15.1%, Other 0.0%
Ohio: Spanish 17.5%, Other Indo-European 14.9%, Asian and Pacific Island 24.2%, Other 19.1%
United States: Spanish 22.3%, Other Indo-European 15.4%, Asian and Pacific Island 25.7%, Other 17.2%

Source: American Community Survey, 2013-2017

Figure 43: Voter Turnout

November General Election Voter Turnout

- 2016
- 2017
- 2018

Madison: 2016 73.6%, 2017 30.1%, 2018 56.4%
Ohio: 2016 71.3%, 2017 30.3%, 2018 55.7%
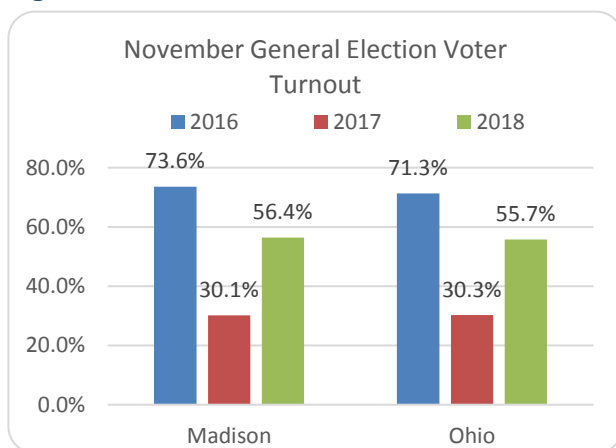
Source: American Community Survey, 2013-2017

Figure 44: Incarceration Trends

Incarceration Trends, 2011-2015
Rate per 100,000 Residents 15-64

- Madison
- Ohio avg
- U.S. avg

U.S. avg: 338.7, 339.3, 341.3, 341.1, 326.1
Ohio avg: 221.9, 229.2, 227.0, 236.7, 227.8
Madison: 161.4, 182.9, 180.6, 178.0, 159.1

Years: 2011, 2012, 2013, 2014, 2015
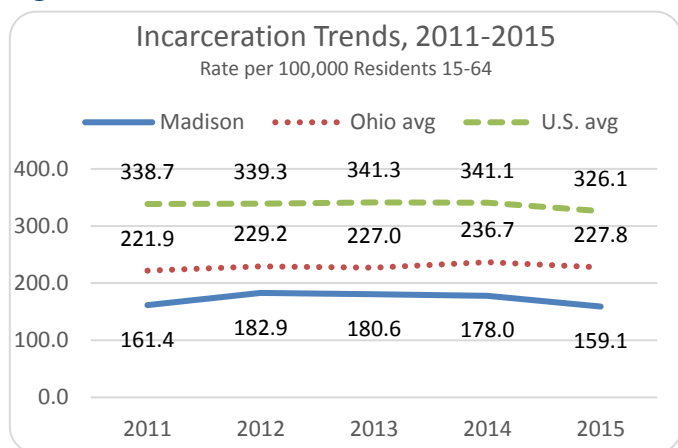
Source: Vera Institute

Health and Health Care

Public Health Importance: Uninsured people receive less medical care and less timely care, they have worse health outcomes, and lack of insurance is a financial burden for them and their families (Urban Institute urban.org).

Figure 45: Health Insurance Coverage by Age
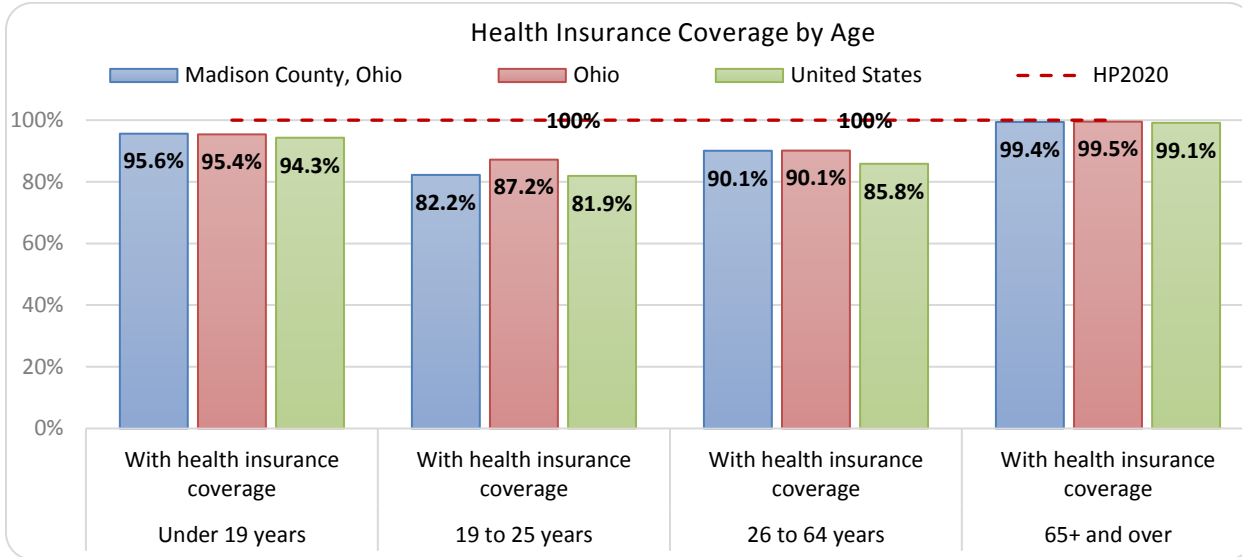
Source: American Community Survey, 2013-2017

Figure 46: Medical Insurance Coverage for the Population under the Age of 19
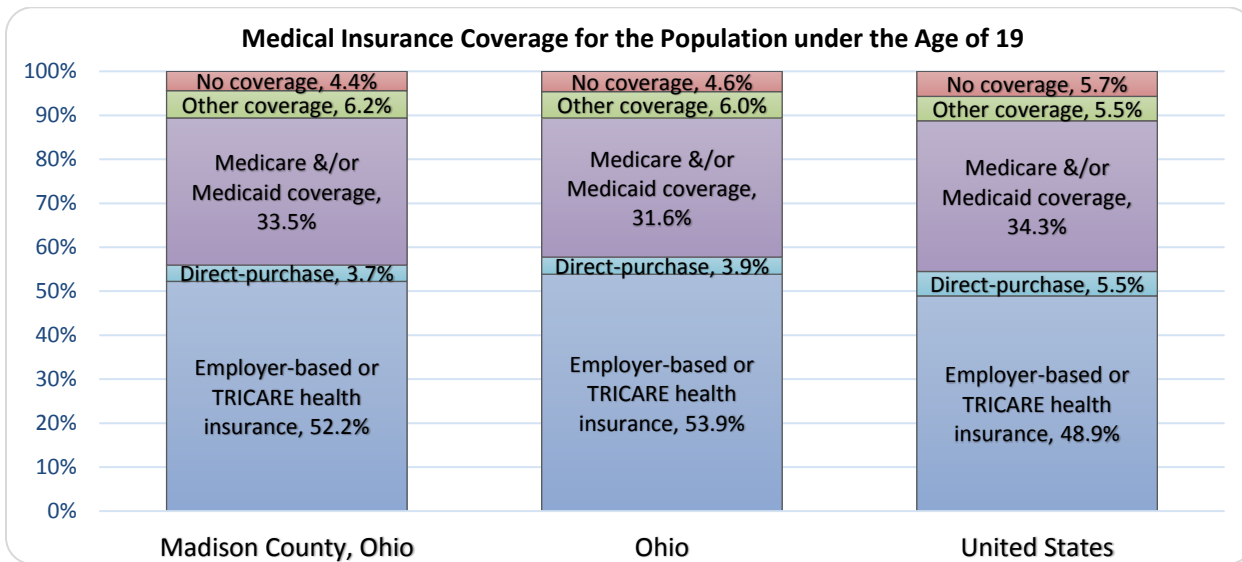
Source: American Community Survey, 2013-2017

Figure 47: Medical Insurance Coverage for the Population 19 Years of Age or Older

Medical Insurance Coverage for the Population 19 Years of Age or Older
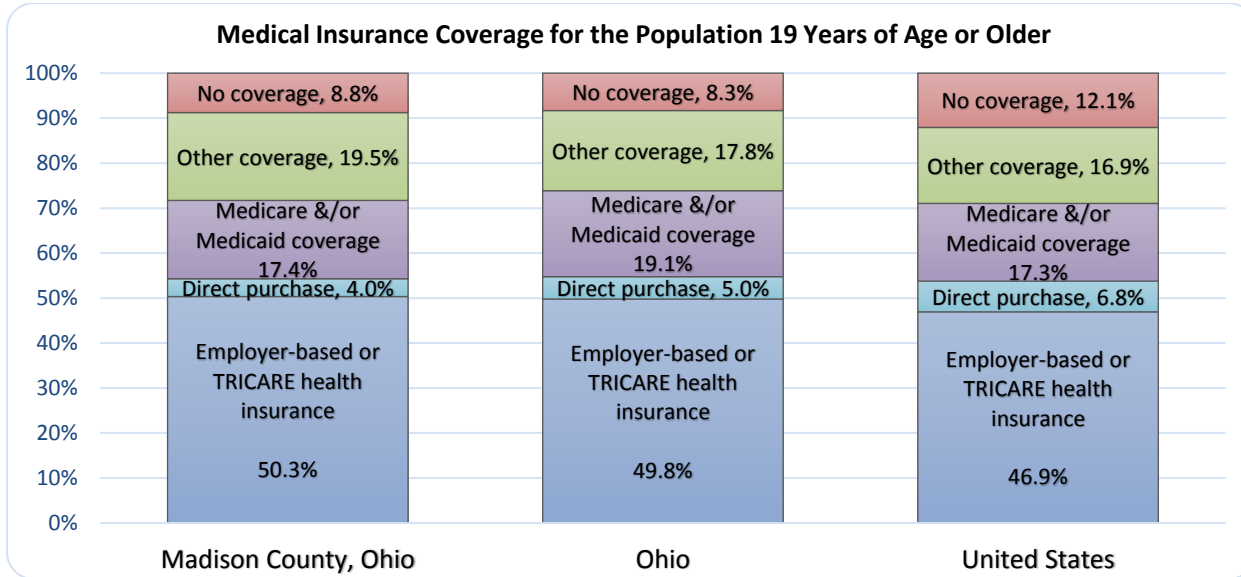
Source: American Community Survey, 2013-2017

Chapter 4: Population Health

Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. This section of the report will present health outcomes for groups of individuals in the County including the distribution within groups.

Behavioral Risk Factors

Examples of behavioral risk factors include tobacco use, alcohol consumption, obesity, physical inactivity, and unsafe sexual activity.

PUBLIC HEALTH IMPORTANCE: BEHAVIORAL RISK FACTORS INCLUDE ANY PARTICULAR BEHAVIOR OR BEHAVIOR PATTERN WHICH STRONGLY YET ADVERSELY AFFECTS HEALTH. IT INCREASES THE CHANCES OF DEVELOPING A DISEASE, DISABILITY, OR SYNDROME.

Centers for Disease Control and Prevention

Figure 48: Madison County Adult Behavioral Risk Factors, 2019

Adult Risk Factors, 2019

Risk Factor	Percent
Overweight or obese	71.4%
Drank in the past month	46.6%
< 7 hours of sleep	41.5%
Current cigarette smoker	20.7%
Binge drinking	14.5%
Current E-cigarette smoker	5.7%
Current tobacco chewer	5.2%
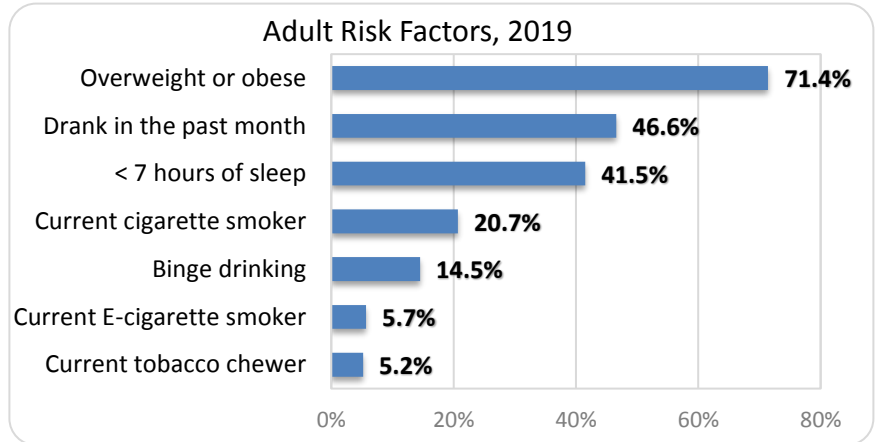
Source: 2019 County Community Health Assessment Survey

Figure 49: Madison County Youth Behavioral Risk Factors, 2019

Youth (Ages 12-17) Health and Well-being Related Behaviors, SY2018-2019

Behavior	Percent
< 8 hours of sleep on average school night	10.4%
Not physically active for a minimum 60 minutes/day on 5+ days of past 7	0.0%
Played video/comp games or used a comp. for other than school work 3+ hours/day on an avg. school day	0.0%
Overweight or Obese	0.0%
Watched 3 or more hours per day of TV on an average school day.	0.0%
Suffered a head injury while playing with a sports team in the last year	0.0%
< 60 minutes of physical activity in the past 7 days	0.0%

Data may not be generalizable to the entire county, region, or state, and are representative only of the students that participated.

Source: Ohio Department of Health, OHYES! Ohio Healthy Youth Environments Survey

Figure 50: Comparison of the Top 3 Adult Behavioral Risk Factors in Madison County to Ohio & US, 2019
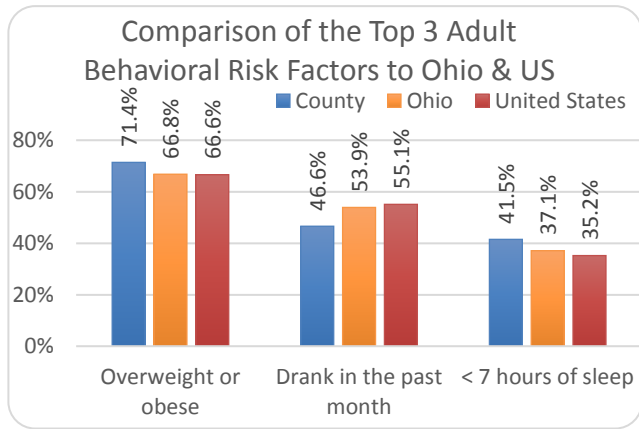
Source: 2019 County Community Health Assessment Survey

Figure 51: Comparison of the Top 3 Youth Behavioral Risk Factors in Madison County to Ohio, SY2018-19
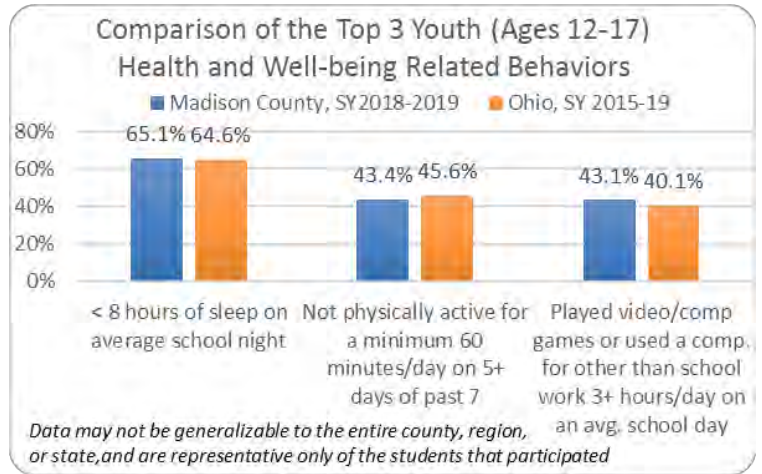
Source: Ohio Department of Health, OHYES! Ohio Healthy Youth Environments Survey

Key Finding: Figure 50 presents the top three adult behavior risk factors and indicates a higher rate of overweight or obese adults in Madison County versus that prevalence for Ohio or the U.S. Sleep deprivation is also more prevalent in the County than in Ohio and the U.S.

Figure 52: Madison County Adults - Adverse Childhood Experiences, 2019
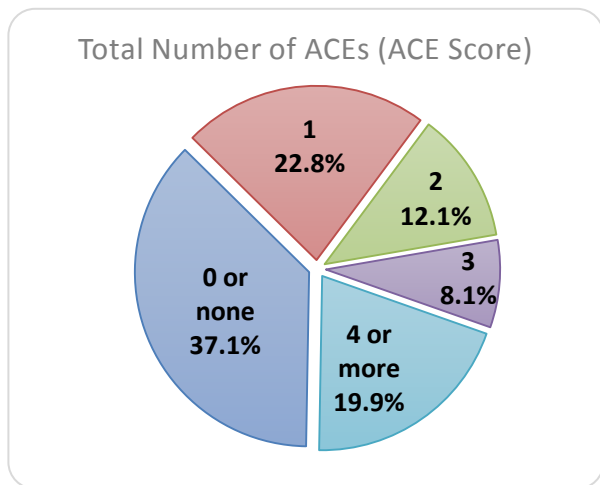
Source: 2019 County Community Health Assessment Survey

Figure 53: Madison County Youth - Adverse Childhood Experiences, 2019
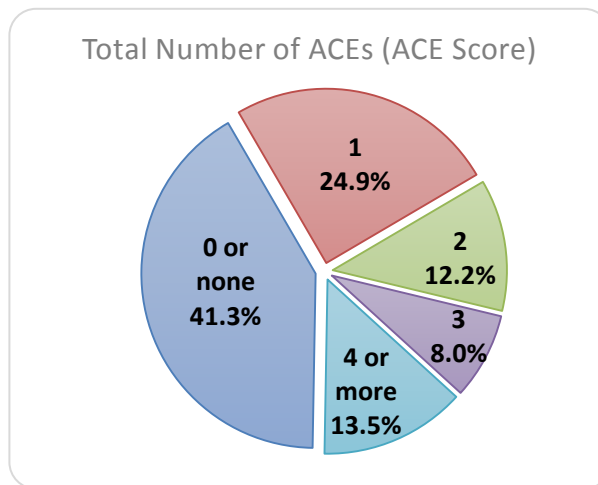
Source: Ohio Department of Health, OHYES! Ohio Healthy Youth Environments Survey

Key Finding: Figures 52 and 53 present results for Adverse Childhood Experiences (ACEs) for adults and youth. ACEs are potentially traumatic events that occur in childhood such as experiencing violence, abuse, or neglect; or witnessing violence in the home. The higher your ACE score, the higher your risk of health and social problems. As your ACE score increases, so does the risk of disease, and social and emotional problems. Research shows that an ACE score of four or more ACEs is a threshold above which there is a particularly higher risk of negative physical and mental health outcomes. Data in figure 53 may not be generalizable to the entire county, region, or state, and are representative only of the students that participated in the survey.

Figure 54: Adults – Adverse Childhood Experiences, 2019

Madison County Adults Reporting Adverse Childhood Experiences

Category	Percentage
An adult* ever touch you sexually	11.0%
An adult* ever try to make you touch them sexually	8.7%
An adult* ever force you to have sex	5.1%
Parent/adult swore at you, insult you, or put you down	32.8%
Parents separated or divorced	28.0%
Lived with someone a problem drinker or alcoholic	26.1%
Lived with someone depressed, mentally ill, or suicidal	22.9%
Parents/adults hit, beat, or physically hurt each other	16.9%
Parent/adult hit, beat, or physically hurt respondent	16.6%
Lived with someone who used illegal street drugs	12.3%
Lived with someone who was incarcerated or served time	11.4%

An adult or someone at least 5 years older then the repsondent

Source: 2019 County Community Health Assessment Survey

Figure 55: Madison County Youth Reporting Adverse Childhood Experiences, SY 2018-2019

Madsion County Youth Reporting Adverse Childhood Experiences

Category	Percentage
Parent/adult swore at you, insult you, or put you down	24.9%
Lived with someone depressed, mentally ill, or suicidal	24.6%
Lived with someone who was a problem drinker, alcoholic, used illegal drugs/abused prescription meds	22.4%
Lived with someone who was incarcerated/served time	15.9%
Parent/adult hit, beat, or physically hurt respondent	6.6%
Parents/adults hit, beat, or physically hurt each other	6.1%
Ever experienced sexual abuse or coercion	5.5%

Source: Ohio Department of Health, OHYES! Ohio Healthy Youth Environments Survey

Maternal, Infant, and Child Health Issues

PUBLIC HEALTH IMPORTANCE:
MATERNAL AND INFANT HEALTH
INCLUDES INFANT AND MATERNAL
MORTALITY, BIRTH OUTCOMES AND
RELATED RISK FACTORS IMPACTING
PRECONCEPTION, PREGNANCY AND
INFANCY SUCH AS TEEN PREGNANCY.

Centers for Disease Control and

Figure 56: 5-year Infant Mortality Rate, 2014-2018
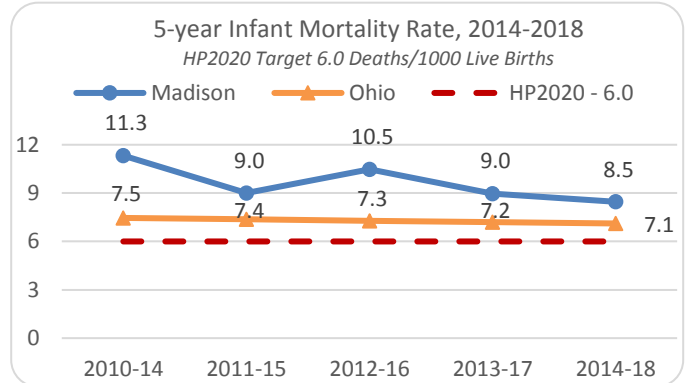
Source: Ohio Department of Health

Figure 57: Preterm Live Births, 2014-2018
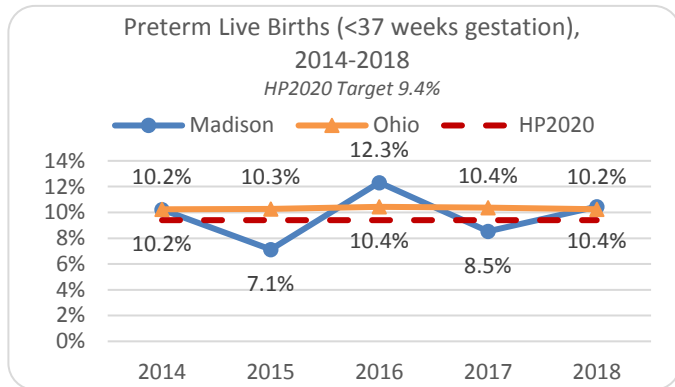
Source: Ohio Department of Health

Figure 58: Low Birth Weight, 2014-2018
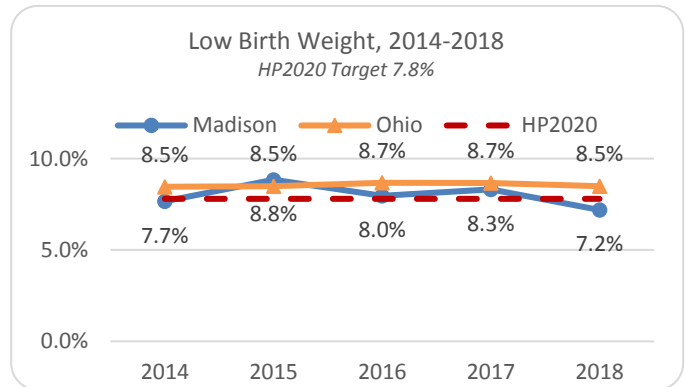
Source: Ohio Department of Health

Key Finding: While Madison County does not present relatively high percentages of preterm births or low birth weight births, the County does have an infant mortality rate that outpaces the rate for Ohio and is much higher than the Healthy People 2020 target. In Madison County and in Ohio, low birth weight is more common among births to Black/African American mothers and women age 40+. Breastfeeding and receiving prenatal care are protective factors for infant mortality.

Figure 59: Births to Teen Mothers, 2014-2018

Births Rates per 1,000 Teen Mothers
(Ages 15-19), 2014-2018

Madison ● Ohio ▲

40

30
        23.3
22.7   20.5   20.8
      25.1 25.3   18.9
20
              21.7   21.0
10   17.5

0
    2014   2015   2016   2017   2018
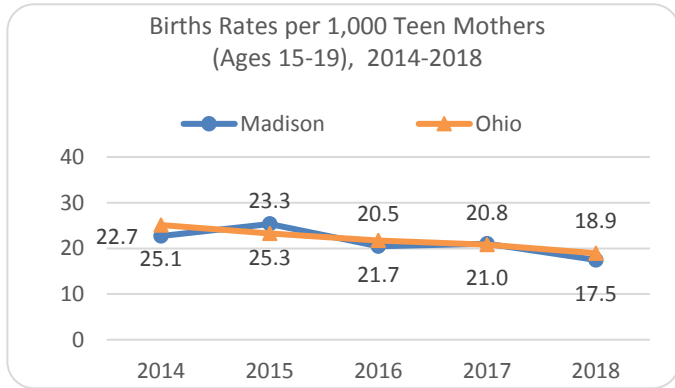
Source: Ohio Department of Health

Figure 60: 1ˢᵗ Trimester Care, 2014-2018

Births to Mothers Who Received First Trimester
Care, 2014-2018
HP2020 Target 77.9%

Madison ● Ohio ▲ HP2020 - 79.9% ▬

80.0% 63.0%   64.8%   68.1%   71.7%   72.2%

60.0%
              64.9%   66.1%   66.5%   67.9%
40.0% 60.2%

20.0%

0.0%
     2014   2015   2016   2017   2018
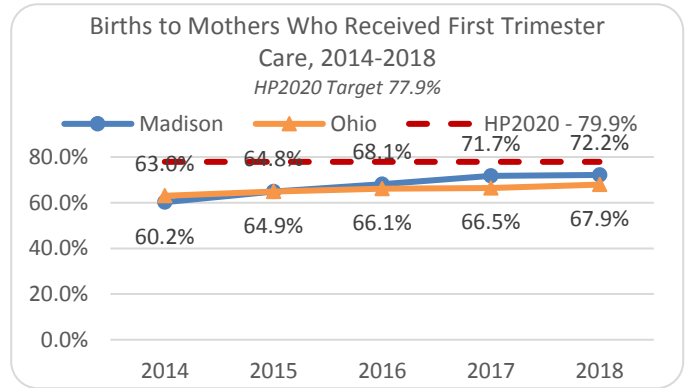
Source: Ohio Department of Health

Figure 61: Breast Feeding at Hospital Discharge, 2014-2018

Breastfeeding at Discharge, 2014-2018
HP2020 Target 81.9%

Madison ● Ohio ●

        71.1%   68.6%   74.4%   73.0%   74.2%
80.0%
60.0%   71.5%   72.8%   69.2%   73.5%
        62.8%
40.0%

20.0%

0.0%
     2014   2015   2016   2017   2018
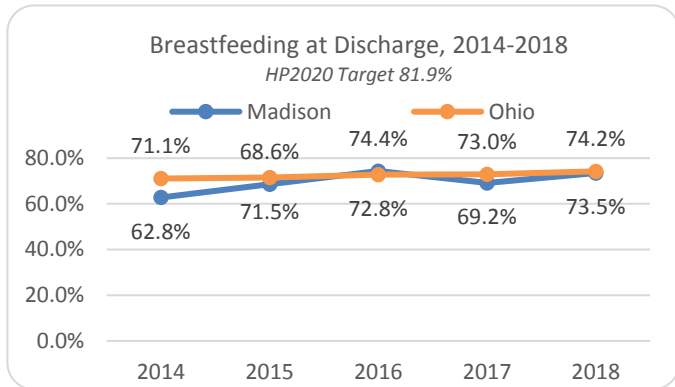
Source: Ohio Department of Health

Image by 5540867 from Pixabay

Childhood Immunizations

Figure 62: Pupils with Incomplete Immunizations and No Exemption on File, 2018

Pupils with Incomplete Immunizations &
No Exemption on File, 2018

Madison ■ Ohio ■

30.0%
                              20.0%
20.0%   13.8%   13.3%
      9.1% 8.0%   10.2%
10.0%

0.0%
    Kindergarten   7th Grade   12th Grade
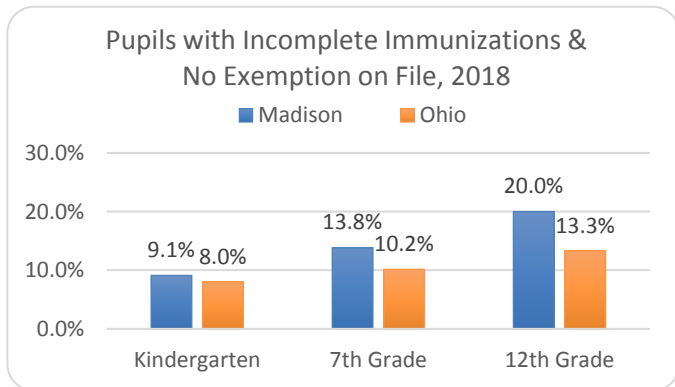
Source: Ohio Department of Health

PUBLIC HEALTH IMPORTANCE: ON-TIME VACCINATION THROUGHOUT CHILDHOOD IS ESSENTIAL BECAUSE IT HELPS PROVIDE IMMUNITY BEFORE CHILDREN ARE EXPOSED TO POTENTIALLY LIFE-THREATENING DISEASES.

Centers for Disease Control and Prevention

Infectious and Chronic Diseases

Infectious Diseases

Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as:

- Reproductive health problems
- Fetal and perinatal health problems
- Cancer
- Facilitation of the sexual transmission of HIV infection[2]

PUBLIC HEALTH IMPORTANCE: MANY STDS GO UNDETECTED AND UNTREATED, BUT STDS THAT DO NOT SHOW SYMPTOMS CAN STILL CAUSE HARM AND SPREAD TO OTHERS. UNTREATED STDS CAN LEAD TO INFERTILITY IN WOMEN; THEY CAN ALSO COMPLICATE PREGNANCY AND LEAD TO SERIOUS HEALTH CONSEQUENCES FOR A MOTHER AND HER BABY. HAVING AN STD ALSO INCREASES A PERSON'S RISK OF CONTRACTING HIV THROUGH SEXUAL CONTACT.

Source: HP2020

Figure 63: Sexually Transmitted Disease (rate per 100,000), 2014-2018

Sexually Transmitted Infections, 2014-2018
Rates are shown per 100,000 persons

	2014	2015	2016	2017	2018
MADISON Chlamydia	239.0	222.3	315.5	288.4	213.5
MADISON Gonorrhea	34.1	47.6	66.8	97.6	88.6
MADISON Syphilis	2.3	4.5	9.2	6.8	9.1
OHIO Chlamydia	468.4	489.9	521.8	526.8	543.4
OHIO Gonorrhea	138.3	143.1	176.8	205.8	216.3
OHIO Syphilis	10.5	11.7	13.9	16.4	16.4
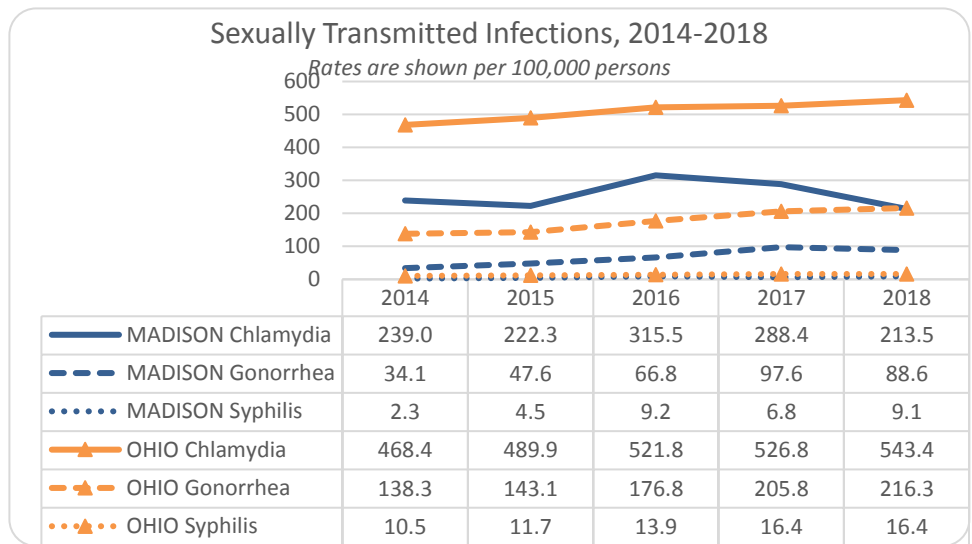
Source: Ohio Department of Health

---

[2] St. Louis ME, Wasserheit JN, Gayle HD, editors. Janus considers the HIV pandemic: Harnessing recent advances to enhance AIDS prevention. Am J Public Health. 1997;87:10-12. Pulled from HP2020. https://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases

Chronic Diseases

Chronic disease includes heart disease, stroke, diabetes, cancer, chronic obstructive pulmonary disease/chronic lower respiratory disease, asthma, and arthritis. It also includes related clinical risk factors (obesity, hypertension and high cholesterol), as well as behaviors closely associated with these conditions and risk factors (nutrition, physical activity and tobacco use). Refer to the Behavioral Risk Factors section earlier in the chapter for more information.

Figure 64: Chronic Disease, 2019

Chronic Disease, 2019

Condition	Percent
High blood pressure	39.5%
Arthritis	30.6%
High cholesterol	29.1%
A depressive disorder	23.8%
Diabetes	16.1%
Pre-diabetes	13.9%
Asthma	10.9%
COPD, emphysema, chronic bronchitis	8.7%
Heart disease	6.1%
Heart attack	5.5%
Kidney disease	4.3%
Stroke	4.2%
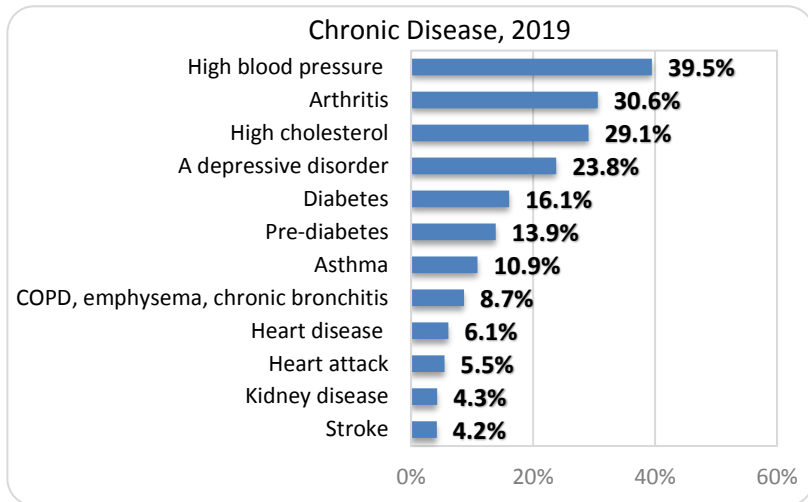
Source: 2019 County Community Health Assessment Survey

PUBLIC HEALTH IMPORTANCE: ABOUT HALF OF ALL ADULTS IN THE U.S. HAVE ONE OR MORE CHRONIC HEALTH CONDITIONS AND ONE OF FOUR ADULTS HAVE TWO OR MORE CHRONIC HEALTH CONDITIONS. TWO OF THE TOP TEN CAUSES OF DEATH ACCOUNT FOR ALMOST HALF (48 PERCENT) OF THE DEATHS IN THE UNITED STATES – HEART DISEASE AND CANCER.

Centers for Disease Control and Prevention

Figure 65: Comparison of the Top Five Chronic Conditions in the County to Ohio and the US, 2019

Comparison of the Top 5 Chronic Conditions to Ohio & US

Condition	County	Ohio	United States
High blood pressure	39.5%	34.7%	32.3%
Arthritis	30.6%	30.8%	24.9%
High cholesterol	29.1%	29.1%	33.0%
A depressive disorder	23.8%	22.6%	20.5%
Diabetes	16.1%	11.3%	10.5%
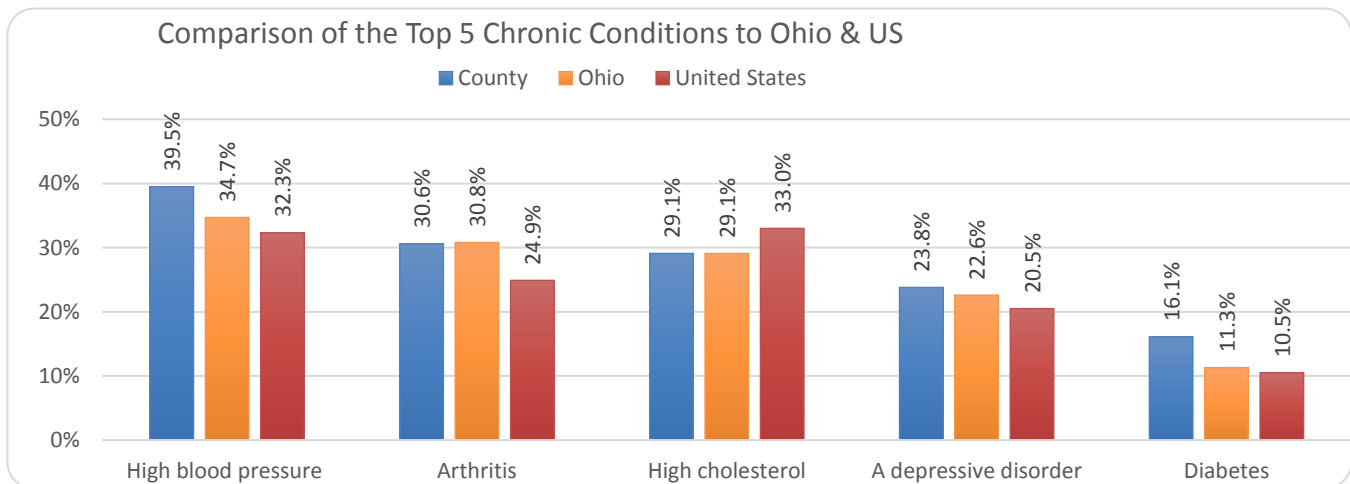
Source: 2019 Madison County Community Health Assessment Survey & CDC BRFSS Prevalence and Trends

Key Finding: Madison County has comparatively higher rates of high blood pressure, depressive disorders, and diabetes than the rates for Ohio and the U.S.

Figure 66: High Blood Pressure, Identifying Health Disparities, 2019

High blood pressure

- Male: 42.5%
- Female: 35.8%
- White, Non-Hisp: 38.7%
- Minority*: 48.7%
- <55: 30.8%
- 55+: 56.1%
- <HS*: 42.1%
- HS+: 37.4%
- <$15k*: 36.9%
- $15k+: 41.4%
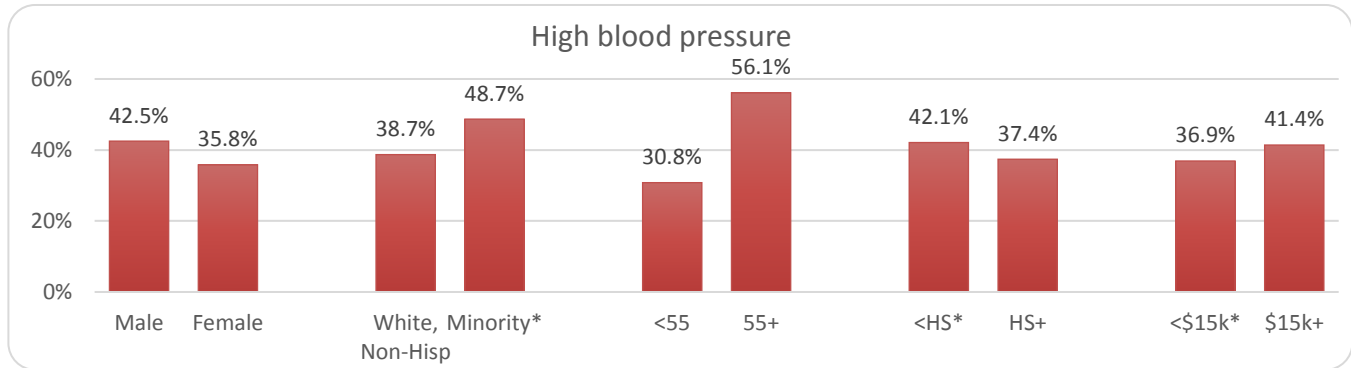
Source: 2019 County Community Health Assessment Survey

Image by Steve Buissinne from Pixabay

Figure 67: High Blood Cholesterol, Identifying Health Disparities, 2019

High blood cholesterol

- Male: 30.7%
- Female: 27.2%
- White, Non-Hisp: 29.3%
- Minority*: 24.0%
- <55: 17.7%
- 55+: 49.5%
- <HS*: 33.7%
- HS+: 25.8%
- <$15k*: 34.6%
- $15k+: 31.9%
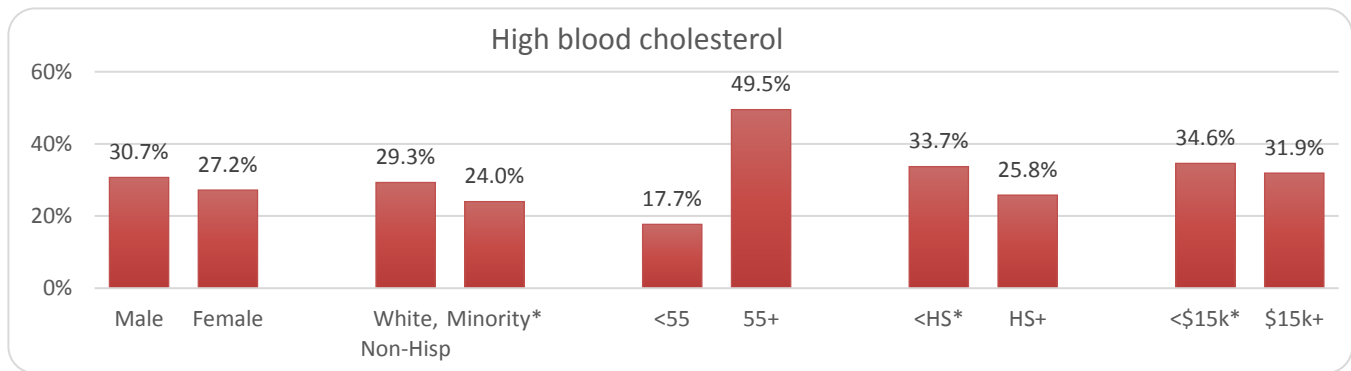
Source: 2019 County Community Health Assessment Survey

Figure 68: Arthritis, Identifying Health Disparities, 2019

Arthritis

- Male: 28.9%
- Female: 32.9%
- White, Non-Hisp: 31.4%
- Minority*: 21.6%
- <55: 21.3%
- 55+: 47.6%
- <HS*: 33.9%
- HS+: 28.4%
- <$15k*: 53.2%
- $15k+: 24.8%
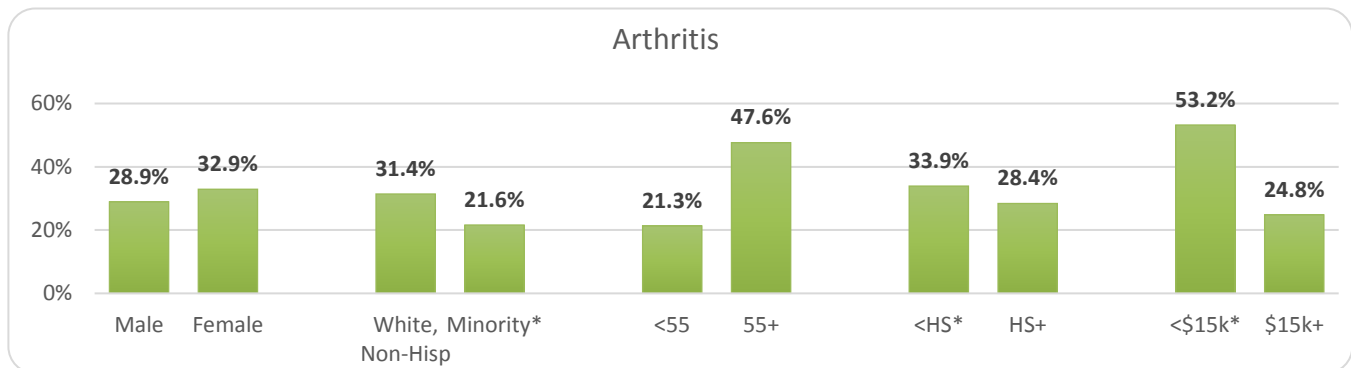
Source: 2019 County Community Health Assessment Survey

Figure 69: Top Outpatient Dept Primary Discharge Diagnoses for the Adult Population, 2014-2018

Top 5 Outpatient Dept Primary Discharge Diagnoses for the Adult Population, 2014-2018

	2014	2015	2016	2017	2018
- - - Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	4,906.7	6,449.3	10,268.5	9,960.9	7,763.7
- - Metabolic disorders	1,925.8	2,283.2	3,083.2	5,909.5	6,785.6
- - Hypertensive diseases	1,382.0	1,468.2	1,845.7	4,033.8	4,940.0
—— Diabetes mellitus	1,590.0	1,835.9	2,657.8	4,848.1	4,436.4
••••• Osteoarthritis	74.3	153.0	476.4	1,866.9	3,347.7
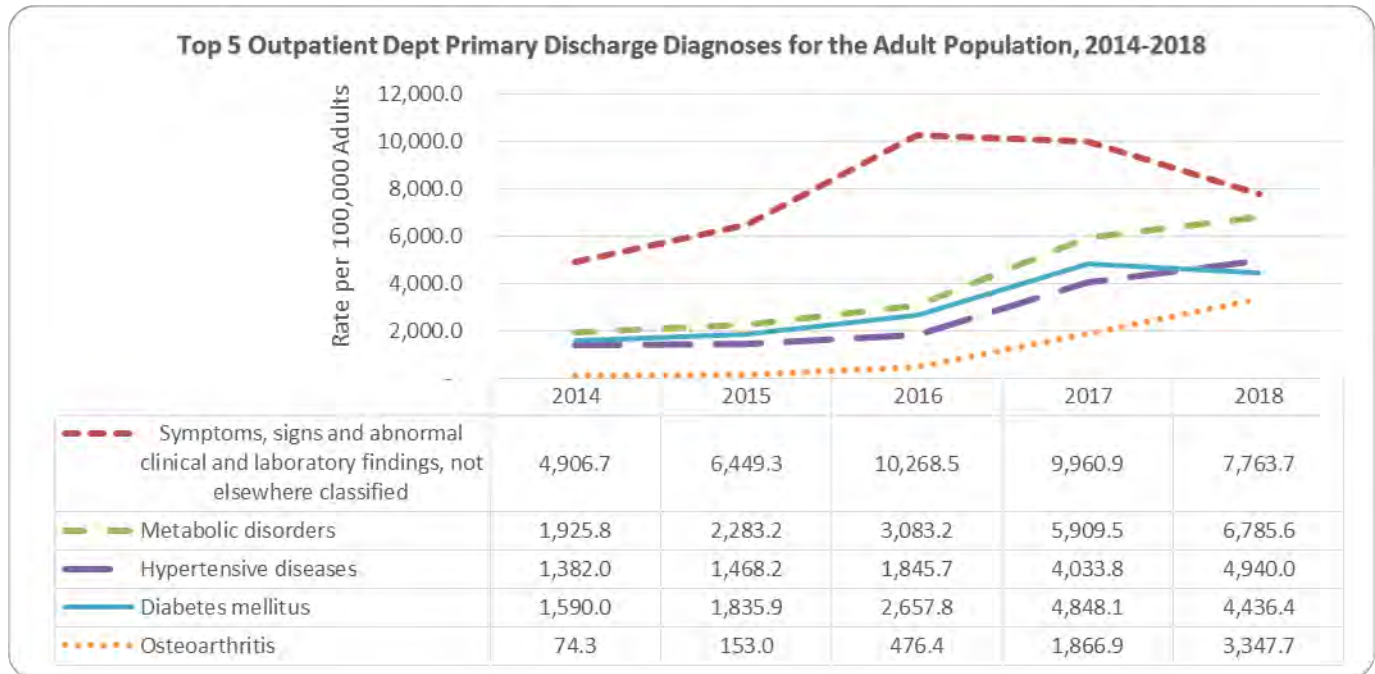
Source: Madison Health

Figure 70: Top 5 Inpatient Dept Primary Discharge Diagnoses for the Adult Population, 2014-2018

Top 5 Inpatient Primary Discharge Diagnoses for the Adult Population, 2014-2018

	2014	2015	2016	2017	2018
•••• Mental and behavioral disorders due to psychoactive substance use	17.8	2.9	0.0	108.8	771.4
- - - Influenza and pneumonia	267.5	191.2	218.7	314.6	198.0
- - Maternal care related to the fetus and amniotic cavity and possible delivery problems	187.2	208.9	221.7	208.7	198.0
—— Complications of labor and delivery	110.0	155.9	143.8	220.5	192.1
—— Other bacterial diseases	118.9	208.9	107.9	67.6	186.3

Source: Madison Health

Figure 71: Top 5 Emergency Dept Primary Discharge Diagnoses for the Adult Population, 2014-2018

Top 5 Emergency Dept Primary Discharge Diagnoses for the Adult Population, 2014-2018

	2014	2015	2016	2017	2018
Injuries to the wrist, hand and fingers	644.9	923.9	1675.0	1649.4	1452.6
Acute upper respiratory infections	1221.5	1326.9	1207.5	1420.0	1228.5
Injuries to the head	689.5	915.0	1216.5	1299.5	1208.1
Infections of the skin and subcutaneous tissue	852.9	838.5	1150.6	979.0	1117.8
Injuries to the ankle and foot	564.7	770.9	1123.6	1037.8	949.0
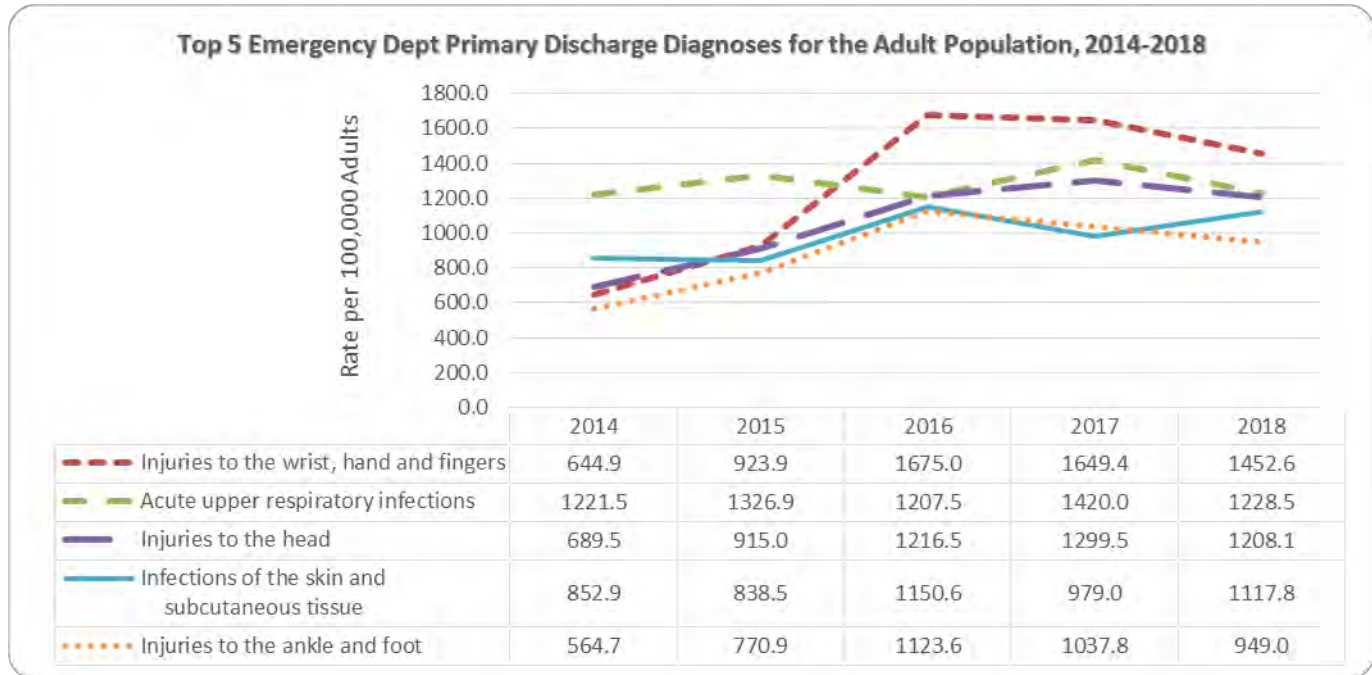
Source: Madison Health

Injury and Injury Prevention

PUBLIC HEALTH IMPORTANCE: INJURIES RESULT IN MORE DEATHS THAN ALL OTHER CAUSES FOR PEOPLE AGED 1 TO 44 YEARS. INJURIES ARE AN ENORMOUS THREAT TO OUR COMMUNITIES, A THREAT FOR WHICH WE HAVE AN ARRAY OF EFFECTIVE PREVENTION STRATEGIES.

Centers for Disease Control and Prevention

Figure 72: Accidents and Accidental Drug Overdose, Adults 20 Years of Age or Older, 2014-2018

Accidental Deaths, Adults 20 Years of Age or Older, 2014-2018

	2014	2015	2016	2017	2018
Accidents (Age-Adj)	52.9	40.8	73.1	84.4	28.2
Accidents (Death Rate)	65.4	47.1	92.9	105.8	43.7
Accid Drug Overdose (Death Rate)	20.8	20.6	44.9	58.8	17.5
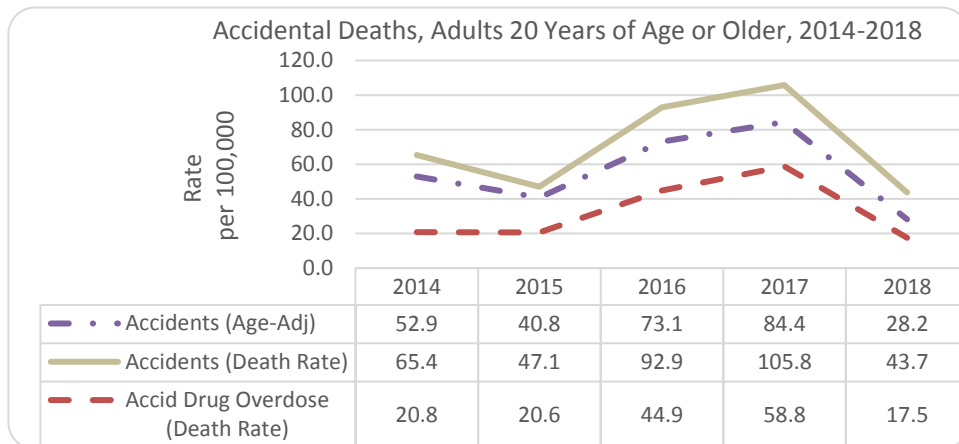
Source: Ohio Department of Health

Key Research Findings
The accidental drug overdose rate in Madison County fell to 17.5 per 100,000 in 2018 (with the state rate falling to 34.1). A substantial decline in the rate was seen in many locations across Ohio.

Mental Health and Substance Use Disorders

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

PUBLIC HEALTH IMPORTANCE: LINKED TO PHYSICAL HEALTH, MENTAL HEALTH CAN AFFECT WORK PRODUCTIVITY, QUALITY OF LIFE, SOCIAL INTERACTION, DISEASES, TREATMENTS, AND OUTCOMES. PEOPLE WHO MAINTAIN POSITIVE MENTAL HEALTH ARE MORE LIKELY TO SUCCEED IN LIFE, AND MORE LIKELY TO INCREASE THEIR CHANCES OF LIVING LONGER, HEALTHIER LIVES.

U.S. Department of Health & Human Services

Figure 73: Madison County Mental Health Unduplicated Client Count, FY2017

Mental Health Unduplicated Client Count, FY2017

- Mental Health: 1,011
- Alcohol & Other Drug: 197
- Dual Diagnosis: 228
- No Assessment: 17
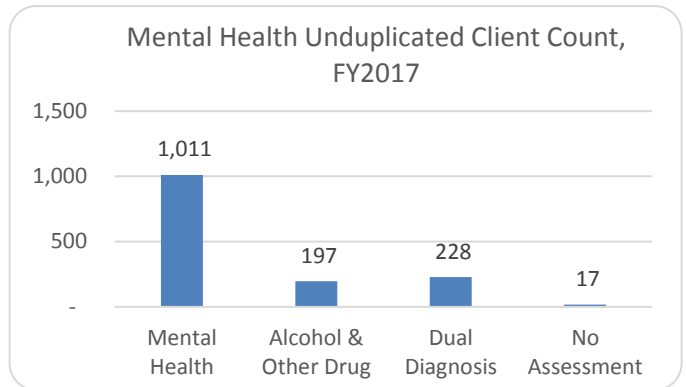
Source: Ohio Department of Mental Health and Addiction Services

Figure 74: Mental Health Madison County Adult Survey Results, 2019

Mental Health Survey Results

- Bothered by feeling nervous, anxious or on edge: 39.1%
- Bothered by not being able to stop or control worrying: 36.7%
- Bothered by feeling down, depressed or hopeless: 29.2%
- Had little interest or pleasure in doing things: 28.7%
- Don't usually get the social and emotional support needed: 22.0%
- Not satisfied with their life: 6.6%
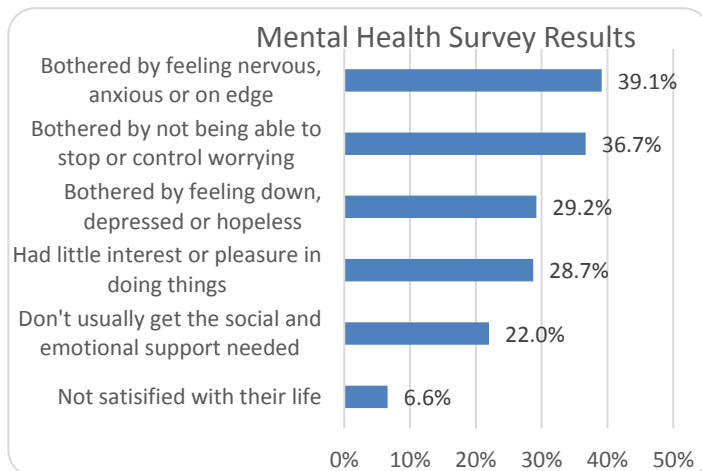
Source: 2019 County Community Health Assessment Survey

Figure 75: Madison County Adult Survey Results – Drug Use, 2019

Drug Use Survey Results

- Adults/families affected by street drug use: 22.0%
- Took prescription pain med without a Dr's prescription or differently than prescribed: 8.6%
- Used marijuana 3 or more days in the past month: 8.6%
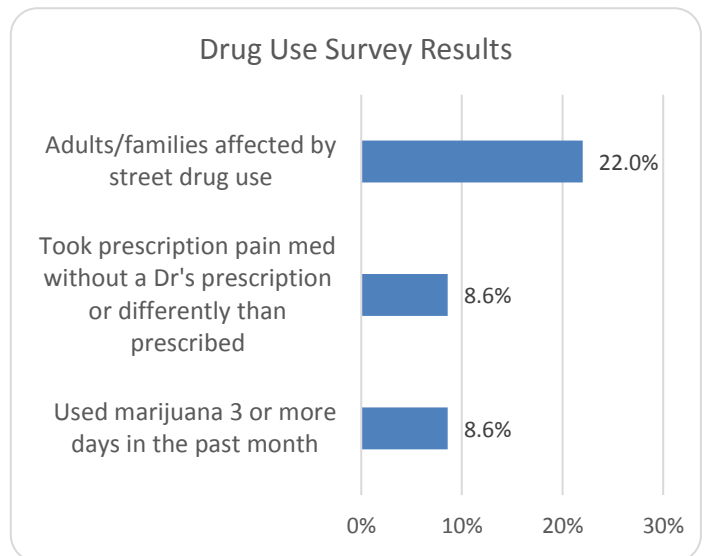
Source: 2019 County Community Health Assessment Survey

Figure 76: Madison County Mental Health Youth Survey Results, SY2018-2019
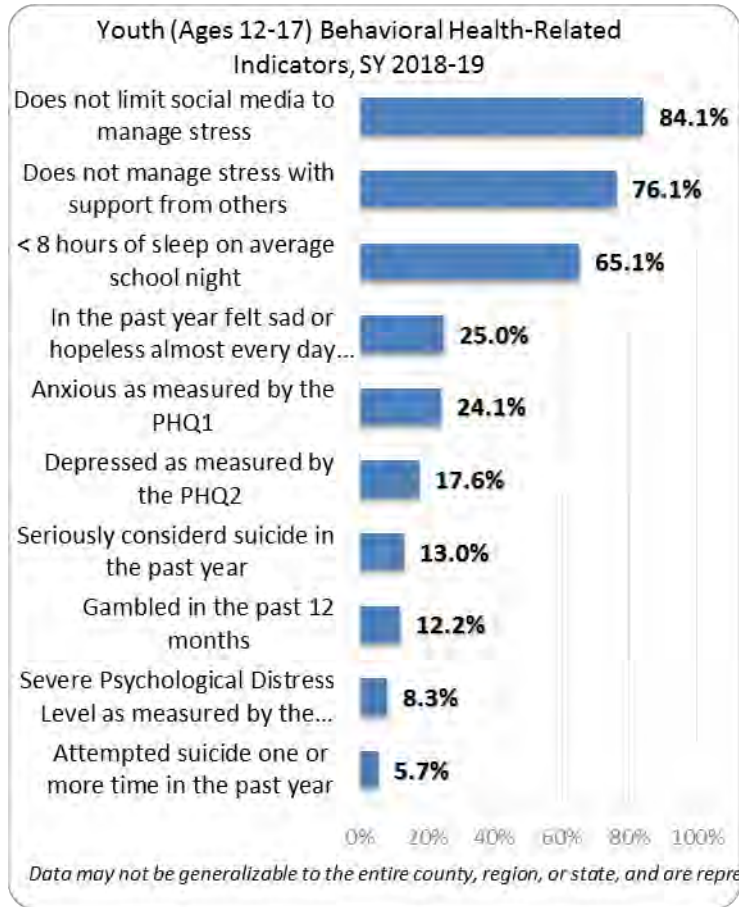
Source: Ohio Department of Health, OHYES! Ohio Healthy Youth Environments Survey

Figure 77: Madison County Mental Health Youth Survey Results, SY2018-2019
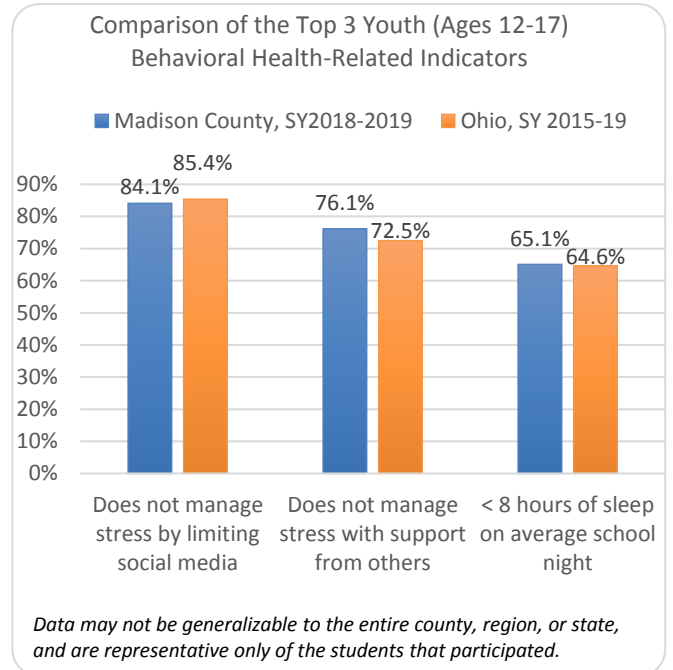
Data may not be generalizable to the entire county, region, or state, and are representative only of the students that participated.

Source: Ohio Department of Health, OHYES! Ohio Healthy Youth Environments Survey

Key Research Findings

Wright State University conducted a survey of adults in 400 households in Madison County. Data show wide prevalence of anxiety and depression characteristics among adults, while about 1 in 5 to 1 in 4 youth surveyed in the OHYES survey appear to struggle with anxiety and depression.

Figure 78: Top 3 Emergency Dept Primary Mental Health Discharge Diagnoses for the Adult Population, 2014-2018

Top 3 Emergency Dept Primary Mental Health Discharge Diagnoses for the Adult Population, 2014-2018

	2014	2015	2016	2017	2018
Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	288.3	264.8	299.6	382.2	381.3
Mental and behavioral disorders due to psychoactive substance use	199.1	244.2	224.7	185.2	256.2
Mood [affective] disorders	71.3	117.7	191.8	214.6	189.2
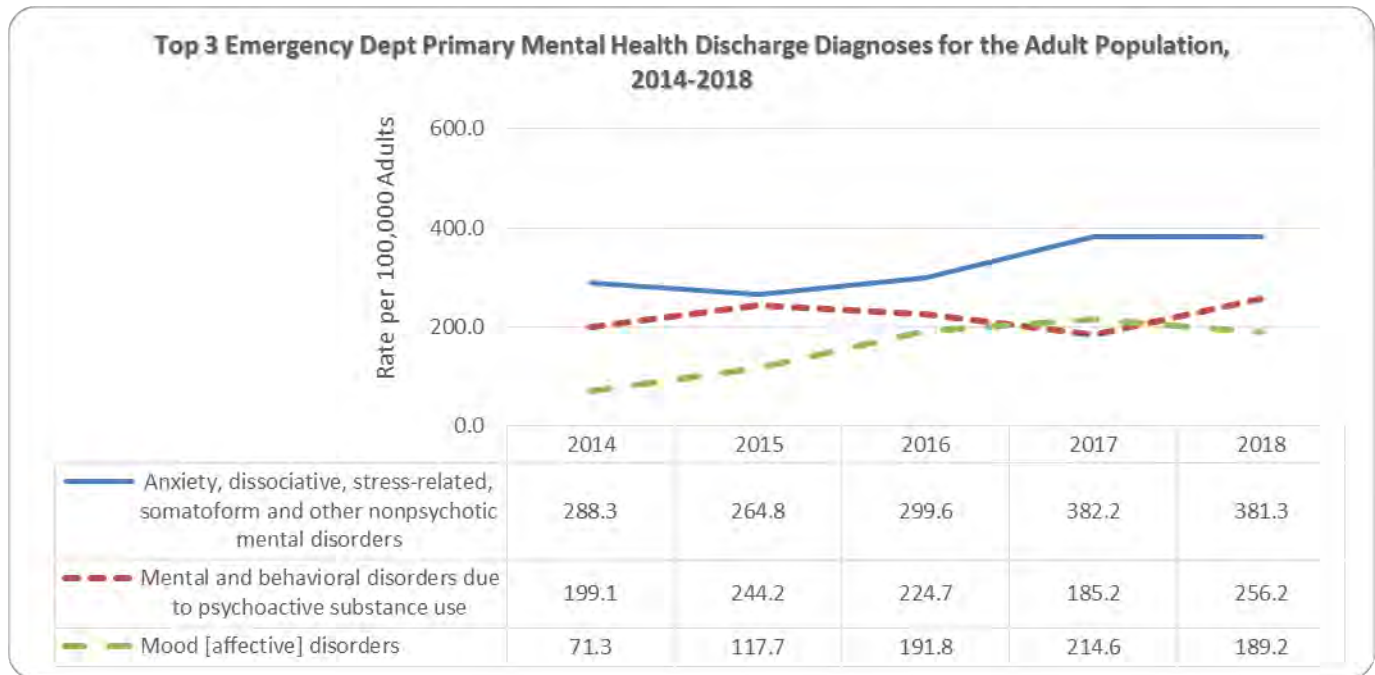
Source: Madison Health

Figure 79: Top 3 Outpatient Dept Primary Mental Health Discharge Diagnoses for the Adult Population, 2014-2018

Top 3 Outpatient Dept Primary Mental Health Discharge Diagnoses for the Adult Population, 2014-2018

	2014	2015	2016	2017	2018
Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	47.6	88.3	209.7	367.5	340.6
Mood [affective] disorders	118.9	170.6	206.7	279.3	215.4
Mental and behavioral disorders due to psychoactive substance use	77.3	129.5	158.8	197.0	139.7
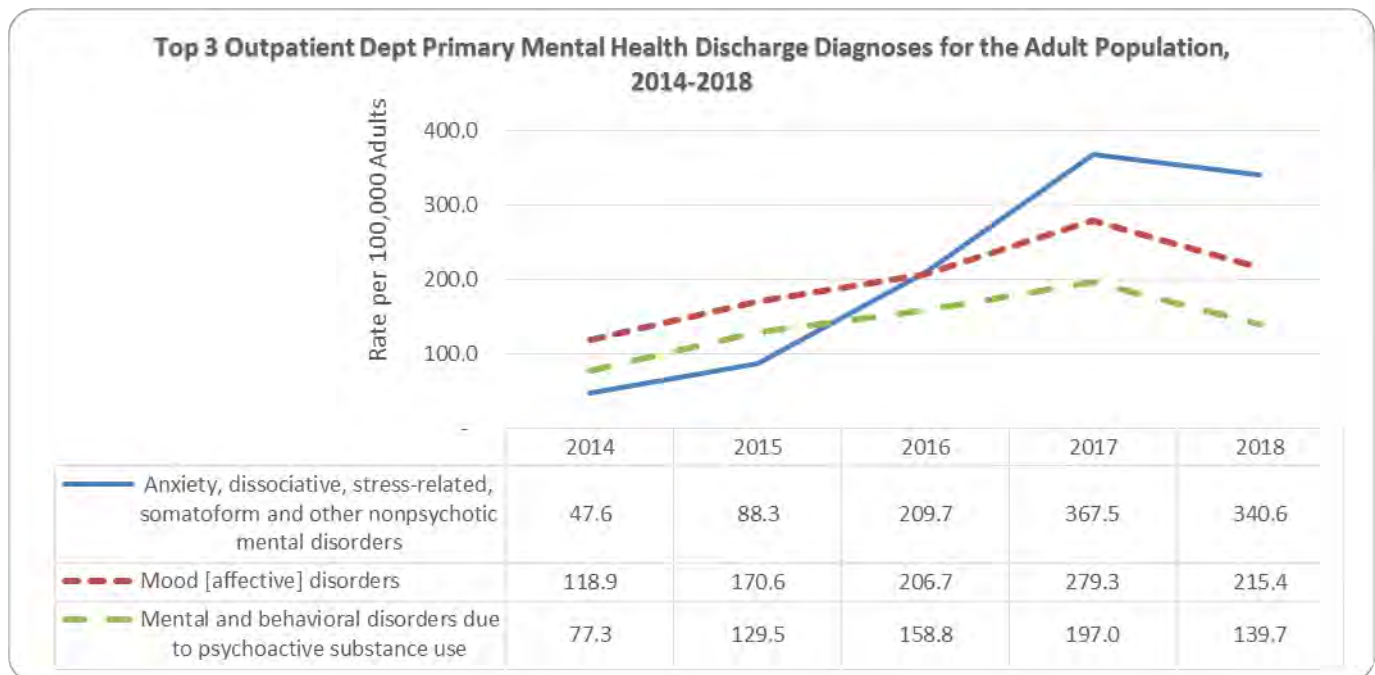
Source: Madison Health

Figure 80: Accidental Drug Overdose, Selected Substances, Madison County Adults 20 Years of Age or Older, 2014-2018

Accidental Deaths, Adults 20 Years of Age or Older, 2014-2018

	2014	2015	2016	2017	2018
— • Accid Drug Overdose	20.8	20.6	44.9	58.8	17.5
•••• Opiates (all)	17.8	20.6	36.0	44.1	14.6
—— Heroin	11.9	11.8	9.0	8.8	0.0
— • Fentanyl	0.0	2.9	21.0	32.3	5.8
- - - Cocaine	5.9	5.9	12.0	17.6	5.8
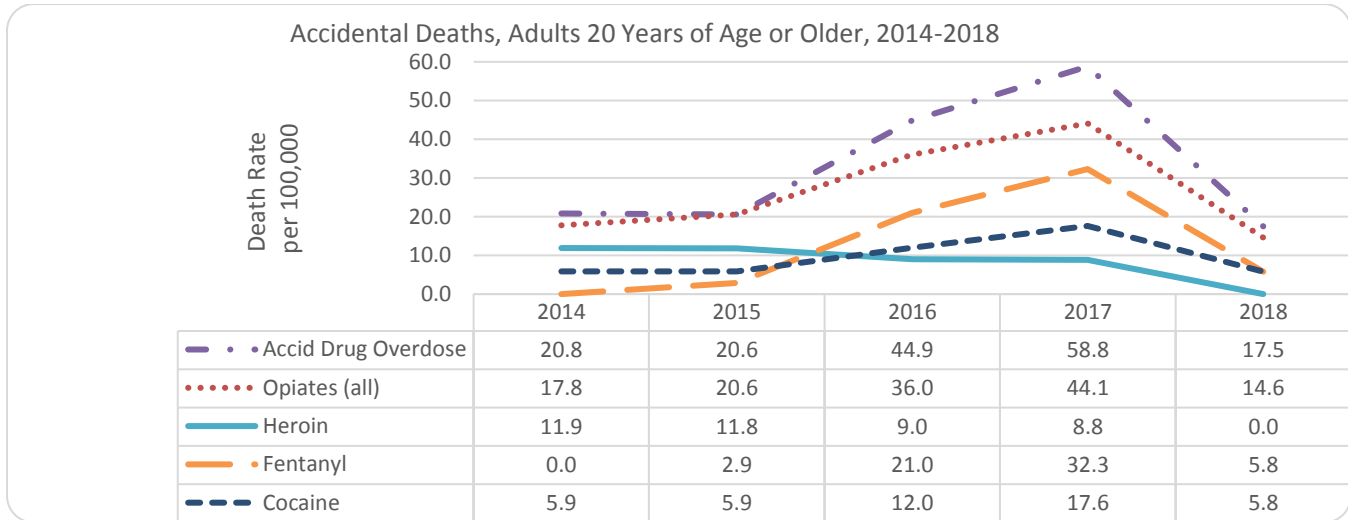
Source: Ohio Department of Health

Key Research Findings

Mental Health: Linked to physical health, mental health can affect work productivity, quality of life, social interaction, diseases, treatments, and outcomes. People who maintain positive mental health are more likely to succeed in life, and more likely to increase their chances of living longer, healthier lives.

Alcohol Use: Excessive alcohol consumption is associated with numerous health problems. Unintentional injuries, such as motor vehicle crashes, falls, burns, and drowning are often tied to alcohol use. Intentional injuries associated with alcohol use include firearm injuries, sexual assaults, and domestic violence. Long-term health risks include liver disease, depression, anxiety, high blood pressure, stroke, heart attack, cancer, and uncontrollable diabetes. Pregnant women who drink risk having a child born with fetal alcohol spectrum disorders.

Tobacco use: Smoking is linked to almost half a million deaths each year in the U.S. Smoking can cause cancer almost anywhere in the body, and increases the risk of developing heart disease and stroke. Women who smoke while pregnant are at an increased risk for having a preterm baby, stillbirth, and infant death.

Addiction: Drug use and misuse continue to create public health challenges in the United States, leading to overdose deaths, HIV and hepatitis C infections, and other chronic health conditions (APHA Policy Statement).

Chapter 5: Description of Health Disparities and High-Risk Populations

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.[3] Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.

Maternal and Infant Health Disparities

Premature Birth

FACTORS THAT CONTRIBUTE TO POORER HEALTH OUTCOMES: BABIES BORN PREMATURELY CAN SUFFER FROM MANY LIFELONG MEDICAL CONDITIONS THAT AFFECT THEIR HEART, LUNGS, INTESTINES, KIDNEYS, AND EYES. AS THESE BABIES MATURE, DEVELOPMENTAL DELAYS AND LEARNING DISABILITIES OFTEN APPEAR.

March of Dimes

Figure 81: 1st Trimester Prenatal Care, Identifying Disparities in Madison County, 5-year Average (2014-2018)
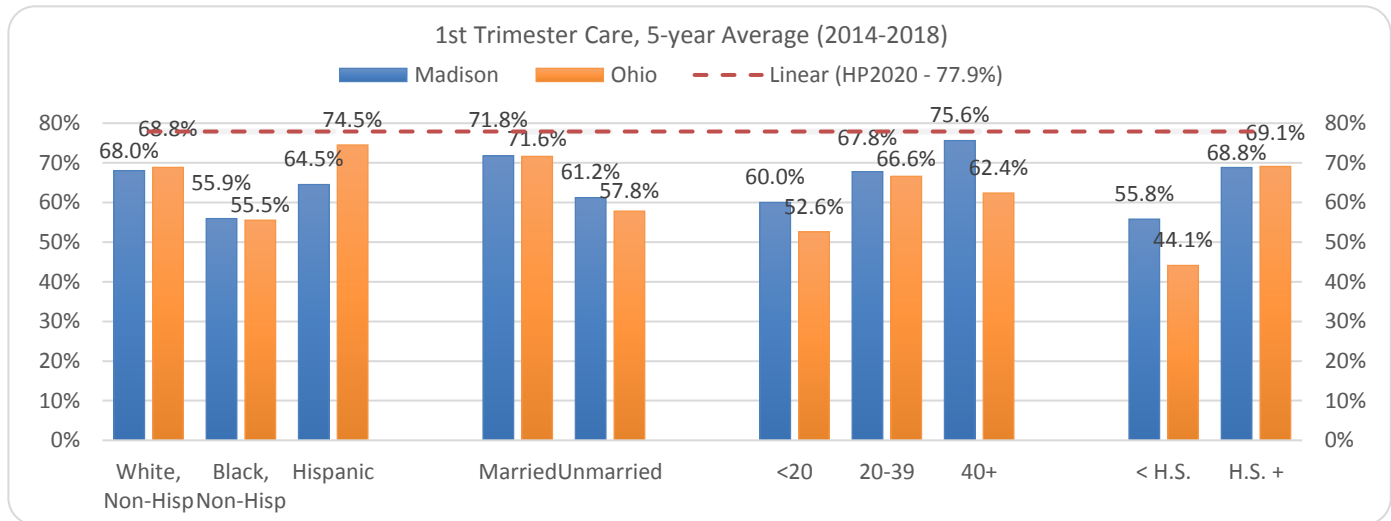
Source: Ohio Department of Health

Key Research Findings

Studying health disparities for maternal and infant health reveals trends of wider prevalence of preterm birth and low birth weight for African Americans and for mothers over the age of 40. Breastfeeding and first trimester care are less common for African Americans, unmarried mothers, and younger mothers.

Figure 82: Preterm Live Births (<37 weeks gestation), Identifying Health Disparities in Madison County, 5-year Average (2014-2018)
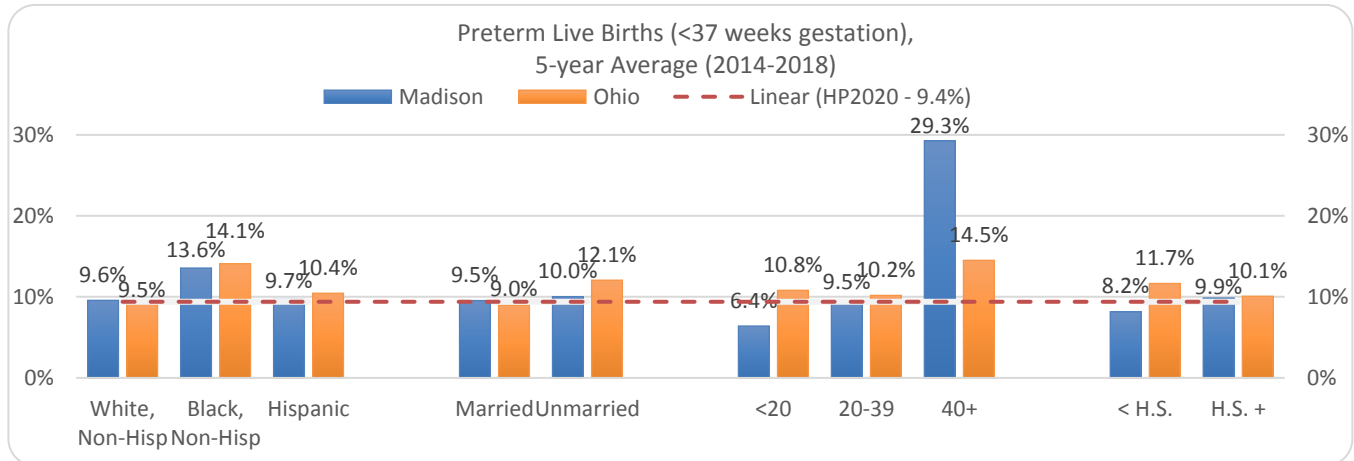
Source: Ohio Department of Health

Figure 83: Low Birth Weight Births, Identifying Health Disparities in Madison County, 5-year Average (2014-2018)
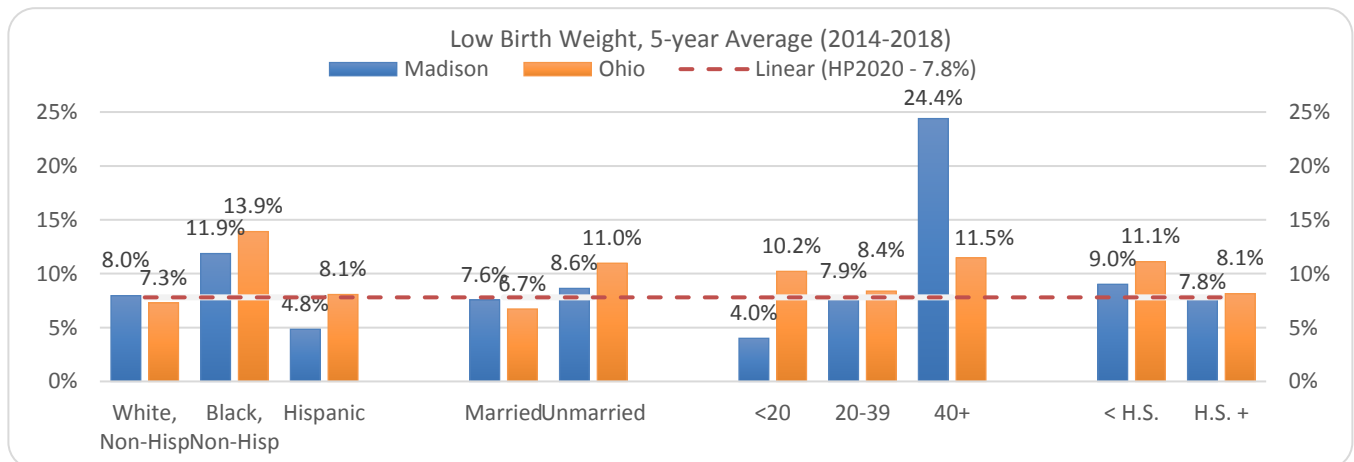
Source: Ohio Department of Health

Figure 84: Births to Teen Mothers, Identifying Disparities in Madison County, 5-year Average (2014-2018)

Births Rates per 1,000 Teen Mothers (Ages 15-19), 5-year Average (2014-2018)
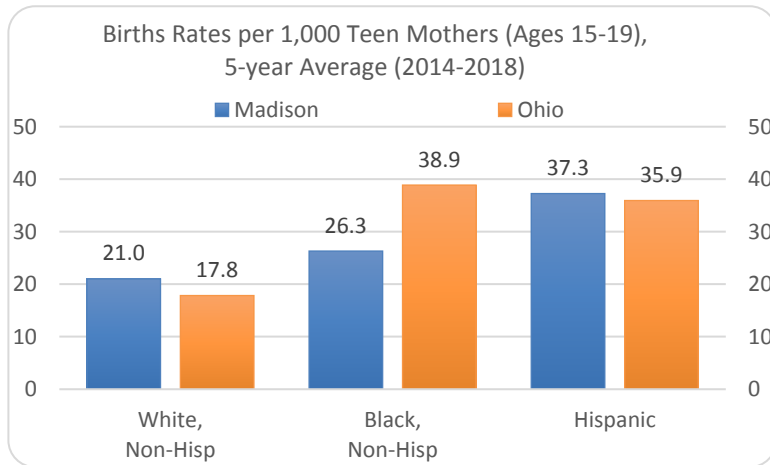
Source: Ohio Department of Health

Figure 85: Mothers Breastfeeding at Hospital Discharge, Identifying Disparities in Madison County, 5-year Average (2014-2018)

Breastfeeding at Discharge, 5-year Average (2014-2018)
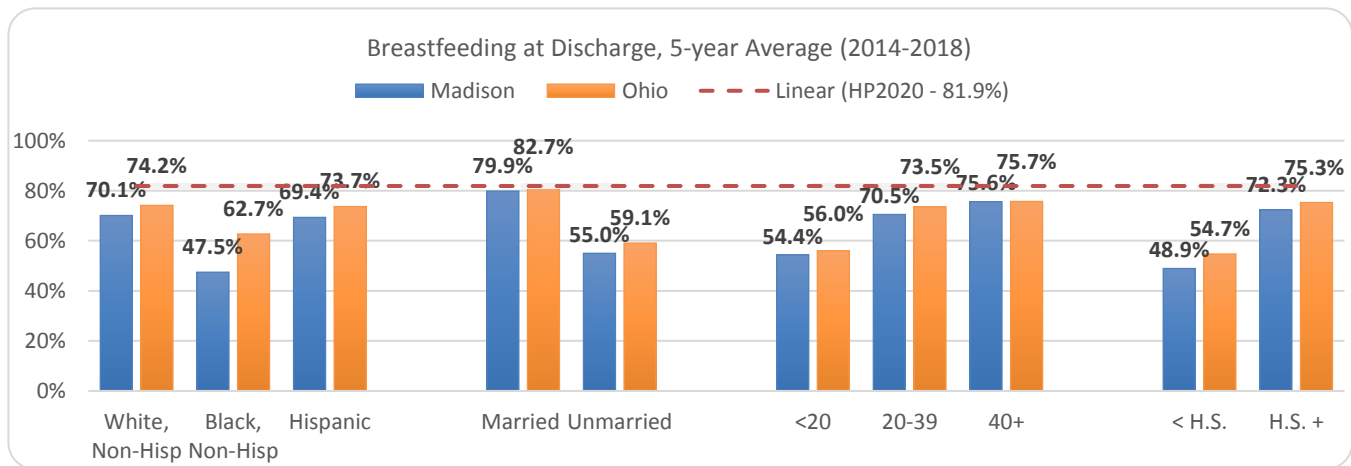
Source: Ohio Department of Health

Infectious and Chronic Disease Health Disparities
Infectious Diseases

PUBLIC HEALTH IMPORTANCE: THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ESTIMATES THAT THERE ARE APPROXIMATELY 20 MILLION NEW STD INFECTIONS EACH YEAR—ALMOST HALF OF THEM AMONG YOUNG PEOPLE AGES 15 TO 24. BECAUSE MANY CASES OF STDS GO UNDIAGNOSED—AND SOME COMMON VIRAL INFECTIONS, SUCH AS HUMAN PAPILLOMAVIRUS (HPV) AND GENITAL HERPES, ARE NOT REPORTED TO CDC AT ALL—THE REPORTED CASES OF CHLAMYDIA, GONORRHEA, AND SYPHILIS REPRESENT ONLY A FRACTION OF THE TRUE BURDEN OF STDS IN THE UNITED STATES.

Source: HP2020

Figure 86: New Chlamydia Cases in Ohio by Sex (rate per 100,000), 2014-2018

New Chlamydia Cases in Ohio by Sex (rate per 100,000), 2014-2018

— Male — — Female

	2014	2015	2016	2017	2018
Female	681.4	702.3	706.6	708.9	719.2
Male	264.2	286.2	329.5	337.3	360.4
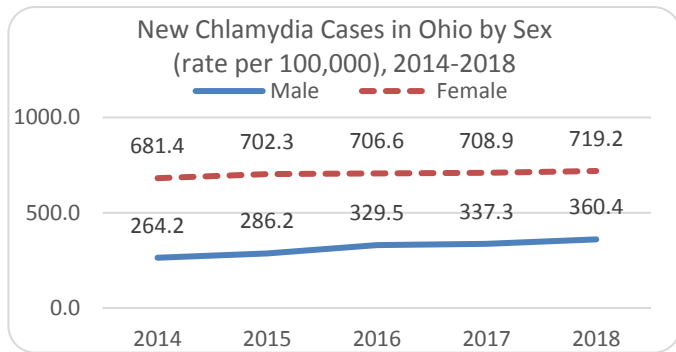
Source: Ohio Department of Health

Figure 87: New Chlamydia Cases in Ohio by Age Cohort (rate per 100,000), 2014-2018

New Chlamydia Cases in Ohio by Age Cohort (rate per 100,000), 2014-2018

— 20-34 — — 35+

	2014	2015	2016	2017	2018
20-34	1487.6	1559.9	1645.8	1647.7	1719.8
35+	47.3	53.2	59.7	63.7	69.6
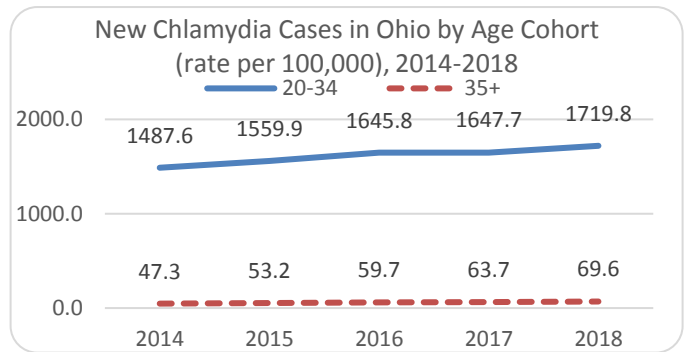
Source: Ohio Department of Health

Figure 88: New Gonorrhea Cases in Ohio by Sex (rate per 100,000), 2014-2018

New Gonorrhea Cases in Ohio by Sex (rate per 100,000), 2014-2018

— Male — — Female

	2014	2015	2016	2017	2018
Female	152.3	149.4	182.7	214.3	228.2
Male	124.9	137.2	171.2	197.6	204.9
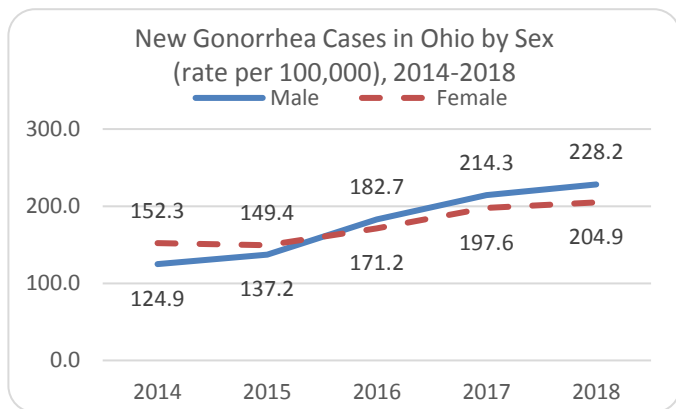
Source: Ohio Department of Health

Figure 89: New Gonorrhea Cases in Ohio by Age Cohort (rate per 100,000), 2014-2018

New Gonorrhea Cases in Ohio by Age Cohort (rate per 100,000), 2014-2018

— — 15 - 19 — — 20 - 24 —— 25 - 29

	2014	2015	2016	2017	2018
20 - 24	679.4	689.8	803.3	910.7	935.6
25 - 29	384.1	419.9	564.4	646.9	682.9
15 - 19	502.1	485.3	532.8	606.3	605.5
	216.7	236.2	316.4	370.3	413.7
	33.7	37.7	52.8	67.0	73.6
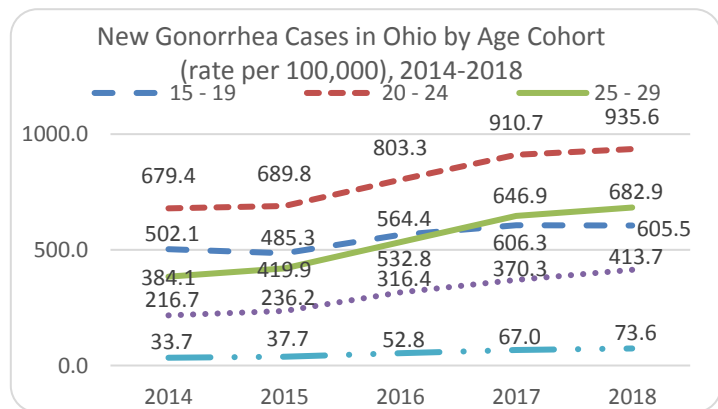
Source: Ohio Department of Health

Figure 90: New Syphilis Cases in Ohio by Sex (rate per 100,000), 2014-2018

New Syphilis Cases in Ohio by Sex
(rate per 100,000), 2014-2018

Male — — Female

30.0
25.0
20.0
15.0
10.0
5.0
0.0

2014 2015 2016 2017 2018

16.2 18.3 23.1 27.8 26.9
4.7   4.7   5.0   5.6   6.3
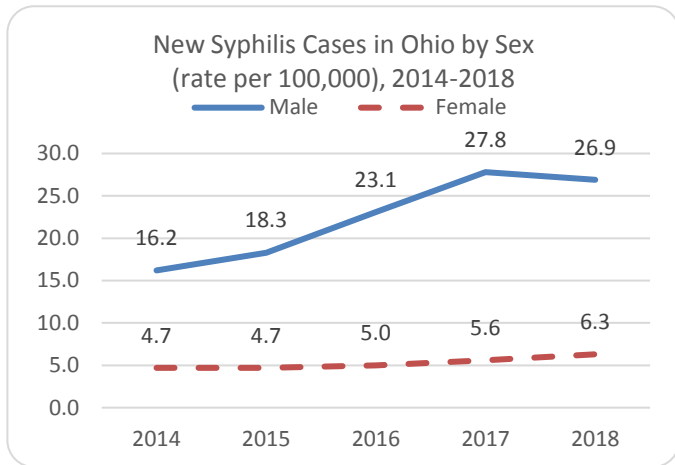
Source: Ohio Department of Health

Figure 91: New Syphilis Cases in Ohio by Age Cohort (rate per 100,000), 2014-2018

New Syphilis Cases in Ohio by Age Cohort
(rate per 100,000), 2014-2018

20-34 — — 35+

50.0
40.0
30.0
20.0
10.0
0.0

2014 2015 2016 2017 2018

32.2 32.6 37.9 46.9 46.5
6.5   8.6   10.4 11.6 11.4
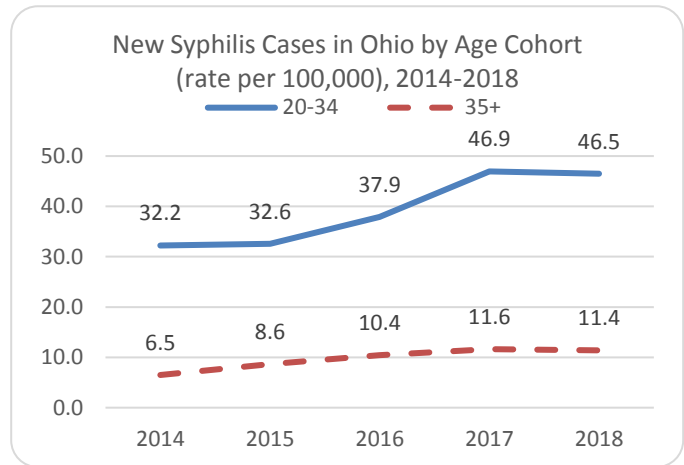
Source: Ohio Department of Health

Key Research Findings

To study health disparities for STD's, data are presented for Ohio since such analysis is not possible at the County level due to data suppression requirements. New chlamydia diagnoses have gone down in Madison County while they continue to rise at the state level. Ohio age and sex comparisons indicate greater prevalence among younger adults and females. New gonorrhea diagnoses indicate a recent decline in the County. Age and sex comparisons for Ohio show steep inclines for those aged 20-34, and show rates for males outpacing that for females.

Chronic Diseases

Several protective factors that have registered substantial average increases (e.g., physical activity among adults, high blood pressure control, and human papillomavirus vaccination among adolescent females) have stalled in recent years.[4] Many protective factors, even those with impressive relative gains, still represent only a minority of the U.S. population (e.g., control of high cholesterol at 29.5%).

> FACTORS THAT CONTRIBUTE TO POORER HEALTH OUTCOMES: AGE-ADJUSTED RATES FOR MOST OF THE LEADING CAUSES OF DEATH ARE DECLINING, BUT IN SOME CASES, THE NUMBER OF DEATHS IS INCREASING … HEART DISEASE, CANCER, OR ACCIDENTS ARE THE LEADING CAUSES OF PREMATURE DEATH.
>
> Gardner JW, et al. Epidemiology

Figure 92: Adult Weight Status, Identifying Disparities, 2019

Overweight/Obsese

Male 76.0%, Female 64.9%, White, Non-Hisp 71.5%, Minority* 65.3%, <55 69.6%, 55+ 74.9%, HS or less 76.9%, >HS 67.3%, <$15k* 58.5%, $15k+ 79.5%
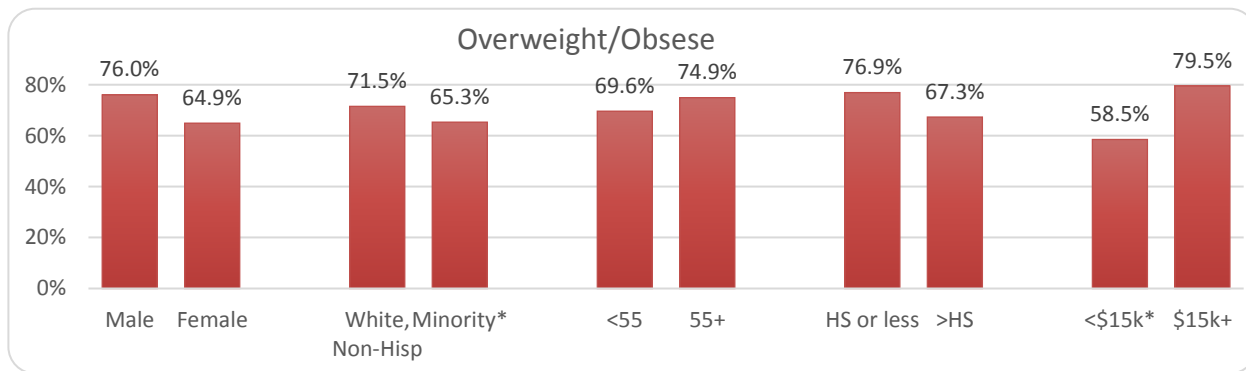
Source: 2019 County Community Health Assessment Survey

Figure 93: Leading Causes of Adult Death in Madison County, Identifying Health Disparities, 5-year Rate (2014-2018)

Top 3 Leading Causes of Adult Death, 5-year Rate (2014-18)
(Malignant neoplasms, Diseases of heart, Chron lower resp dis)
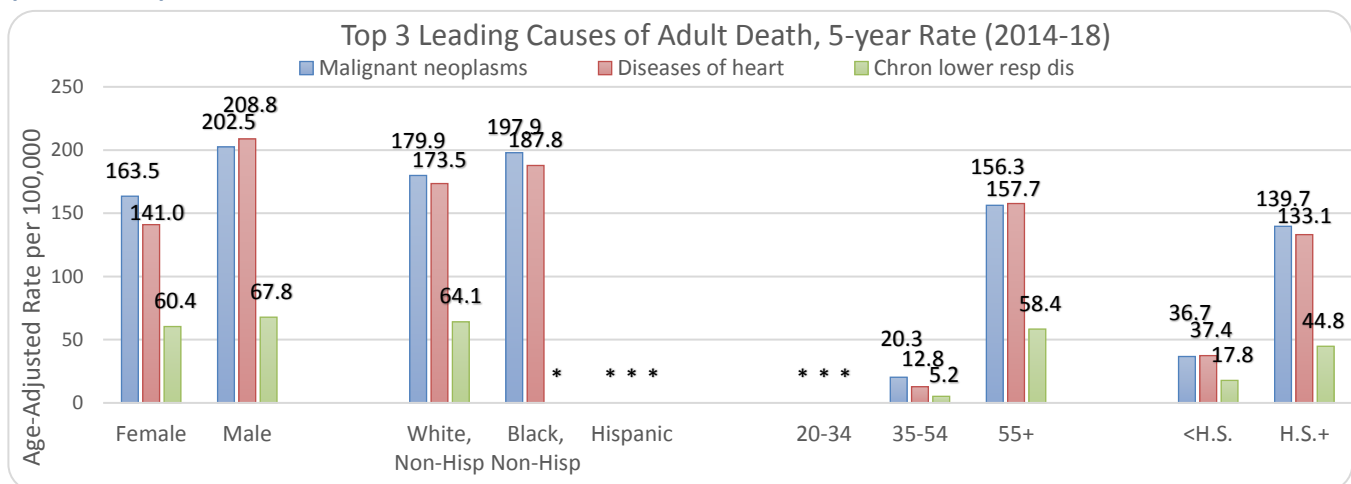
Source: Ohio Department of Health

---

[4] CDC National Health Report: leading causes of morbidity and mortality and associated behavioral risk and protective factors-- United States, 2005-2013.

Cancer

FACTORS THAT CONTRIBUTE TO POORER HEALTH OUTCOMES: DAILY HABITS LIKE SMOKING, POOR DIET, AND LITTLE PHYSICAL ACTIVITY INCREASE THE RISK FOR CANCER. EDUCATION, HOUSING, INCOME AND OCCUPATION ARE FACTORS THAT CAN CONTRIBUTE TO CANCER. FOR EXAMPLE, STOMACH AND CERVICAL CANCERS ARE HIGHER IN LOWER SOCIOECONOMIC GROUPS, AS IS LUNG CANCER.

American Cancer Society

Figure 94: Top 3 Adult Cancers in Madison County by Site, Identifying Health Disparities, 5-year Rate (2014-2018)

Top 3 Adult Cancers by Site, 5-year Rate (2012-2016)

* - Indicates rates have been suppressed for counts < 10 or where population counts are not available, rates based on counts < 20 are considered unreliable
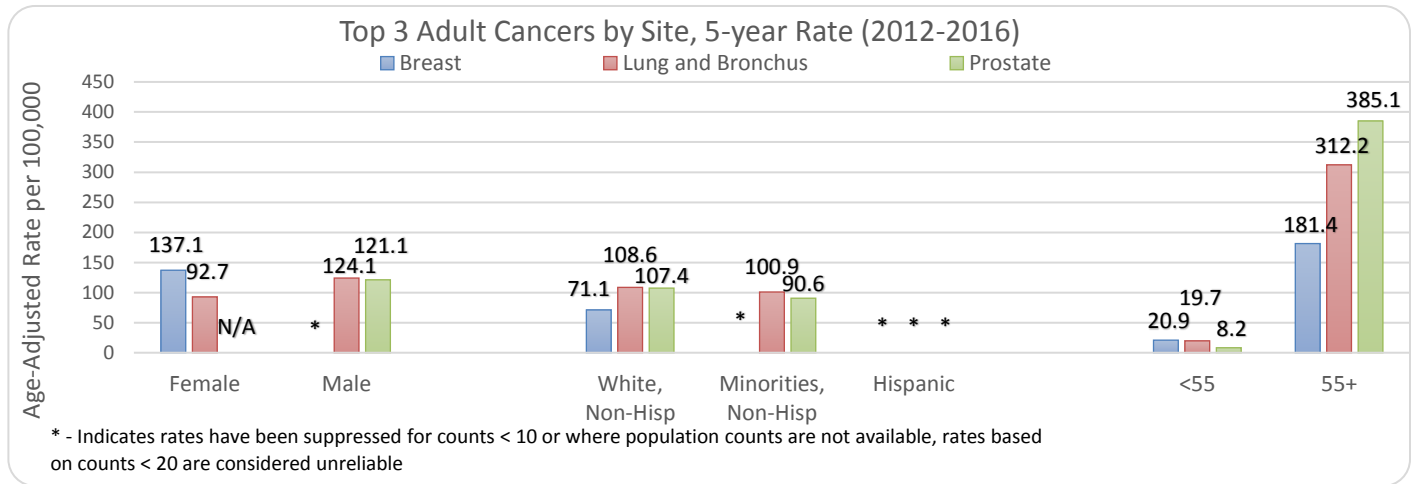
Source: Ohio Department of Health

Key Research Findings

High blood pressure is higher among males, minorities, those age 55+, and those with less education. Cancer rates are much higher among older adults. Lung and bronchus cancer is more common among males.

Mental Health and Addiction Disparities

Mental Health

Figure 95: Adults Reporting Four or More Adverse Childhood Experiences, Identifying Disparities, 2019

4+ Adverse Childhood Experiences

- Male: 19.7%
- Female: 20.1%
- White, Non-Hisp: 19.5%
- Minority*: 33.4%
- <55: 24.0%
- 55+: 12.0%
- HS or less: 30.9%
- >HS: 12.7%
- <$15k*: 29.1%
- $15k+: 16.2%
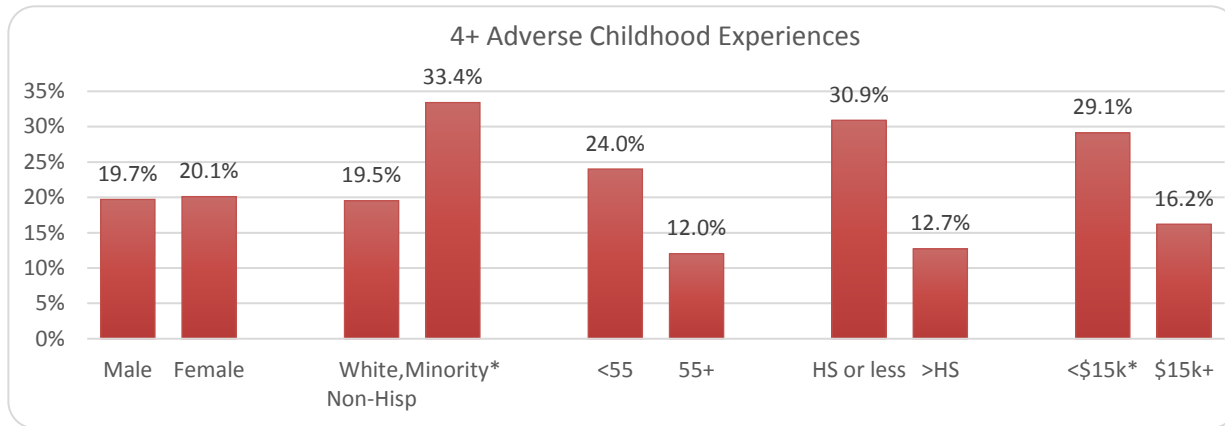
Source: 2019 County Community Health Assessment Survey

Figure 96: Adults Getting Less Than 7 Hours of Sleep per Night, Identifying Health Disparities, 2019

< 7 hours of sleep

- Male: 41.1%
- Female: 41.9%
- White, Non-Hisp: 41.3%
- Minority*: 44.4%
- <55: 45.5%
- 55+: 33.9%
- HS or less: 45.7%
- >HS: 38.5%
- <$15k*: 50.0%
- $15k+: 42.2%
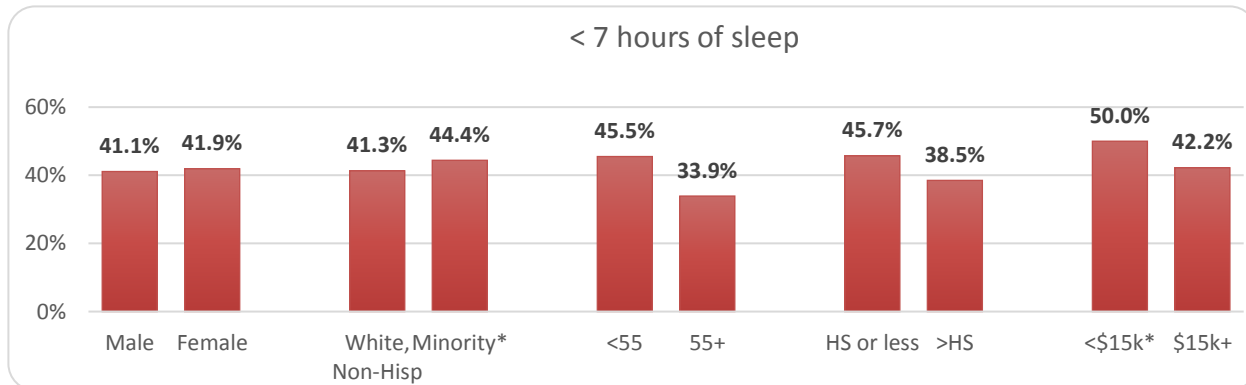
Source: 2019 County Community Health Assessment Survey

Addiction

Figure 97: Tobacco Use, Identifying Health Disparities among Madison County Adults, 2019

Adult Current Smokers

Legend: ■ Madison County ■ Ohio, 2017

- Male: 19.0% / 19.9%
- Female: 22.9% / 22.4%
- White, Non-Hisp: 18.8% / 20.3%
- Minorities*: 51.9% / 23.4%
- <55: 21.6% / 23.5%
- 55+: 19.1% / 13.8%
- <H.S*: 31.1% / 42.5%
- H.S.+: 13.2% / 16.2%
- <$15k*: 34.0% / 41.1%
- $15k+: 17.9% / 16.2%
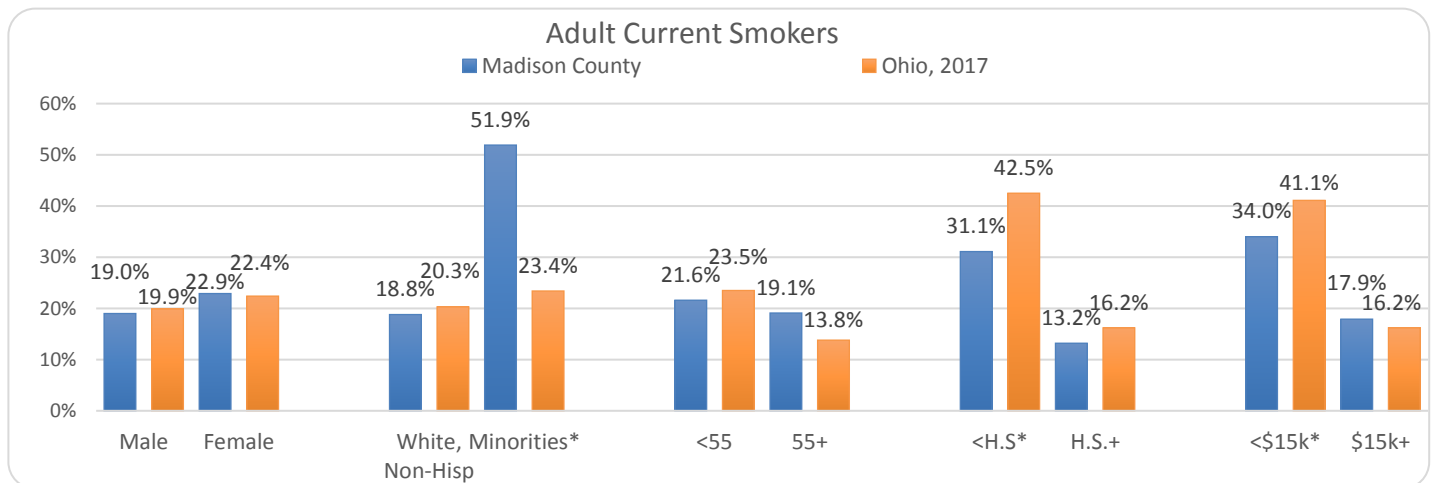
County Source: 2019 County Community Health Assessment Survey
Ohio Source: Behavioral Risk Factor Surveillance System (BRFSS)

Figure 98: Tobacco Use, Identifying Health Disparities among Madison County and Ohio Youth, 2019
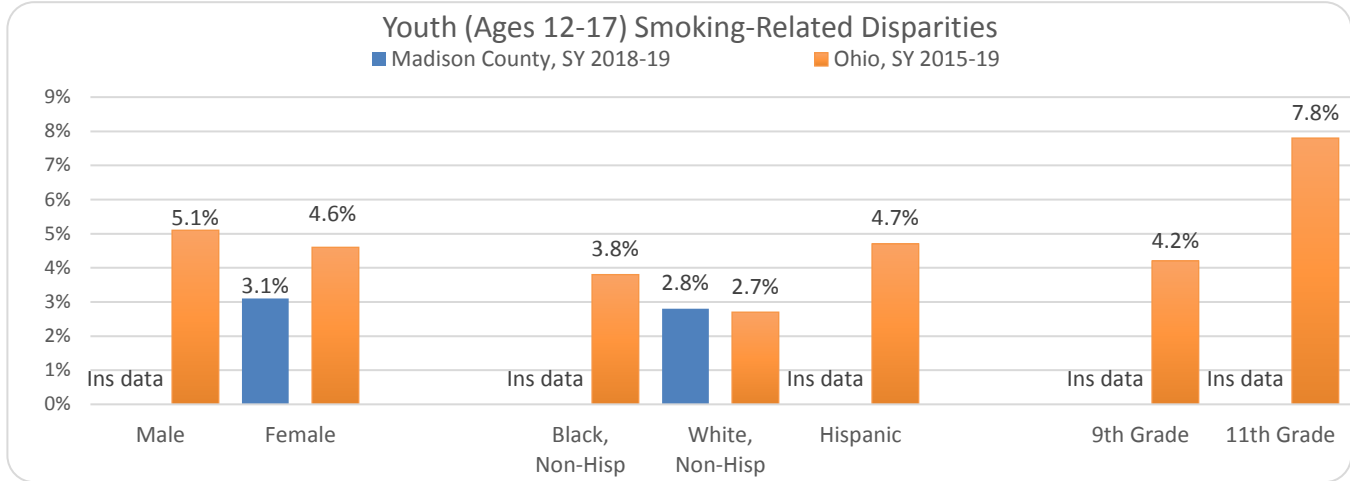
Youth (Ages 12-17) Smoking-Related Disparities
■ Madison County, SY 2018-19   ■ Ohio, SY 2015-19

Category	Madison County	Ohio
Male	Ins data	5.1%
Female	3.1%	4.6%
Black, Non-Hisp	Ins data	3.8%
White, Non-Hisp	2.8%	2.7%
Hispanic	Ins data	4.7%
9th Grade	Ins data	4.2%
11th Grade	Ins data	7.8%

Source: Ohio Department of Health, OHYES! Ohio Healthy Youth Environments Survey

Key Research Findings

A study of the mental health and addiction disparity patterns shows that minorities, younger adults, those with lower educational attainment, and lower income have higher rates of: adverse childhood experiences, sleep deprivation, tobacco use, and binge drinking.

Image by Gerd Altmann from Pixabay

Figure 99: Adult Alcohol Use, Identifying Disparities in Madison County, 2019

Adult Binge or Heavy Drinkers in the Past 30 Days
■ Drank alcohol in past 30 days   ■ Binge drinker

Category	Drank alcohol in past 30 days	Binge drinker
Male	56.4%	17.0%
Female	38.8%	11.3%
White, Non-Hisp	49.5%	14.1%
Minorities*	36.7%	22.4%
<55	55.8%	17.2%
55+	36.1%	9.4%
<H.S*	44.7%	18.7%
H.S.+	52.0%	11.6%
<$15k*	25.4%	24.4%
$15k+	54.2%	14.7%

* Small numbers are unstable and should be interpreted with caution.
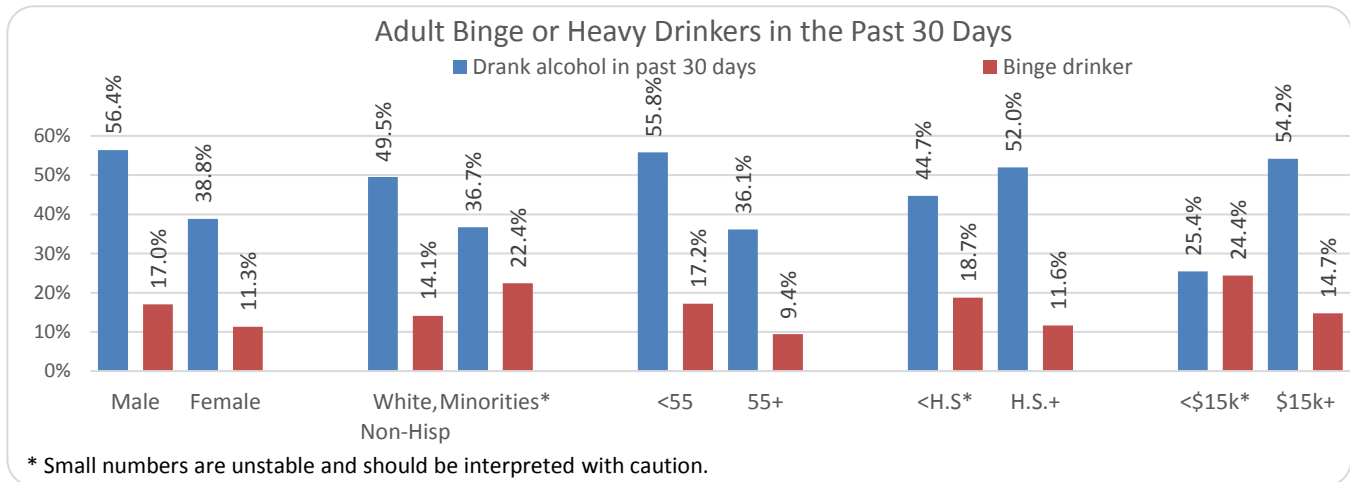
Source: 2019 County Community Health Assessment

Figure 100: Youth Alcohol Use, Identifying Disparities in Madison County, 2019

Youth (Ages 12-17) Drinking Behaviors

- Drank alcohol in past 30 days
- First drank more than few sips alcohol before age 13
- Binge Drinking in the past 30 days

Male: 5.9%, 13.3%, 2.7%
Female: 7.5%, 9.7%, 4.2%
Black, Non-Hisp: Ins data, Ins data, Ins data
White, Non-Hisp: 7.1%, 10.5%, 3.6%
Hispanic: Ins data, Ins data, Ins data
9th Grade: 6.6%, 9.6%, Ins data
11th Grade: 12.1%, 9.6%, 5.3%
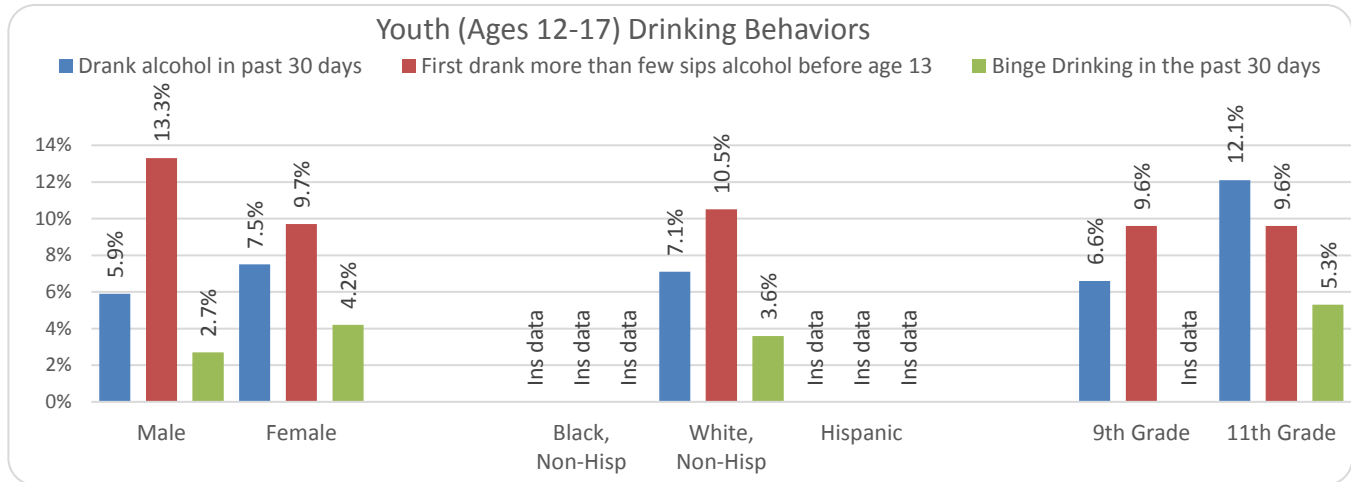
Source: 2019 County Community Health Assessment

Image by sammisreachers from Pixabay

Figure 101: Unintentional Drug Overdose, Madison County Youth 10-19 Years of Age, 10-year Age-Adjusted Rate (2009-2018)

Youth (Ages 10-19) Unintentional Drug Overdose, 10-year Age-Adjusted Rate per 100,000

- Madison
- Ohio

Female: *, 0.3
Male: *, 0.7
White Non-Hispanic: *, 0.6
Black: *, 0.1
10 to 14: *, *
15 to 19: *, 0.5

* Indicates rates have been suppressed for counts < 10 or where population
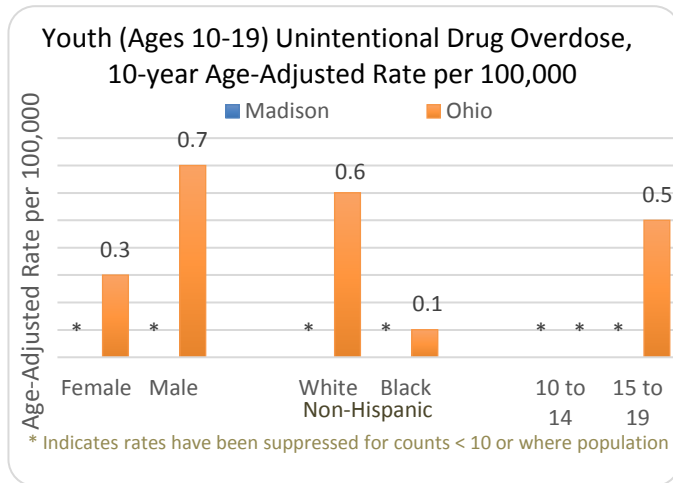
Source: Ohio Department of Health

Figure 102: Unintentional Drug Overdose, Madison County Adults 20 Years of Age or Older, 10-year Age-Adjusted Rate (2009-2018)

Adult Accidental Drug Overdose, 10-year Rate (2009-18)

- Madison
- Ohio

Female: 18.2, 16.9
Male: 23.5, 34.4
White Non-Hispanic: 22.8, 27.9
Black: *, 20.8
Hispanic: *, 14.5
20-34: 9.6, 9.7
35-54: 8.4, 13.3
55+: 2.9, 2.5
<H.S.: 3.1, 5.7
H.S.+: 17.9, 19.5

* Indicates rates have been suppressed for counts < 10 or where population counts are not available, rates based on counts < 20 are considered unreliable
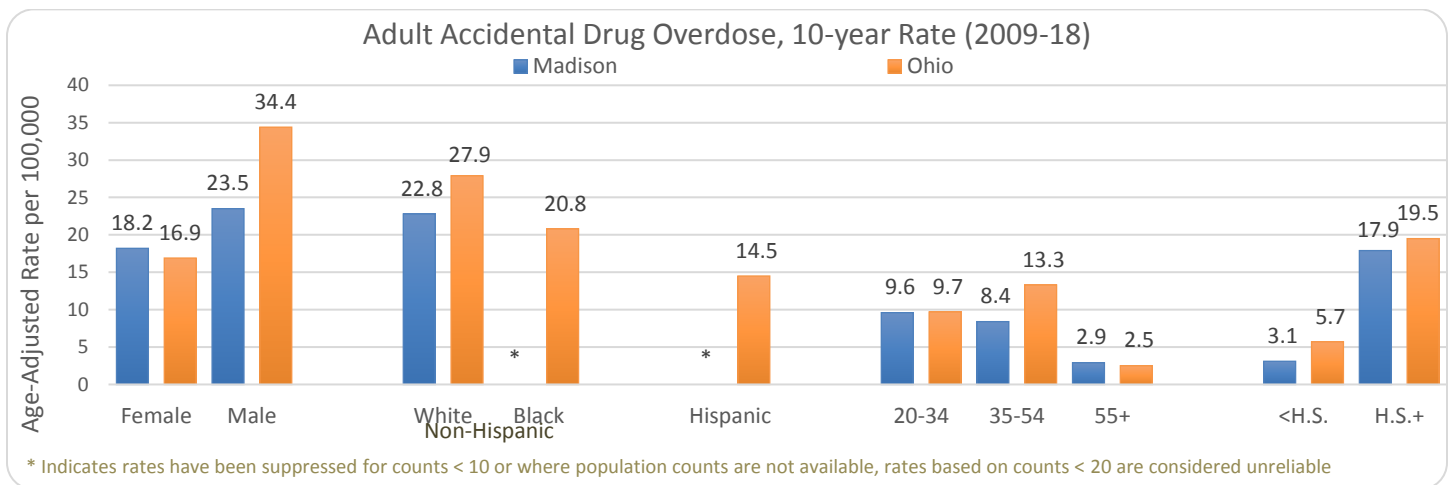
Source: Ohio Department of Health

Environmental Factors

Built Environment

Food Access

FACTORS THAT CONTRIBUTE TO POORER HEALTH OUTCOMES: NEIGHBORHOODS WITHOUT ACCESS TO QUALITY, HEALTHY FOOD FREQUENTLY RELY ON WHAT IS AVAILABLE AT LOCAL CONVENIENCE STORES. MANY OF THE FOODS PROVIDED IN CONVENIENCE STORES ARE HIGH IN CALORIES AND LOW IN NUTRITION, CONTRIBUTING TO FUTURE HEALTH COMPLICATIONS SUCH AS OBESITY, DIABETES, HEART DISEASE, AND HYPERTENSION.

Healthy People 2020

Figure 103: Food Access, Low Income and Low Access Census Tracts, 2015
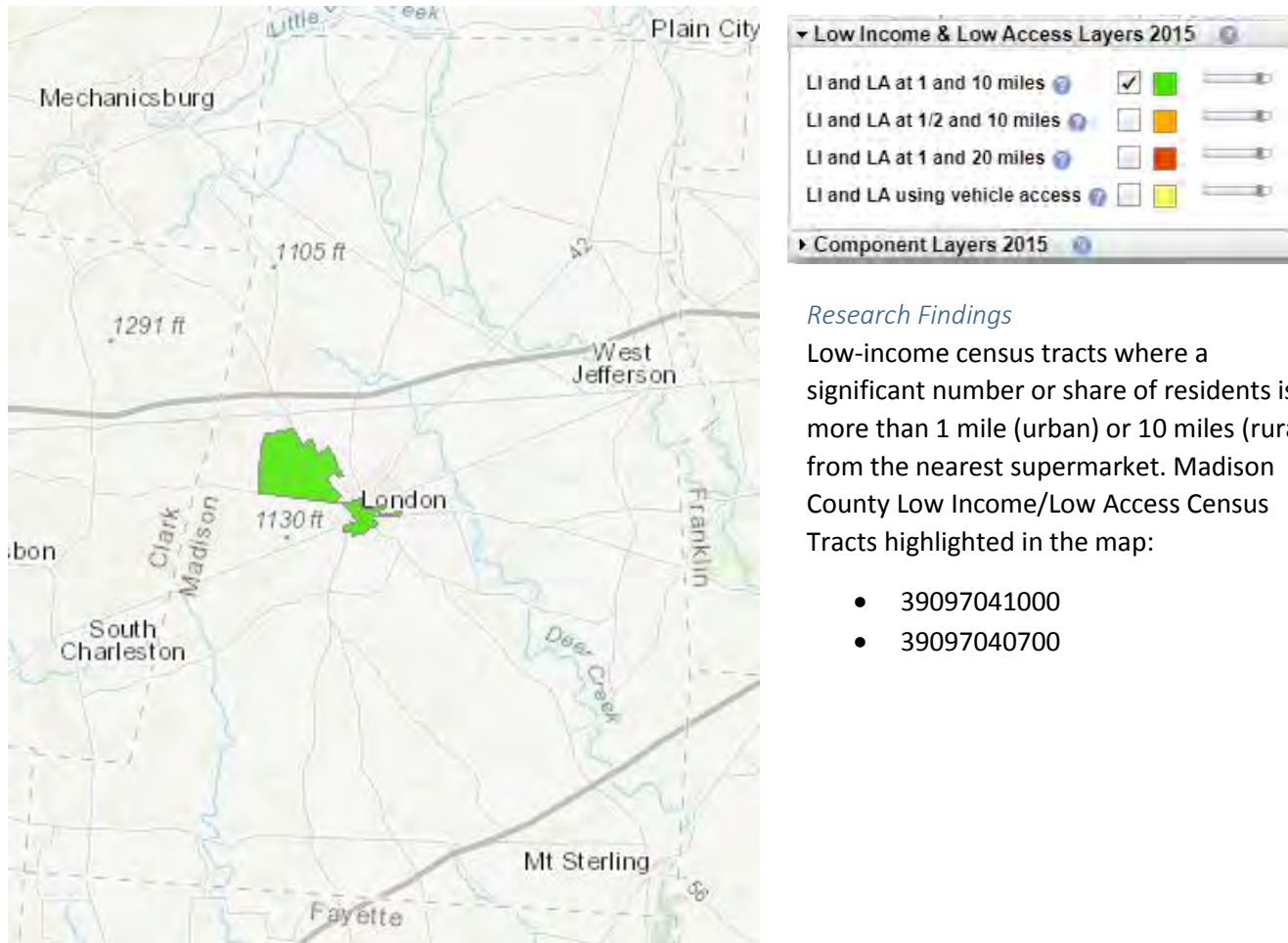
Research Findings

Low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket. Madison County Low Income/Low Access Census Tracts highlighted in the map:

- 39097041000
- 39097040700

Source: United States Department of Agriculture, Economic Research Service, Food Access Research Atlas

Chapter 6: Resource Distribution and Community Assets

Access to Health Care

Access to quality medical professionals and facilities is crucial in maintaining and promoting good health, preventing and managing various disease states, reducing avoidable and preventable sickness and death, and providing equality in health care for all. Perceived and true barriers to accessing providers and care may include geographic location, socioeconomic status, insurance coverage status, high cost of treatment, lack of service availability, sex, race, ethnicity, disability status, sexual orientation, and lack of cultural competence in care. These barriers enable unmet health needs to continue, further contributing to future health complications.

Figure 104: County Health Care Professional Shortage Areas

Primary Care Health Professional Shortage Areas   2

Source: HRSA.gov

Dental Health Professional Shortage Areas   0

Source: HRSA.gov

Mental Health Professional Shortage Areas   2

Source: HRSA.gov

Source: County Health Rankings

Figure 105: Clinicians per 100,000 Population, 2017

Clinicians/100,000 Population, 2017

■ Madison ■ Ohio

	Madison	Ohio
Primary Care Physician/100k	34.1	76.2
Resident Primary Care/100k	0.0	15.4
Nurse Practitioner/100k	36.3	83.7
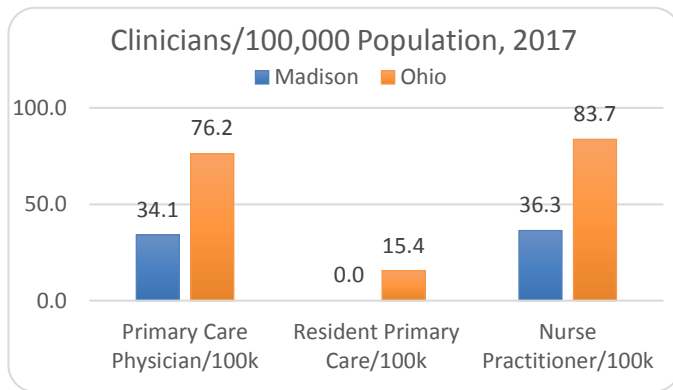
Source: HRSA.gov

Figure 106: Ob-Gyn & Pediatricians per 100,000 Population, 2017

Ob-Gyn & Pediatricians/100k Population, 2017

■ Madison ■ Ohio

	Madison	Ohio
Ob-Gyn, DO/100k	0.0	1.8
Ob-Gyn, MD/100k	4.5	11.1
Peditrician, DO/100k	4.5	1.5
Peditrician, MD/100k	0.0	18.1
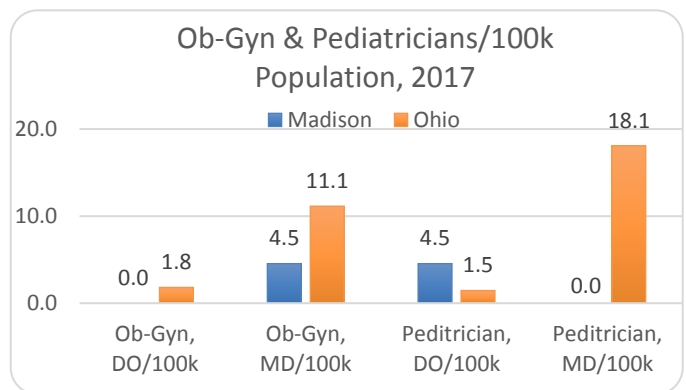
Source: HRSA.gov

Figure 107: Adult Care Clinicians per 100,000 Population, 2017

Adult Care Clinicians/100,000 Population, 2017

- Ohio
- Madison

Category	Ohio	Madison
Internal Medicine, MD/100k	35.4	2.3
Internal Medicine, DO/100k	3.5	0.0
General Practice, MD/100k	0.9	2.3
General Practice, DO/100k	1.2	0.0
Family Medicine, MD/100k	25.9	20.4
Family Medicine, DO/100k	6.9	4.5
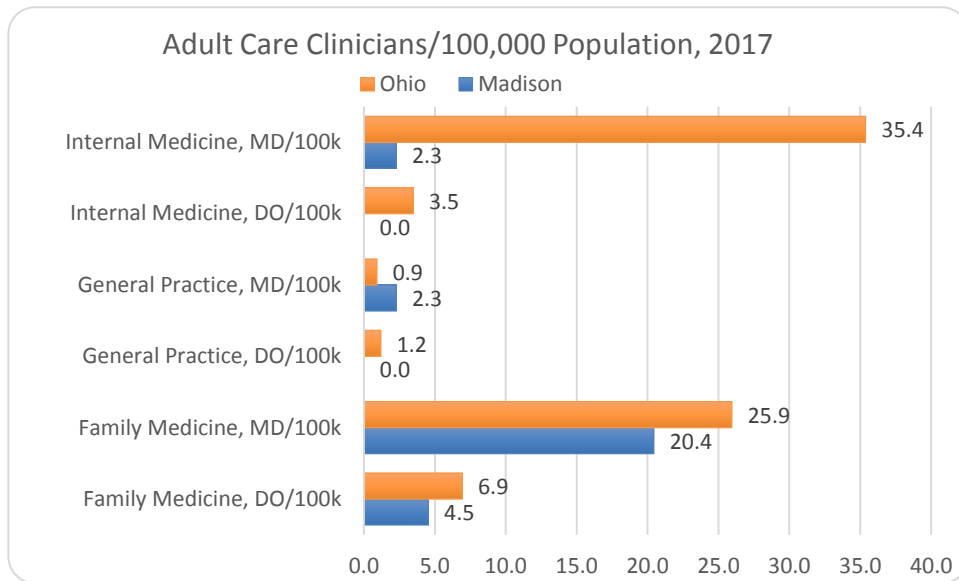
Source: HRSA.gov

Figure 108: Dentists per 100,000 Population, 2017

Clinicians/100,000 Population, 2017

- Madison
- Ohio

	Madison	Ohio
Dentist/100k	36.3	52.7
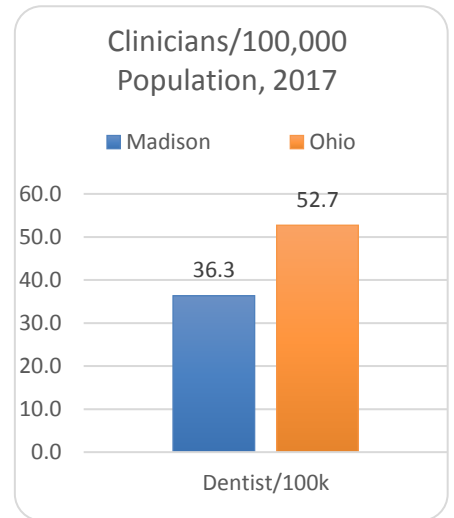
Source: HRSA.gov

Health Insurance

The increasing size and prevalence of high deductibles and copayments in private health plans, including employer-based plans, are leading many people with low and moderate incomes to avoid or delay needed health care.

PUBLIC HEALTH IMPORTANCE: HEALTH INSURANCE IS IMPORTANT FOR SEVERAL REASONS. UNINSURED PEOPLE RECEIVE LESS MEDICAL CARE AND LESS TIMELY CARE, THEY HAVE WORSE HEALTH OUTCOMES, AND LACK OF INSURANCE IS A FINANCIAL BURDEN FOR THEM AND THEIR FAMILIES.

Urban Institute

Figure 109: Health Insurance Coverage by Age, 2017

Health Insurance Coverage by Age

- Madison County, Ohio
- Ohio
- United States
- HP2020

With health insurance coverage	Madison County, Ohio	Ohio	United States
Under 19 years	95.6%	95.4%	94.3%
19 to 25 years	82.2%	87.2%	81.9%
26 to 64 years	90.1%	90.1%	85.8%
65+ and over	99.4%	99.5%	99.1%
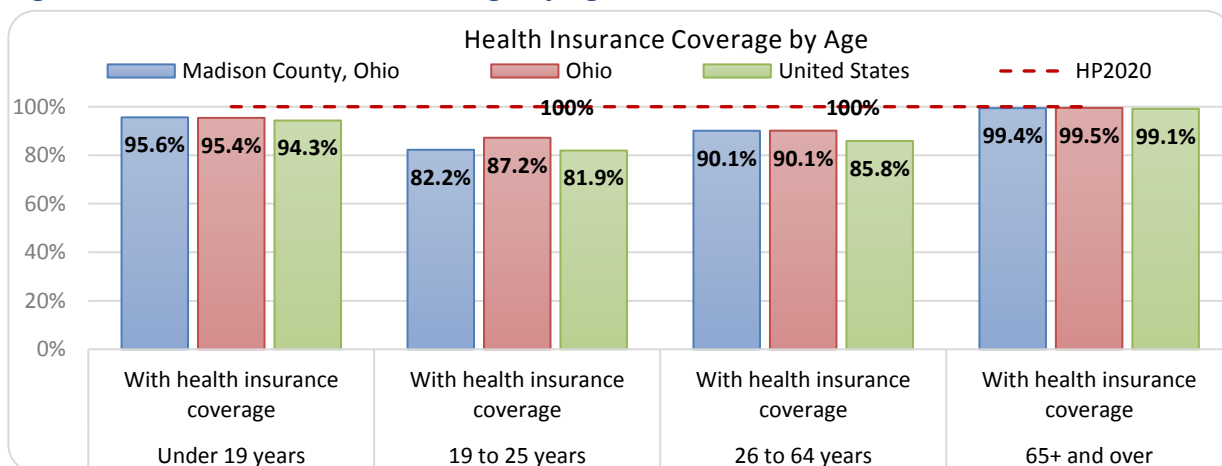
Source: American Community Survey, 2013-2017

Figure 110: Health Insurance Coverage by Age, 2017

Medical Insurance Coverage for the Population under the Age of 19

	Madison County, Ohio	Ohio	United States
No coverage	4.4%	4.6%	5.7%
Other coverage	6.2%	6.0%	5.5%
Medicare &/or Medicaid coverage	33.5%	31.6%	34.3%
Direct-purchase	3.7%	3.9%	5.5%
Employer-based or TRICARE health insurance	52.2%	53.9%	48.9%
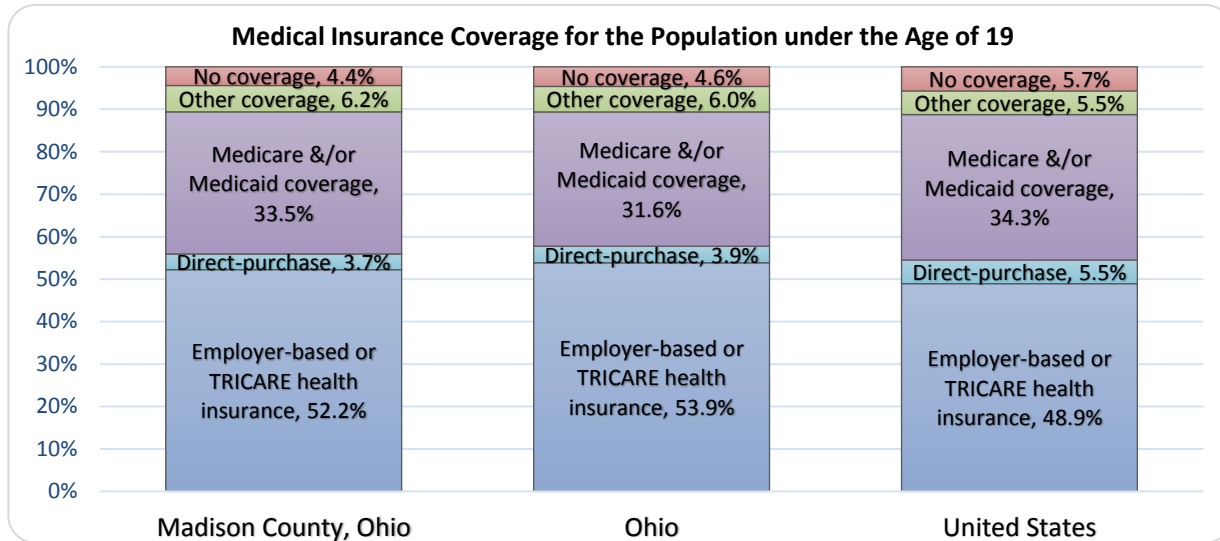
Source: American Community Survey, 2013-2017

Figure 111: Health Insurance Coverage by Age, 2017

Medical Insurance Coverage for the Population 19 Years of Age or Older

	Madison County, Ohio	Ohio	United States
No coverage	8.8%	8.3%	12.1%
Other coverage	19.5%	17.8%	16.9%
Medicare &/or Medicaid coverage	17.4%	19.1%	17.3%
Direct purchase	4.0%	5.0%	6.8%
Employer-based or TRICARE health insurance	50.3%	49.8%	46.9%
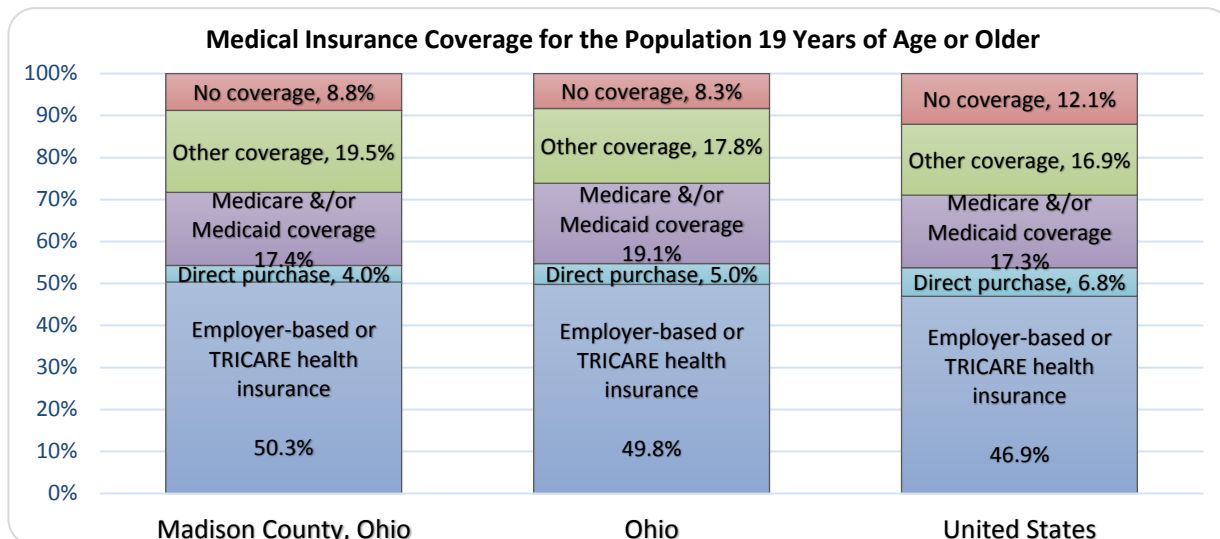
Source: American Community Survey, 2013-2017

Key Research Findings

According to survey results as well as the Census Bureau, County challenges in health insurance coverage occur for Blacks/African Americans, Hispanics, non-citizens, those with less than a high school education, those who are unemployed, those with lower income and those in poverty, as well as for 19-25 year olds. These relationships impact access to health care.

Health Care Utilization

Figure 112: Adult Health Care Utilization in Madison County , 2019

Health Care Access/Coverage

Has health care coverage — 92.9%
Could not see a doctor because of the cost — 14.3%
Did not take medication as prescribed because of cost — 7.7%

Source: 2019 County Community Health Assessment Survey
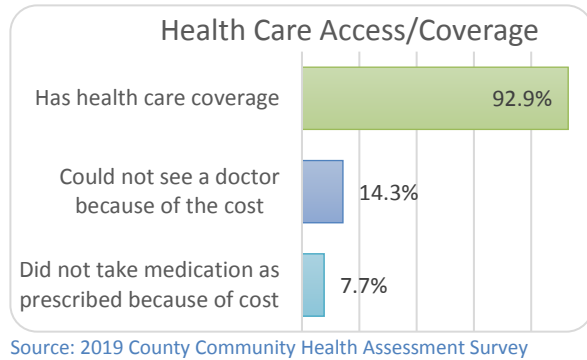
Figure 113: Madison County Adults with Health Care Coverage, Identifying Health Disparities, 2019

Has health care coverage

Has health care coverage — HP2020 Target - 100%

Male	Female	White, Non-Hisp	Minority	<55	55+	HS or < HS	>HS	<$15k	$15k+
93.7%	91.9%	93.4%	83.8%	92.4%	93.8%	91.6%	94.4%	92.0%	91.0%

Source: 2019 County Community Health Assessment Survey
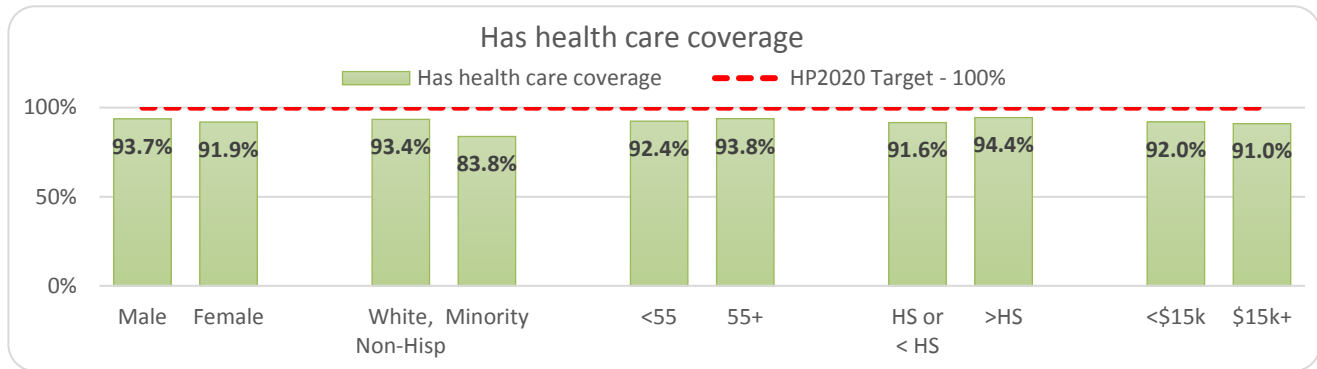
Figure 114: Madison County Adults Who Did Not Take Prescribed Medications Because of the Cost, Identifying Health Disparities, 2019

Did not take medication as prescribed because of cost

Did not take medication as prescribed because of cost — HP2020 Target - 2.8%

Male	Female	White, Non-Hisp	Minority	<55	55+	HS or < HS	>HS	<$15k	$15k+
6.6%	9.3%	7.6%	9.3%	9.2%	5.1%	8.3%	7.4%	0.0%	9.8%

Source: 2019 County Community Health Assessment Survey
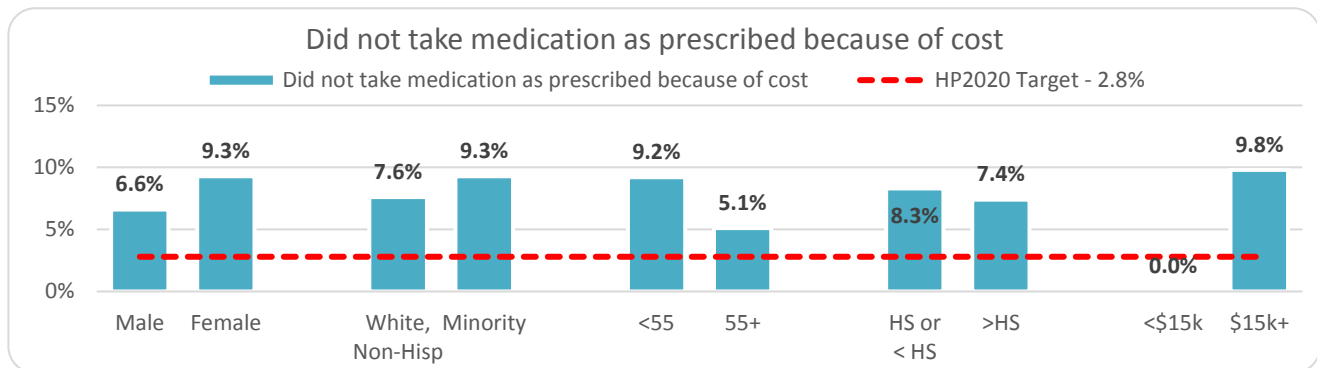
Figure 115: Madison County Adults Who Could not See a Doctor Because of the Cost, Identifying Health Disparities, 2019
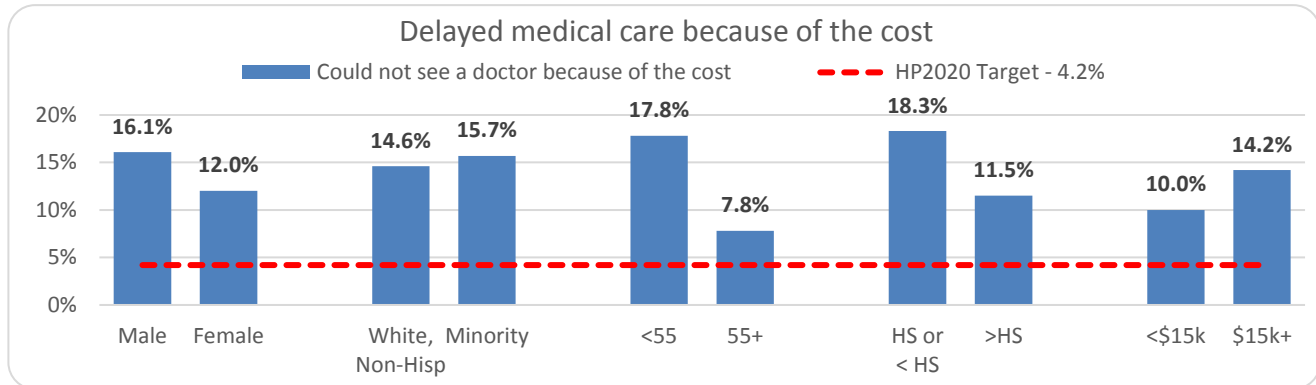
Source: 2019 County Community Health Assessment Survey

Figure 116: Madison County Adults - Primary Reason for Not Getting Needed Medical Care (Other than the Cost), 2019
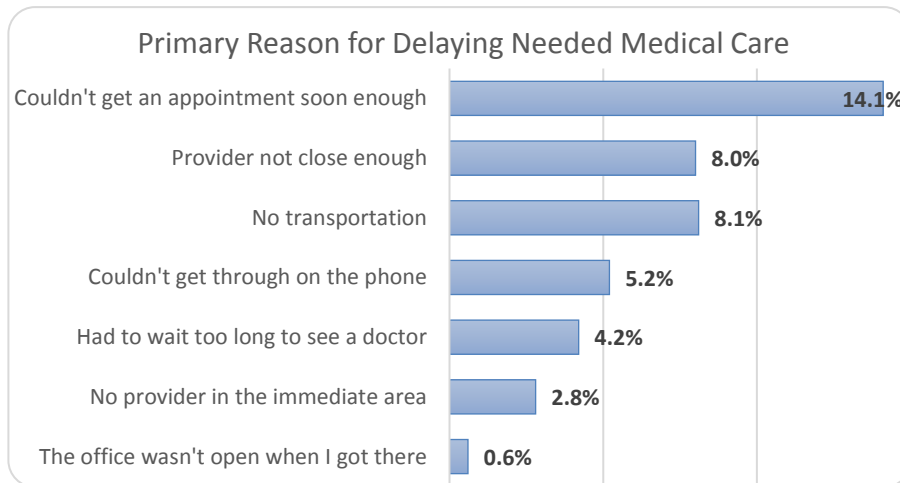
Source: 2019 County Community Health Assessment Survey

Key Research Findings

In most instances, access issues pertain to males, minorities, those less educated, younger adults. Medications not taken as prescribed due to cost pertains more to females, African Americans, younger adults. Delaying medical care or not taking medications as prescribed due to cost is more common among those with income over $15,000, along with not having a primary care physician.

Health Care Facilities and Professionals

HEALTH PROFESSIONALS PLAY A CENTRAL AND CRITICAL ROLE IN IMPROVING QUALITY HEALTH CARE FOR THE POPULATION. THEY PROVIDE ESSENTIAL SERVICES THAT PROMOTE HEALTH, PREVENT DISEASES, AND DELIVER HEALTH CARE SERVICES TO INDIVIDUALS, FAMILIES AND COMMUNITIES. HEALTH CARE FACILITIES SHOULD REFLECT THE NEEDS AND VALUES OF THE COMMUNITIES IN AND AROUND THEM. EFFECTIVE HOSPITALS ARE DESIGNED FOR THEIR USERS, WITH ATTENTION TO THE NEEDS OF SPECIAL POPULATIONS, SUCH AS CHILDREN AND THE ELDERLY.

Encyclopedia of Behavioral Medicine

Figure 117: Access to Health Care Professionals, Madison County Adults, 2019

Access to Health Care Professionals

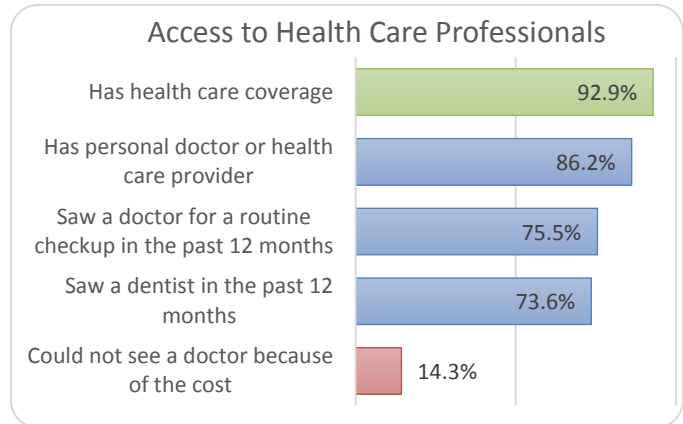|	
Has health care coverage	92.9%
Has personal doctor or health care provider	86.2%
Saw a doctor for a routine checkup in the past 12 months	75.5%
Saw a dentist in the past 12 months	73.6%
Could not see a doctor because of the cost	14.3%

Source: 2019 County Community Health Assessment Survey

Figure 118: Madison County Adults Who Have a Personal Doctor or Health Care Provider, Identifying Health Disparities, 2019

Has personal doctor or health care provider

Male	Female	White	Minority	<55	55+	HS or < HS	>HS	<$15k	$15k+
84.6%	88.3%	86.1%	83.9%	82.7%	92.8%	80.5%	90.4%	91.2%	84.5%
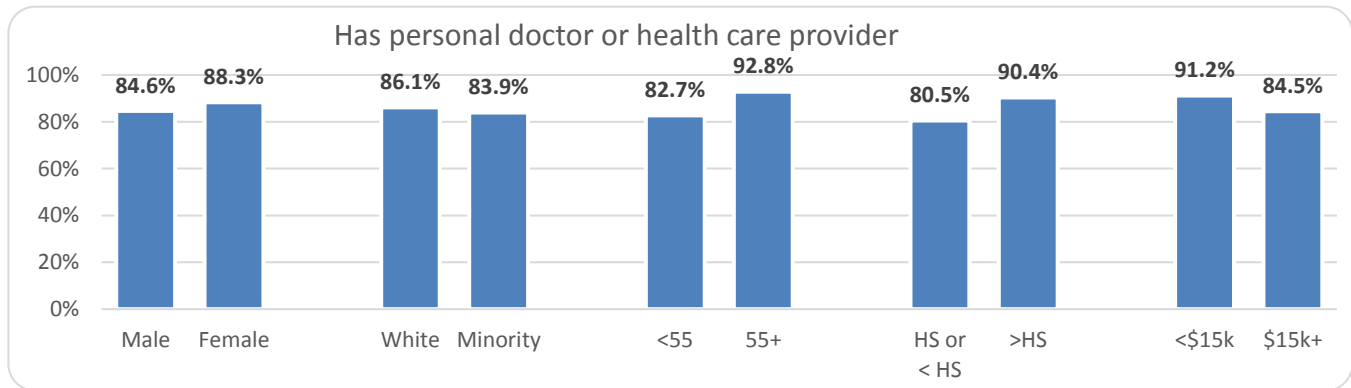
Source: 2019 County Community Health Assessment Survey

Figure 119: Madison County Adults Who Saw a Doctor for a Routine Checkup in the Past 12 Months, Identifying Health Disparities, 2019

Saw a doctor for a routine checkup in the past 12 months

Saw a doctor for a routine checkup in the past 12 months — HP2020 Target - 83.9%

Male	Female	White	Minority	<55	55+	HS or < HS	>HS	<$15k	$15k+
73.2%	78.3%	75.0%	73.1%	69.1%	87.4%	75.9%	75.5%	79.3%	74.0%
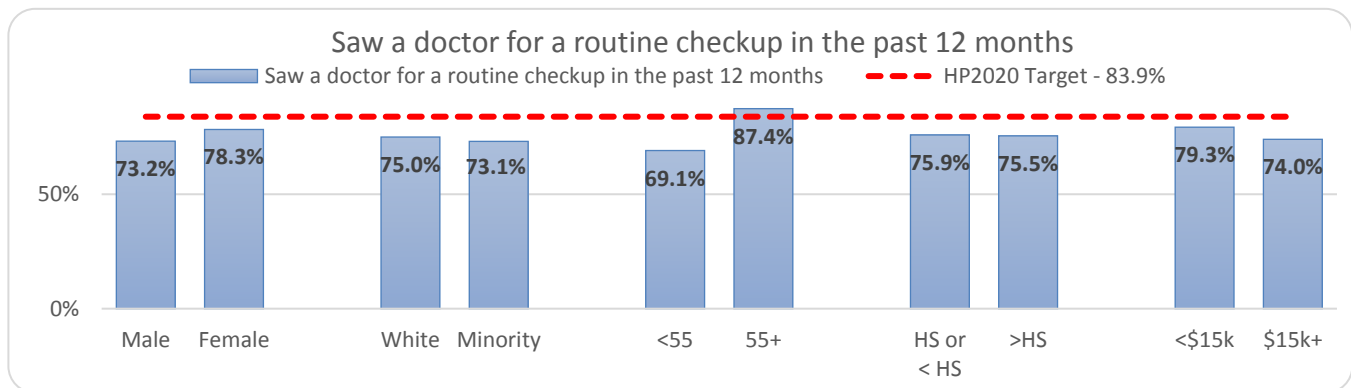
Source: 2019 County Community Health Assessment Survey

Figure 120: Madison County Adults Who Saw a Dentist for a Routine Checkup in the Past 12 Months, Identifying Health Disparities, 2019

Saw a dentist for a routine checkup in the past 12 months

■ Saw a dentist for a routine checkup in the past 12 months   ▬ ▬ HP2020 Target - 49.0%
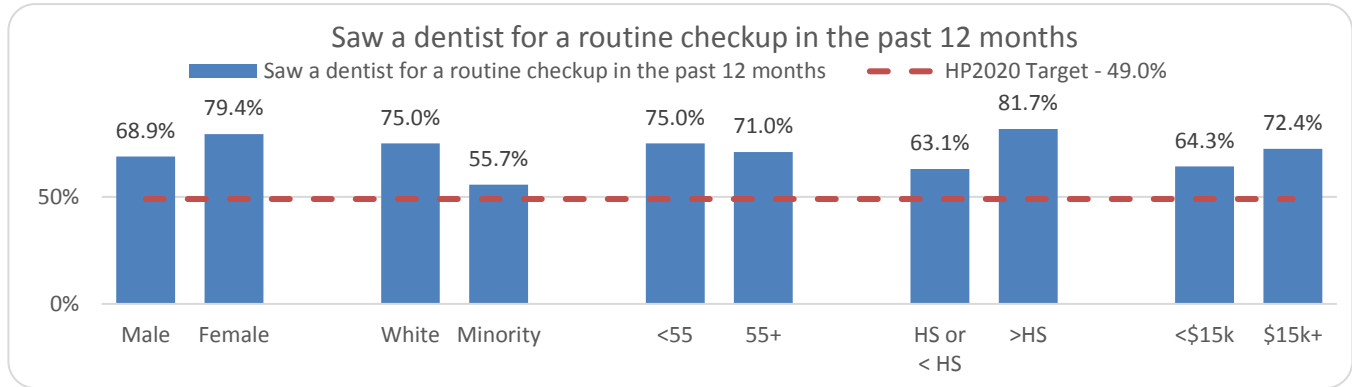
Source: 2019 County Community Health Assessment Survey

Figure 121: Madison County Youth, Ages 12-17, Access to Health Care Professionals, SY 2018-19

Health Care Usage for Youth (Ages 12-17)

■ Madison County, SY2018-2019   ■ Ohio, SY 2015-19

Data may not be generalizable to the entire county, region, or state, and are representative only of the students that participated.
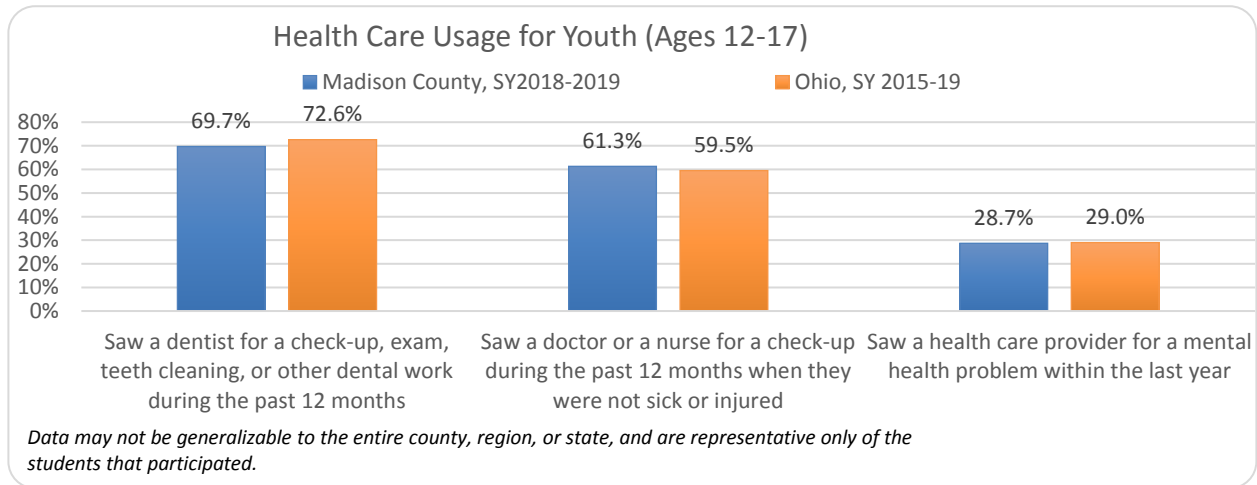
Source: Ohio Department of Health, OHYES! Ohio Healthy Youth Environments Survey

Figure 122: Health Care Providers, 2016
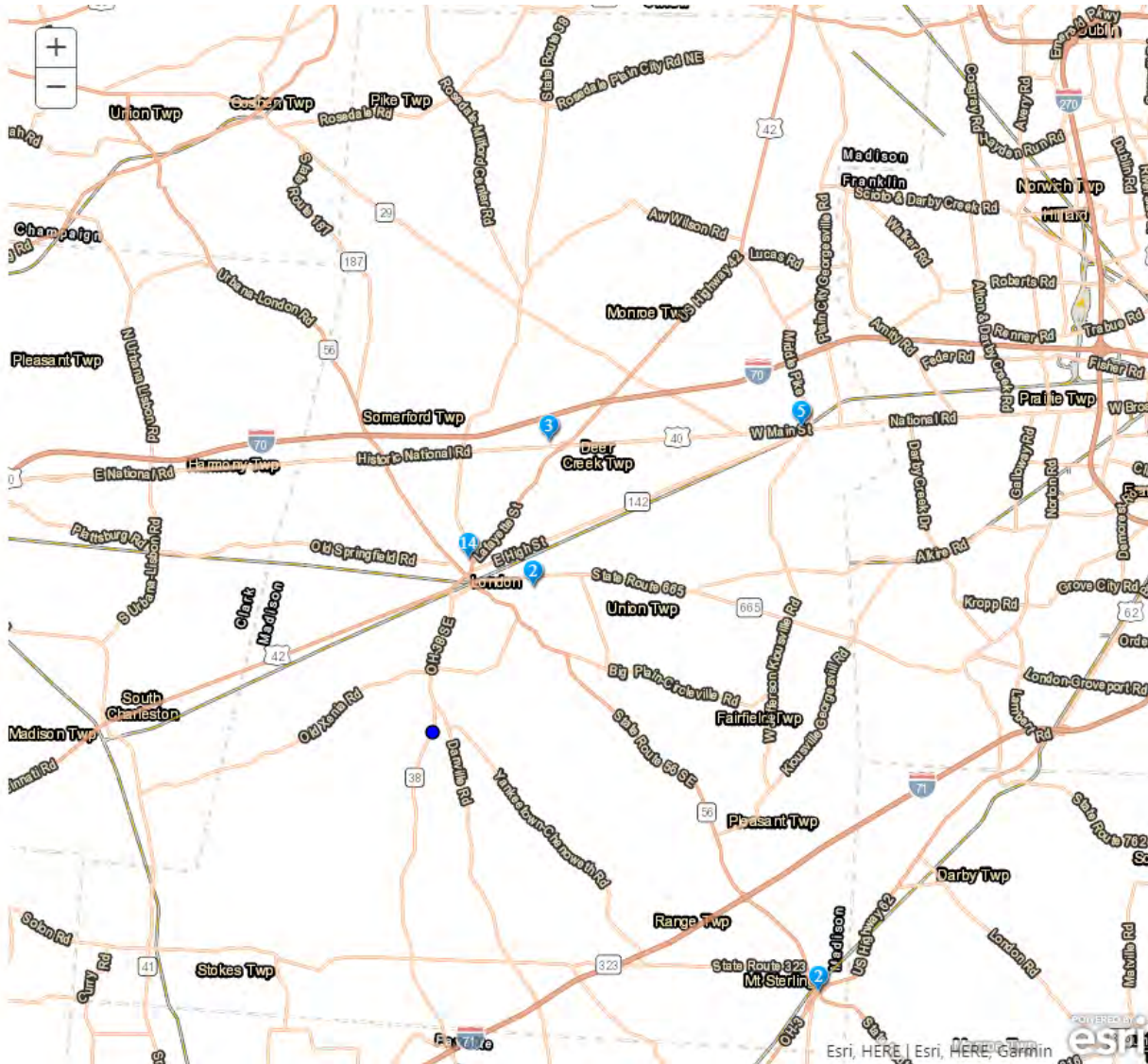
Source: Ohio Department of Health, Ohio OneSource

Figure 123: Licensed Mental Health Service Providers, 2016
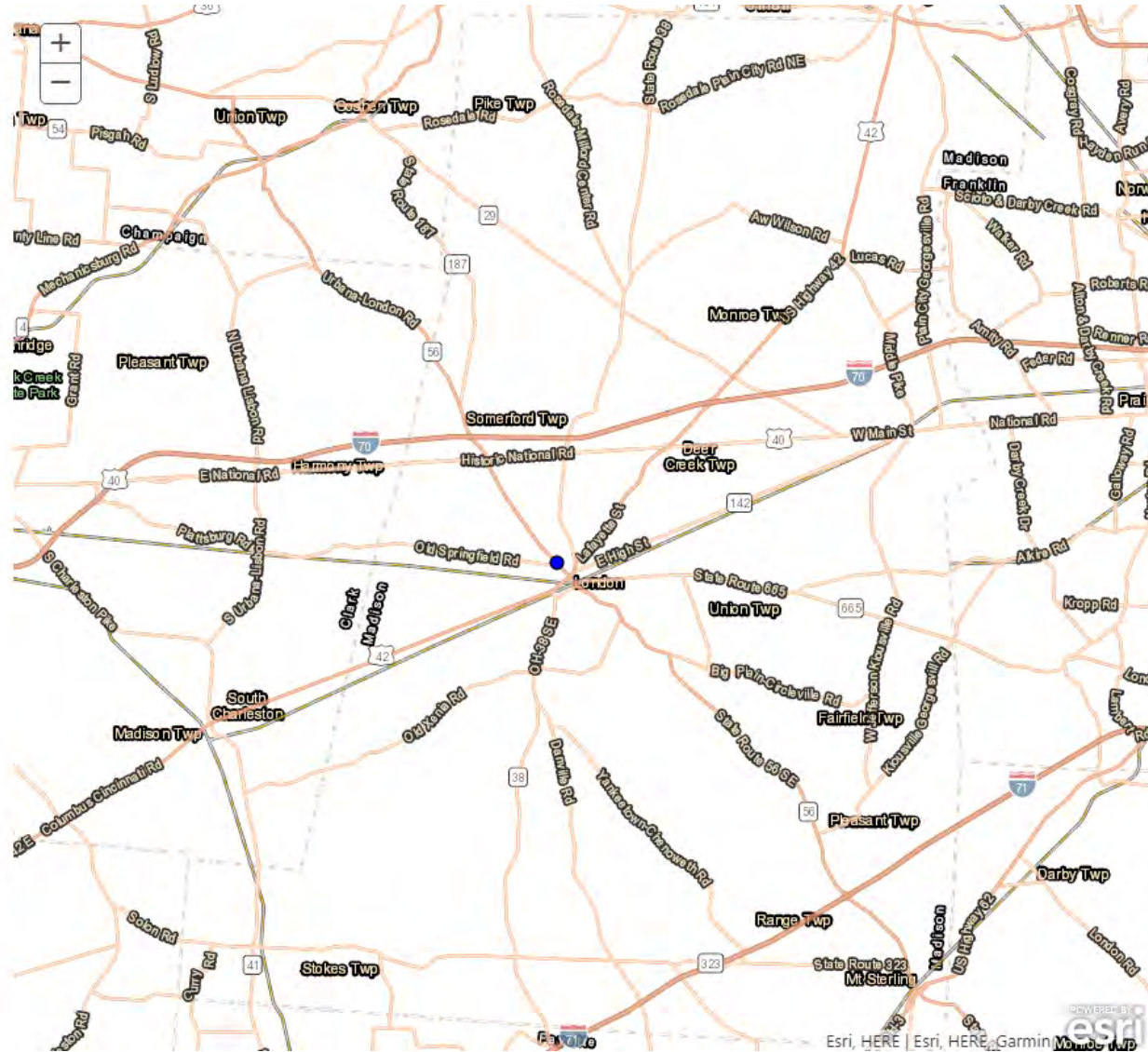
Source: Ohio Department of Health, Ohio OneSource

Chapter 7: Community Participation and Input

Community Health Assessments/Community Health Needs Assessments (CHA/CHNA) begin by describing the context in which the local public health system is performing and within which the community exists. This backdrop of information is generally called an environmental scan and is essential to strategic community planning. In the Mobilizing for Action through Planning and Partnerships (MAPP) process, the environmental scan is conducted via the Forces of Change Assessment. After assessing the external environment, a "SWOT"[5] analysis is conducted, which is comprised of the Local Public Health System Assessment (LPHSA) and the Community Themes and Strengths Assessment (CTSA). The LPHSA is an assessment of the local public health system that identifies strengths and weaknesses in the system. After that, an assessment of the strengths, opportunities, and threats of the community is conducted so that community capacity and resources are well understood as the foundation for a sustainable community health assessment.

Environmental Scan through the Forces of Change Assessment

The environmental scan is an external impact audit, particularly assessing the influences, implications, and impact of prevailing and emerging political, economic, social, technological and scientific, and legal/ethical factors or forces of change on a community. A critical reason to take the time to do an environmental scan is to understand the current and future contexts in which the community and the public health system will operate, and to engage stakeholders early in the CHA/CHNA process. If done well, the effort provides momentum toward achieving the strategic-plan goals and strategies. Environmental scanning:

- Focuses on anticipating the future instead of only describing current conditions.
- Has a wider scope than traditional data collection. This analysis uses an assumption that unsuspected sources – such as social, economic, political and technical indicators — may cause major impacts on the local public health system and the community. In a scan, planners are looking for signals instead of statistics.
- Allows for participants to analyze the interactions of events, factors, and trends.
- Is a critical and ongoing part of the planning process in which information on external events, factors, and trends are continuously collected and considered throughout the planning process.

Forces of Change-PESTEL Analysis

A PESTEL analysis is a framework or tool used to present the macro-environmental factors that may have a profound impact on a community's health. The factors include:

- **P**olitical
- **E**conomic
- **S**ocial
- **T**echnological/Scientific
- **E**nvironmental
- **L**egal/Ethical

---

[5] SWOT stands for strengths, weaknesses, opportunities, and threats.

P	E	S	T	E	L
Factors					
• Social media platforms keep changing. • Different modes of communication are used by different age groups • There's an increasing demand for resources as the population grows	• Workforce—high turnover and gaps in skill sets that employers demand versus the skills that people have • Less local ownership of companies equates to less community engagement and/or investment	• Aging Population and an increasing need for services. • The waiting list for senior care is growing. • Quality of care for the elderly • The social aspect of recreational drug use; normalized use of risky substances • The continual change in drug of choice • Parents are increasingly involved in opioid abuse and the severity of abuse is increasing	• Internet access and cell service improvements; text messaging health reminders and health information • Teledoc/ telehealth trends	• The community and the nation are at the crossroads of prevention/health promotion and individual health choices • Sedentary lifestyles are on the rise	• Access to Medicaid is in place but people still don't know how to access insurance coverage. • The community and the nation are at the crossroads of prevention/health promotion and individual health choices • Integration of physical and mental health care, especially in regard to addiction. • Mental disorders and addiction issues are affecting youth at younger ages.
Impacts					
• The community's health is affected by how it gets health information. As media platforms change and age group media preferences persist, health and human services	• The community needs to explore and respond to the barriers to employment such as lack of transportation, need for quality child care, and living wage issues prevalent in some	• Cost of long-term care and few people carry long term health care insurance puts more pressure on the system • Government regulations that restrict facilities from taking	• The impact of these technological changes can benefit rural health service delivery. However, Computer literacy is important because so many services are offered via computers.	• Education does not appear to be sufficient to cause people to make behavioral health changes. Therefore, gaps and barriers need to be identified, especially where there are neighborhoods and populations experiencing health disparities.	• A lack of health insurance creates barriers for people to access the resources that Madison County does have • The ACS extends the impact of the Mental Health Parity and Addiction Equity Act (MHPAEA) so that many health plans must offer

P	E	S	T	E	L
professionals have to allocate human and other capital to stay abreast. • The increasing demand for resources in the County, due to population growth pockets, will impact service delivery and require public health to understand health disparities by geography, and health services gaps and barriers.	industries that put a strain on social services and households.	Medicaid patients is a federal policy issue • Lack of sufficient workforce to provide care to older adults • Legalization of marijuana and the health care and workforce implications; could lead to increased crimes of violence • Does create the need & opportunities for regional resources to join forces • Schools are currently overwhelmed by student needs • Public perception is impacted by normalization of marijuana use • Grandparents raising grandchildren	• Factors that may affect the adoption of telehealth include concerns over equipment or technology, concerns over service change, ease-of-use, and knowledge of the benefits of telehealth, access to care, cost, and privacy.	• Transportation problems have health impacts as they result in no shows • What evidence based programming may help, especially with populations experiencing health disparities? • Are brief interventions and motivational interviewing widely carried out in Madison County?	coverage for mental health or substance use disorders with at least an equal level of benefits as the plans offer for the treatment of physical health problems.

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis through the Local Public Health System Assessment and the Community Themes and Strengths Assessment

A SWOT Analysis consists of an internal vulnerability audit of the public health system in relation to the ten essential public health services, wherein it strengths, weaknesses, and opportunities are assessed. After this internal assessment, the wider community is assessed to define its current strengths, assets, and capacities, as well as the opportunities and challenges it may face in the future.

Process for consulting with persons representing the community's interests

Members of the community from the following agencies were consulted for the Community Themes and Strengths Assessment (CTSA) via an online survey:

Name		Agency
Marie	Dunsten	Bridges Community Action
Diane	Ulrich	Chamber of Commerce
Pat	Closser	City of London
Dan	Kaffenbarger	Educational Services Center
Jenn	Coleman	Family and Children First Council
Lori	Dodge-Dorsey	Job and Family Services
Stephen	Rath	London First United Methodist Church
Amanda	Hampton	Madison County Prevention
Chris	Cook	Madison County Public Health
Darcie	Scott	Madison County Public Health
Erin	Fawley	Madison County Public Health
Lauren	Robinson*	Madison County Public Health
Allison	Wenger*	Madison Health
Cindy	Holland	Madison Health
Cindy	Gross	Madison Health
Cindy	Stout	Madison Health
Danielle	Sanders	Madison Health
Curt	Gillispe	Mental Health
Brianna	Wilson	Mental Health & Recovery Board
Greta	Mayer	Mental Health & Recovery Board
Tracy	Stute	Mental Health & Recovery Board
Deetra	Huntington	OSU Extension
Mary	Griffith	OSU Extension
Modupe	Durojaiye	Rocking Horse Center
Kelly	Sparks	Sheriff's Office
J'Nell	Buehl	Sisters Elderly Care of London
Levin	Hutson	Township Trustee
Kerry	Pedraza	United Way
Carol	Murray	Wright State University
Jane	Dockery	Wright State University

*These stakeholders represented women during pregnancy, which is a population at higher health risk in Madison County

Focus groups are a key way of engaging community groups in the CTSA and for the CHA/CHNA process overall. Focus group sessions were convened as follows, involving [8] community participants at [2] locations, and about 15 employees of the Board of Developmental Disabilities during the month of October 2019. Focus group subject matter included Maternal and Infant Health, Mental Health and Addiction, and health challenges from an employee perspective. The results of focus groups are integrated into the SWOT Analysis.

	Helpful to achieving Public Health Goals	Challenges to achieving Public Health Goals
Internal Origin (Attributes of the Local	**Strengths** • Multiple agencies successfully conduct a primary role in monitoring health status to identify community health problems, including Madison Health, Madison County Public Health (MCPH), Rocking Horse	**Weaknesses** • Mobilizing community partnerships to identify and solve health problems is considered to be an area for improvement. Local public health leaders identify their continued challenge in solving health problems. The Mental Health and

| Public Health System) | Community Health Center (FQHC), Madison County Prevention (MCP), Mental Health & Recovery Board (MHRB), etc.

• MCPH, Adult Protective Services, Child Protective Services, & the Diversion Program play a primary role in diagnosing and investigating health problems and health hazards at the community level, while the hospital, FQHC, MHRB & their service providers, and FCFC play a secondary role. These agencies are supported by UW, Sheriff, Township Trustees, & the school system. The leadership and coordination among these agencies is a strength.

• Madison County leaders define their performance as optimal in terms of informing, educating, and empowering people about health issues. Beyond the agencies cited above, each town has a community center playing a primary role in this effort along with libraries, schools, OSU Extension (via SNAP-Ed & 4H), NAMI chapters, local media, and the Mayors offices. The Maternal/Infant Health focus group cited WIC as a strength in the community for overall child health and for lactation support for breastfeeding mothers. More information (e.g., about vaccines) and support for new mothers is welcomed for focus group participants. The Mental Health & Addiction focus group participants said more should be done to advertise the mental health services available in the County, including mental health services available at Madison Health. The Board of DD cited several foundational organizations that support community health, and stated: "One of the benefits of living in a small county is that everybody knows somebody from one of these agencies where you can get fairly quick answers."

• Developing policies and plans that support individual & community health efforts is considered a strength and is led by MCPH, Madison Health, Sheriff's Office, City of London & Mayor, Madison County Commissioners, FQHC, School districts, and MCP. Local government is "hands on" and partners with the local PH system.

• Enforcing laws & regulations that protect health & ensure safety is carried out by the local government, partnering with MCPH, Madison Health, FQHC, MRDD, Senior Care Agencies, & MHRB. Each of these agencies | Addiction focus group participants pointed to the need to mobilize the community around affordable housing, a homeless shelter, and group housing (pointing out that there are no sober houses for females in the County). The Board of DD employees also identified affordable housing as an enduring challenge, as is the lack of community mobilization around childcare for working parents and families with disabled children/family members. Primary roles are held by the Family and Children First Council (FCFC), FQHC, MHRB, Madison Health (via local and Columbus area hospital partnerships), & Madison County Prevention. Beyond mobilizing partnerships, solving health problems is impacted by resources both in the community and of the community, & as a rural County, that's where Madison is challenged

• Linking people to needed personal health services, and assuring the provision of health care when otherwise unavailable, points to strengths and weaknesses. Being in a small county, it is easier to link people to needed services, but being generally resource-challenged makes it more difficult to provide services to fill gaps. One gap area based on focus group participant experience is accessible health insurance coverage. The cost of Marketplace insurance is out of reach to focus group participants. As a result, they avoid seeing doctors and purchasing mental health medications due to cost. The Mental Health and Addiction focus group participants pointed to the need to improve accessibility to healthy options such as food and exercise equipment, as well as the need for public transportation. Five agencies see this as their primary role: Madison Health, MCPH, MHRB, Nationwide Children's, & the FQHC, with 1 agency playing a secondary role (MCP). While there is still room for improvement, this essential service is much improved compared to 10 years ago and even 3 years ago with the addition of the FQHC. Employees of the Board of Developmental Disabilities identified these needed services: mental health services and services for multi-system youth, affordable housing, respite care, and dental providers that accept Medicaid.

• Assuring a competent public and personal health care workforce can be a difficult service for a community to take ownership of. In recent years, "no wrong door" training was broadly provided to Madison County agencies, especially to train frontline personnel in "warm | |

perceives this as a primary role. While this essential service is a strength, Mental Health and Addiction focus group participants underscored the need to do more to "get drugs off the streets."

- Researching for new insights and innovative solutions to health problems is considered to be a strength. The FQHC created a new position in 2018 for an Innovations Research Coordinator—a doctor in Public Health who uses meaningful data to provide innovative care to the population served. Madison Health researches evidence-based practices such as telemedicine with OSU Medical Center regarding stroke response. FCFC is involved in research into the CompDrug MOMS program, which provides a 'one-stop' shop of services to women throughout pregnancy to meet both their addiction treatment and pregnancy needs. CompDrug is a federally recognized Opioid Treatment Program licensed by the Ohio Department of Mental Health and Addiction Services (OMHAS) and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).The Ohio State University (OSU) is evaluating these Central Ohio interventions.

hand-offs" of people who needed services not provided by the accessed agency. Workforce is a challenge in rural counties. Several agencies say they are a training ground for professionals who then go on to Columbus, etc., for bigger opportunities. Agencies like the FQHC & hospital access outside specialists to fill gaps

- Evaluating the effectiveness, accessibility & quality of personal and population-based health services is an area for improvement, but county agencies do have a commitment to implementing to fidelity evidence-based programs. Also, the hospital follows Press Ganey QA requirements; MCPH has instituted QI & performance management systems; the MHRB is state mandated to evaluate effectiveness, accessibility, and quality of services to the public, as is the FQHC. Mothers/Infant focus group participants identified the need to evaluate the effectiveness of lactation consultants, especially in Riverside Hospital in Columbus. These participants also cited lack of workplace support for new mothers in general and breastfeeding mothers in particular. These focus group participants also pointed to the need for follow up by health professionals immediately after child birth, rather than waiting 6 weeks for the follow-up appointment (even a call from a nurse is perceived as beneficial).

External Origin (Attributes of the community environ-ment—CTSA Results)	**Opportunities** - Satisfied with the small town feel where everyone knows each other - Services at the county level are accessible and centrally located - Staff working in social & human services wear many hats, and so clients don't get bounced around from one agency to the next - Having collaborative communities - We find the resources and we are accountable to the community for the resources we have. - There is a sense of increasing levels of mutual trust and respect across agencies as evidenced by city mayors working together, technology use which enables access to information, and using transparency to impede conspiracy theories.	**Threats or Needs** - Medicare and Medicaid possible changes; will Medicaid expansion in Ohio continue? - Cost of long-term care and few people carry long term health care insurance - Government regulations that restrict facilities from taking Medicaid patients - Lack of sufficient workforce to provide care to older adults - Insufficient health care workforce in general - Schools are currently overwhelmed by the needs - Opioid crisis - Gaming culture - Need for additional resources; the community needs to create a county-wide community foundation

- Voter turnout and passing levies are evidence of civic involvement in Madison County.
- Madison County must be creative with the resources it has—the Access Cowling Project is a good example (an inclusive and handicap accessible playground at Cowling Park)
  - Investment in Cowling Park met its investment target of $400,000 two years early
- The community support for expansion of mental health services
- Township representation in joint government efforts
- Madison Health (hospital) engaged the community in its facility expansion plans
- The Prevention Carnival and the physical spaces such as parks and playgrounds, walking/hiking trails, and bike trails, campsites
- Trauma-informed care
- Prevention efforts with youth; national training and resources

Chapter 8: Discussion and Conclusion

Summary of Favorable and Unfavorable Data Trends and Comparisons

Unfavorable County Trends or Comparisons to the State and/or Nation (actual data point or HP2020)	Favorable County Trends or Comparisons to the State and/or Nation (actual data point or HP2020)
Maternal and Infant/Child Health • First trimester care • Breastfeeding • Infant mortality	Maternal and Infant/Child Health • Preterm birth (except compared to HP2020) • LBW (except compared to HP2020) • Births to mothers ages 15-19
Chronic Disease • Overweight & obesity • High blood pressure • Diabetes • Cancers: Prostate, lung & bronchus, colon & rectum, melanoma of skin • Mortality: Heart disease Risk Factors: Syphilis & Gonorrhea rates; sleep deprivation (youth & adult); health insurance coverage for those 19-25 years, for African Americans, for Hispanics, non-citizens, those in poverty, the unemployed, those with less than high school education; could not see a doctor because of cost; did not take medication as prescribed due to cost; shortage areas & low number of doctors per 100,000; seeing doctor or dentist for routine check ups	Chronic Disease • High cholesterol • Arthritis Protective Factors: health insurance coverage for children, those 26-64, & 65+); youth seeing a dentist, a doctor for checkups, and seeing a mental health care provider Risk Factors: Chlamydia rate; drinking alcohol; cigarette smoking
Mental Health and Addiction Risk Factors: Youth who don't reach out for support to manage stress; Youth who report early onset alcohol use; sleep deprivation (youth & adult)	Mental Health and Addiction • Depressive disorder • Unintentional drug overdose Risk Factors: rate of youth ages 12-17 who drink alcohol; youth cigarette smoker & chewing tobacco;

Filtering Unfavorable Data Trends and Comparisons

Unfavorable County Trends AND Comparisons to the State AND Nation (actual data point or HP2020)
Maternal and Infant/Child Health • Breastfeeding (slight trend improvement in County) • Infant mortality
Chronic Disease • Overweight & obesity • Sleep deprivation • High blood pressure • Lung & bronchus

• Risk Factors: health insurance coverage disparities which can lead to other risk factors
Mental Health and Addiction
• Youth who don't reach out for support to manage stress
• Youth who report early onset alcohol use
• Sleep deprivation (youth & adult)

Process for identifying and prioritizing community health needs and services

Modified Hanlon Method

The data collection and analysis efforts for this CHA/CHNA have exposed priority health needs. The process used to select priorities from this needs assessment depends upon shared decision criteria, and relied upon a modified version of the Hanlon Method and PEARL test which has been promoted by NACCHO.[6] The first set of criteria used to uncover County priority health concerns pertain to prevalence, seriousness (e.g., hospitalization and death), trends, and/or comparison to state and/or national averages.

The next set of criteria were applied as practical criteria.

- Urgency – what are the consequences of not addressing this issue? Does it address an urgent health disparity for vulnerable populations?
- Economics –does it make economic sense to address this issue?
- Acceptability – are stakeholders and the community ready to address this priority?
- Alignment – can this effort align with a group already working on this issue? Does this issue align with the State Health Improvement Plan?
- 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?

Stakeholder Commitment for Using the Assessment

The following actions can be taken to demonstrate stakeholder commitment to use the assessment:

- Include a link to the Health Department's and/or hospital's health assessment on their websites.
- Reference the document using the agreed upon citation in all research and grant applications.
- As a stakeholder group, agree to regularly monitor health status in community meetings.
- Make a motion in a stakeholder meeting to commit to using the assessment.
- Present the assessment, or elements of it on Facebook, and agree as stakeholders to follow, share, and like the Facebook posts.

---

[6] Specified Criteria –: size of health problem, magnitude of health problem, and effectiveness of potential interventions; PEARL: • Propriety – Is a program for the health problem suitable? • Economics – Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out? • Acceptability – Will a community accept the program? Is it wanted? • Resources – Is funding available or potentially available for a program? • Legality – Do current laws allow program activities to be implemented?

Appendices

Appendix A: Community Participation and Input

Local Public Health System Assessment (LPHSA) Findings Summary Table for Option One

Please see the guidance document for two options for carrying out the local public health system assessment. A streamlined method for presenting the assessment findings for option one, "Mapping and Assessing the Local Public Health System," is presented in the table below.

Essential Service	Score^	Strengths	Weaknesses
1. Monitor health status to identify community health problems.	75%	Multiple agencies successfully conduct a primary role in monitoring health status to identify community health problems, including Madison Health, Madison County Public Health (MCPH), Rocking Horse Community Health Center (FQHC), Madison County Prevention (MCP), Mental Health & Recovery Board (MHRB), etc.	There is room to improve the sharing of information and coordination across agencies, although the multi-agency involvement in the Community Health Assessment aids in coordinated monitoring.
2. Diagnose and investigate health problems and health hazards in the community.	75%	MCPH, Adult Protective Services, Child Protective Services, & the Diversion Program play a primary role in diagnosing and investigating health problems and health hazards at the community level, while the hospital, FQHC, MHRB & their service providers, and FCFC play a secondary role. These agencies are supported by UW, Sheriff, Township Trustees, & the school system. The leadership and coordination among these agencies is a strength.	There is a lack of data system coordination between entities. There are technology and resource shortages in this rural county.
3. Inform, educate, and empower people about health issues.	100%	Madison County leaders define their performance as optimal in terms of informing, educating, and empowering people about health issues. Beyond the agencies cited above, each town has a community center playing a primary role in this effort along with libraries, schools, OSU Extension (via SNAP-Ed & 4H), NAMI chapters, local media, and the Mayors offices.	
4. Mobilize community partnerships to identify and solve health problems.	50%	Primary roles are held by the Family and Children First Council (FCFC), FQHC, MHRB, Madison Health (via local and Columbus area hospital partnerships), & Madison County Prevention.	This ES is considered to be an area for improvement. Local public health leaders identify their continued challenge in solving health problems. Beyond mobilizing partnerships, solving health problems is impacted by resources both

Essential Service	Score^	Strengths	Weaknesses
			in the community and of the community, and as a rural County, that's where Madison is challenged.
5. Develop policies and plans that support individual and community health efforts.	75%	Developing policies and plans that support individual & community health efforts is considered a strength and is led by MCPH, Madison Health, Sheriff's Office, City of London & Mayor, Madison County Commissioners, FQHC, School districts, and MCP. Local government is "hands on" and partners with the local PH system.	Policies and plans are largely established at the agency level; coming together to understand how all agencies fit together to ensure this essential service is accomplished more commonly on a topic by topic basis.
6. Enforce laws and regulations that protect health and ensure safety.	75%	Enforcing laws & regulations that protect health & ensure safety is carried out by the local government, partnering with MCPH, Madison Health, FQHC, MRDD, Senior Care Agencies, & MHRB. Each of these agencies perceives this as a primary role.	There is some question of the system having complete and thorough enforcement of some of the smaller communities.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	62.5%	Five agencies see this as their primary role: Madison Health, MCPH, MHRB, Nationwide Children's, & the FQHC, with 1 agency playing a secondary role (MCP). While there is still room for improvement, this essential service is much improved compared to 10 years ago and even 3 years ago with the addition of the FQHC. This ES points to some strengths. For example, being a small county, it is easier to link people to needed services.	Being generally resource-challenged makes it more difficult to provide services to fill gaps.
8. Assure a competent public and personal healthcare workforce.	50%	Assuring a competent public and personal health care workforce can be a difficult service for a community to take ownership of. In recent years, "no wrong door" training was broadly provided to Madison County agencies, especially to train frontline personnel in "warm hand-offs" of people who needed services not provided by the accessed agency. Agencies like the FQHC & hospital access outside specialists to fill gaps.	Workforce is a challenge in rural counties. Several agencies say they are a training ground for professionals who then go on to Columbus, etc., for bigger opportunities.
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services.	50%	County agencies do have a commitment to implementing to fidelity evidence-based programs. The hospital follows Press Ganey QA requirements; MCPH has instituted QI & performance management systems; the MHRB is state mandated to evaluate effectiveness, accessibility, and quality of services to the public, as is the FQHC.	Evaluating the effectiveness, accessibility and quality of personal and population-based health services is an area for improvement. Many people do not have a medical home. There is some lack of health literacy in the community. Lack of

Essential Service	Score^	Strengths	Weaknesses
			transportation is also an access barrier.
10. Research for new insights and innovative solutions to health problems.	75%	This ES is considered to be a strength. The FQHC created a new position in 2018 for an Innovations Research Coordinator—a doctor in Public Health who is poised to use meaningful data to provide innovative care to the population served. Madison Health researches evidence-based practices such as telemedicine with OSU Medical Center regarding stroke response. FCFC is involved in research into the CompDrug MOMS program, which provides a 'one-stop' shop of services to women throughout pregnancy to meet both their addiction treatment and pregnancy needs. CompDrug is a federally recognized Opioid Treatment Program licensed by the Ohio Department of Mental Health and Addiction Services (OMHAS) and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). The Ohio State University (OSU) is evaluating these Central Ohio interventions.	As a rural county, there are limited resources to dedicate to research.

^ Agreed upon score in response to the question, "Is the community adequately addressing this essential service?" based on a five-point Likert scale response of no, minimally, moderately, significantly, and optimally.

Community Themes and Strengths Assessment (CTSA) Findings Summary

After the internal assessment of the local public health system, the wider community is assessed to define its current strengths, assets, and capacities, as well as the opportunities and challenges it may face in the future. In this way, community capacity and resources are well understood as the foundation for a sustainable community health assessment.

Beyond conducting the CTSA with the steering committee, the CTSA is an excellent means of involving the broad community in the CHA/CHNA process. Many options are available for carrying out the CTSA. Whether gathering data from the community via surveys, county fairs, town hall meetings, focus groups, etc., if the same questions are posed to the steering committee as to the broad community, the results can be compared. The table below demonstrates a means of presenting CTSA results.

	Steering Committee Findings
What do you believe are the 2-3 most important characteristics of a healthy community?	• Mental and physical wellness and resources to sustain it • Fiscal soundness
In what ways are you satisfied with the quality of life in the County?	• Satisfied with the small town feel where everyone knows each other • Services at the county level are accessible and centrally located

	• Staff working in social and human services wear many hats, and therefore clients don't get bounced around from one agency to the next. • Having collaborative communities • Madison County must be creative with the resources it has—the Access Cowling Project is a good example (an inclusive and handicap accessible playground at Cowling Park) • We find the resources and we are accountable to the community for the resources we have.
List the networks of support for individuals and families in the County.	• Family & Children First Council has 49 involved agencies, and FCFC leads wrap around service delivery • Mental Health & Recovery Board and its MH service providers • Alcohol, Tobacco and Other Drug (ATOD) programs in West Jefferson and Plain City (which also has suicide prevention) • We Care prevention services • Job & Family Services and the benefits it provides • United Way 2-1-1 • Rocking Horse FQHC • The faith-based community offering free meals; meeting space for AA/NA/Al Anon, etc. And they run the community rec center which is privately owned and the Board is comprised of the faith community • Educational Service Center and its network of schools • OSU Extension and its 4-H program & SNAP-Ed program • Boy Scouts & Girl Scouts • Chambers of Commerce and the support they provide to small businesses including Rx access • Recreation & sports via churches, parks at the city and county levels, and the Athletic Association • The community needs to create a county-wide community foundation
How are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals? If they are not increasing, describe the barriers.	There is a sense of increasing levels of mutual trust and respect across agencies as evidenced by city mayors working together, technology use which enables access to information, and using transparency to impede conspiracy theories. Trust and respect are affected by access to information and by change. Recent EMS delivery changes affected community trust; people generally resist change.
Provide examples that show an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments in this County.	• Voter turnout and passing levies are evidence of civic involvement in Madison County. • The Prevention Carnival and the investment in Cowling Park that met its investment target of $400,000 two years early • The community support for expansion of mental health services • Township representation in joint government efforts • Madison Health (hospital) engaged the community in its expansion plans.

What are the best assets and resources in the County that can be mobilized and employed to address health issues?	• Madison Health and Madison County Public Health • MHRB and its service partners • Social service agencies • City mayors, the County, and townships • Faith community • United Way • School foundations • Downtown Associations • Agricultural Community/Farm Bureau • Community Improvement Corporation • OSU Extension • Libraries • Physical spaces such as parks and playgrounds, walking/hiking trails, and bike trails, campsites

Focus Group Findings Summary

Focus groups are a key way of engaging community groups in the CTSA and for the CHA/CHNA process overall. To be treated as an organization described in Section 501(c)(3), hospital organizations must meet the requirements imposed by Section 501(r), including a Community Health Needs Assessment (CHNA). The IRS Form 990 Schedule H provides guidance on the elements of a CHNA, including:

- Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups.
- A process for consulting with persons representing the community's interests.

What are the top concerns facing your community?	
Maternal & Infant Health Focus Group	• Postpartum depression—need services or outreach for that condition; mothers need a support system • Finding a balance; with many mothers working, if the children get sick, then it makes it hard. Juggling and balance are true challenges. • There is little thought about supporting new mothers; even phone call support would help. Another Mom said, "WIC helped me out a lot with her. If it wasn't for WIC, I would not be breastfeeding her." • "I feel like there's a lot of "mommy pressure" everywhere you go"; referring to pressure to be the perfect mom coming from social media.
Mental Health & Addiction Focus Group	• Absence of low-income housing and homeless shelter was brought up as one of the pressing issues for the community • Lack of public transportation options was among the most discussed issues. It affects the quality of life and access to health of the community.
Madison County Board of Developmental Disabilities Workforce Focus Group	• Absence of insurance and high insurance deductible costs; excessive use of ER due to lack of knowledge drives the insurance costs up. • Lack of Mental health services and social stigma associated with receiving mental health or addiction treatment. • The increasingly young age of people with mental health and behavioral issues. • Increase in the number of cases with developmental disabilities while the access to services remains insufficient. • Lack of affordable housing.

	• Lack of childcare services and respite services for foster families or families with children with disabilities that cannot be left home alone.

What do you think are the most important traits of a healthy community?	
Maternal & Infant Health Focus Group	• Not asked
Mental Health & Addiction Focus Group	• "Balanced diet and exercise." • "Take care of yourself, hygiene." • "Access to doctors and medicine that you might need." • "A healthy balance between work and family." • "Mental well-being."
Madison County Board of Developmental Disabilities Workforce Focus Group	• Not asked

What stands in the way of taking care of yourself?	
Maternal & Infant Health Focus Group	• In terms of having a doctor for themselves, these moms considered that less of a priority than having a doctor for their child. • "I have a good relationship with my OB/Gyn and prefer that doctor to serve as my primary care physician. "Just being pregnant, my OB has become more of a primary care doctor just for now. I mean, I have a primary care doctor, but I haven't seen her in probably two years." (There was general agreement with this statement by all participants.) • Two moms said that they have signed their children up for Medicaid health coverage due to costs. One mom said, "One $200 bill and we're homeless."
Mental Health & Addiction Focus Group	• Working long hours. • There are things that knock you down. • A lot of it is time management. It's a lot easier to run through Wendy's or McDonalds… • Finances are a big obstacle. …It's quicker to go through the drive through at McDonalds but it's also cheaper. • Food is expensive; the gym is expensive. • That's all I can do is walk short distances, that's basically all I do. Without a vehicle it's hard to really get to lots of places.
Madison County Board of Developmental Disabilities Workforce Focus Group	• "A lot of employees with younger children at home suffer from lack of sleep or interrupted sleep due to constantly worrying about their children." • "People don't know how to "unplug" anymore, they are constantly on some kind of electronic device." • Lack of childcare services in general and working third shifts makes it even harder to find childcare. • "The Ohio revised code is very generous to us as far as sick leave, whereas other people that work with us – direct care providers – they do not have that benefit. If they take off work, they do not get paid." • "Life gets in the way."

	• "The sitting at work is a huge issue, because they've done studies that say that sitting is the new smoking. We try to sit on the bouncy balls and do different things, but the stand-up desks are huge, because it does allow you to stand up, move around. I think once you get home then you're moving, you're on the go, even if you're not exercising. But it's that eight hours of sitting that's an issue."

Challenges facing the Community	
Maternal & Infant Health Focus Group	• "When me and my fiancé lived here in London, at Spring Valley Trailer park, that's crackhead haven. Literally, everybody struggled to get resources, everybody struggled to get what they needed. And raising a kid in that situation – I would never. … you see all the kids running around with little to no clothes and that's all because their parents struggle." • "And some of those parents don't have a vehicle to get any of the resources, to come to the places that are offering services, they don't have a vehicle to get them and their children to get to services." • "I know there's a couple of particular families that my husband and I know that they have had trouble. They no longer do WIC because they just don't have a vehicle to get to the appointments. Just not having a vehicle is very inconvenient so to speak. They are just a one-income household. Some families don't have enough clothes or food, even though they may get Medicaid and food stamps, and food pantry, you have to have a vehicle to be able to get and spend those food stamps, and some people if they get a ride will charge them their food stamps, so they have no more food stamps. So, if you give me 40 dollars in food stamps, I'll give you a ride to the store. So, they have to use all their food stamps in one trip, just to be able to get a ride to get what they need." • [When our neighbors with a newborn baby were struggling] "me and my fiancé went through our house and our cabinets in our kitchen, because they needed food, they were out of food, boxed up everything that we didn't want, even if we wanted it, and gave it to them because we have transportation to the store, we have a little extra cash to be able to go buy our food and what we need, but they're struggling right now, they don't have bread or stuff for their baby to eat, stuff for them to eat." • Doctors in this county don't just suggest or recommend getting your children vaccinated. Their message is, "You better do it." "You do it their way or the highway." One participant mentioned the nonchalance of doctors about vaccines, and other participants implied it, like saying that their child received a shot with little preparation by the doctor first. Or the mom is so busy dealing with a small child and is distracted from asking questions about the vaccines. • One mom described a bad experience while in the Riverside Hospital in Columbus after having just given birth and while struggling with breastfeeding, where she was told by a lactating specialist, "Well, I've tried everything I know, so…" "How am I supposed to react to that?"

	• As a result, the mother felt inadequate, like she wasn't enough, and it increased her stress level. "In the end, my exhaustion drove my decision of how I would feed my infant." • Another participant pointed out that employers are not very pro-breastfeeding. "There were several of us mothers who had kids around the same time, and you try to fight for your right to the breaks, and a place to pump, and do all that stuff. And they stuck us in a conference room that wasn't blocked off for this [purpose]."
Mental Health & Addiction Focus Group	• No housing for the homeless • Apartment rent is expensive, and it takes a lot of money for the deposit. When you are just starting out, that's the money you don't have. • The men's sober house provides 4 or 5 rooms. There is no women's house for sober living in Madison County. • "It would be nice to have a [program that helps you set your priorities straight, provides job training, and after graduation helps you find a job and even buy a house]." • Help people to get to homeownership • Transportation • Access to healthy food and exercise options • Cost of medications • Getting the word out about available resources.
Madison County Board of Developmental Disabilities Workforce Focus Group	• "I think our county has a lack of mental health services, and/or addiction services. There's only one agency that I'm aware of; there's not a lot of options here. Here there's a lack of services and people with the knowledge. I still think there's such a high stigma of mental illness and addiction that it creates another barrier for people to get the help that they need." • "A major issue that I've dealt with this year has been affordable housing, here locally. There are a lot of apartment complexes, but we're talking $700 to $800 rent, and the ones that are subsidized, the waiting lists are unreal, one to two years. And for someone living on social security it's nearly impossible." • "There is no respite services [in situations with] young children, adults, foster families. If you've got a young kid with disabilities, and you don't trust anybody else and there's no specialized day care, and you wanted to go someplace and not take that child, there's not much of an option." • "Madison County is very fortunate that through our Family Council we have lots of tremendous agencies that do a lot for a lot of people. Community action, different churches – we have a very strong Family Council that has a lot of resources for a lot of people. But childcare and respite care – those two buckets are huge for people that have that need." • "Multi-system youth – these kids get younger and younger, and they get no service, or they don't get proper services. We don't know yet what the outcome is going to be because we are just now starting into it, but we're getting younger and younger kids that have behaviors that we had never seen before, and that's state-wide. Most services, especially respite, won't service them until they are nine or ten, but there are kids that are seven and eight that can't stay in their homes because of their behaviors."

	• "In the last six months our intakes… we probably had more intakes and people calling for services than in the previous two years. Probably double." • "There's a shortage of Medicaid dental providers. I don't know if there's any in county that take Medicaid." • "When you have people with disabilities that might have certain behaviors – it's a struggle, and most of them have to go see a specialist and be sedated. Locally they don't typically handle those." Lack of sleep for both adults and youth were mentioned as a serious issue. • "My boys are both teenagers, and they don't get enough sleep. With the time they have to wake up every morning with school starting at 7:20, I think it's an issue." • "I feel like kids are just more involved in stuff for whatever reason, and all people do is run around, I don't know how they even have time to do things, to eat and do homework." • "It's important that kids are involved, but when it takes them till 11 and 12 at night to get their sports in, get back home from the sports program, get their homework done, no, they're not getting enough sleep." • "You have to go do everything [for the kids], so by the time they go to bed, then it's my turn, I've got to get everything else done, so I'm up until midnight trying to get everything else done."

What is the most important thing your community could change to improve people's health?	
Maternal & Infant Health Focus Group	• The focus group participants stated that a mom's support group is so necessary in this rural county. The support group could provide breastfeeding support, share information about vaccines, share information about good doctors/pediatricians, and more.
Mental Health & Addiction Focus Group	• "Get the drugs off the street." • "To get the drugs off the street, you have to have a place to go to, a place to live, to take pride in something. Have a counsel or somebody to talk to, to let you know there is another way" • "A lot of us including myself have a lot of mental health issues that we were self-medicating that we weren't aware that we had. Removing the stigma of having a mental health issue is going to help. That way, people [will be] more comfortable acknowledging the fact that they do have mental health issues and we'll all go seek the treatment that we need, getting us one step closer to solving the drug issue.
Madison County Board of Developmental Disabilities Workforce Focus Group	• "If we can make everyone realize how important your own health is. If people could prioritize their own health and mental health, then by design it's going to trickle down to those around them." • "We have to continue to educate people. You can have everything in the world available to folks, but if they don't understand the importance of it, they will not use those services." • "People need to understand the preventative health aspect. A lot of times our insurance does pay for preventative."

	• "Parents and the schools have to work together. You can give the children all the information you want, but if it's not practiced at home, it's never going to fly."

What are the best assets & resources in the community that can be used to address health issues?	
Maternal & Infant Health Focus Group	•"I'd say WIC helped me out a lot with [my baby]. If it wasn't for WIC, I would not be breastfeeding her. … they drove all the way to Children's, met me in the hospital, they helped me, they came into my house • A pediatrician in West Jefferson was described very favorably.
Mental Health & Addiction Focus Group	• After-care programs every Friday. They taught me how to balance my life and allowed me to reprioritize important things in my life." • Sobriety houses. Without them I would be in a very-very toxic situation." • "Counseling. It is very helpful having somebody really positive to talk to." • "Getting a sponsor and getting involved with the church." • "Access to my medication, I think my medicine has been helping me more than anything. I don't think I could function without my meds."
Madison County Board of Developmental Disabilities Workforce Focus Group	• Family council. • "Madison county ride. I don't know what people would do if that wasn't available to them." • "The health department – it is a tremendous resource for folks." • The local hospitals. • Community Action. • The Madison County Board of Developmental Disabilities. • "Schools. The schools are typically the first line of contact, especially for children. They usually are the first ones to recognize an issue." • "Churches are a big resource. There are a lot of churches that, especially in the summertime, try to open up and do a lot of things for the kids." • "Libraries. There are libraries in all the major communities that do a lot of things for families and kids." • "The consistency and availability [of programs provided by different agencies]. You can go there year-round, there's things offered all the time." • "Agencies do a good job getting information out about what services they do provide." • "One of the benefits of living in a small county is that everybody knows somebody from one of these agencies where you can get fairly quick answers." • The cluster meetings.