Madison HEALTH

2022 Community Health Needs Assessment

TABLE OF **CONTENTS**

Introduction

Health Needs Assessment

Letter From The CEO

To Our Community Members:

Welcome to Madison Health located in London, Ohio. Whether it's choosing a primary care physician, locating a specialist, or scheduling diagnostic tests, our healthcare team is here to meet your needs. Our family of providers is a special group. They have chosen to work in our community so they can give patients the personal care they want and deserve. The organization consistently meets the health care needs of the community and the people in which it serves.

Our goal with the attached Community Health Needs Assessment ("CHNA") is to better understand the range of issues affecting community health needs including local healthcare services provided and any gaps that may exist in meeting those needs. Moreover, through this assessment process, report, and subsequent actions, we hope to strengthen the understanding and working relationships among and between the hospital and the other various health care, social service, and community providers who play a role in shaping the health status of our community. In the new era of population health management, it will be imperative that various providers and organizations work together in a collaborative fashion to better serve patients and provide care and service that is more focused on prevention, health promotion and wellness.

The significance of better understanding our community's needs was highlighted with the Patient Protection and Affordable Care Act requirements passed on March 23, 2010. New requirements for tax-exempt hospitals were added to the Internal Revenue Code mandating hospitals to conduct a community health needs assessment every three years and to adopt an implementation strategy to address applicable needs detected during the assessment process.

During 2022, a CHNA was conducted by Madison Health for the region we serve. We will be developing an implementation strategy for the applicable needs addressed and the results will be summarized in a separate report approved by Madison Health and its Governing Board.

We are pleased to present this comprehensive CHNA which represents a comprehensive assessment of health care needs in our community. We look forward to working with you and others to optimize community health and continue meeting Madison Health's mission of providing outstanding health care to the people we serve.

Dan E Eng
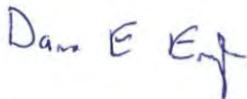
Dana Engle, Chief Executive Officer

MISSION

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

VISION

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

VALUES

- Respect for people
- We treat everyone with kindness and respect
- Stewardship of Resources
- We manage the resources entrusted to us in a responsible and effective manner
- Commitment to Excellence

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

Madison HEALTH

2

CPAs/ADVISORS
blue

On behalf of Madison Health (the "Hospital"), a community health needs assessment ("CHNA") was conducted in 2022 primarily to identify the major health needs, both met and unmet, within the surrounding community. Madison Health is located in Madison County which lies between Springfield and Columbus. 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.

The community's geographic area is comprised primarily of Madison County (populations 44,731), including London, Mount Sterling, South Solon, Midway and Choctaw Lake, Ohio. The primary service area of the hospital is Madison County, and its neighboring counties of Clark County (West) and Franklin County (East).

The primary objectives of the CHNA were to: 1) identify major health needs within the community in an effort to improve the health of the area's residents and facilitate collaboration among local healthcare providers, and 2) satisfy the federal guidelines within the Patient Protection and Affordable Care Act ("PPACA") of 2010.

Data for this CHNA was collected from primary and secondary sources to identify key findings and gaps that may exist between health needs and services provided within the community. The method of collection for primary data were personal interviews with local community leaders and online surveys. Secondary data sources included state, local and national data from a variety of sources including, but not limited to, U.S. Census, County Health Rankings, Centers for Disease Control and Prevention (CDC), etc. All data sources were reviewed and analyzed to identify key findings with strategic implications and for benchmarking. As a result, the overarching themes from all data sources were:
- Obesity / Inactivity / Unhealthy Food
- Access to Care
- Cancer Incidence and Mortality
- Substance Abuse

To capture representation of those groups less likely to participate on an online survey (i.e., homeless, immigrants, etc.), interviews were conducted with community leaders and others who work directly with members of disadvantaged population to consider broad interests of the community served.

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

*This report was designed and produced by Blue & Co., LLC.

Madison Health Foundation

As a private, non-profit organization, the hospital, through charitable gifts and fundraising, is able to support Madison Health and its close-to-home healthcare services. In today's healthcare environment, few hospitals can afford to finance all their capital needs. Madison Health depends on the Madison Health Foundation and the philanthropy of individuals who care deeply about health care to help keep pace with healthcare trends.

The Foundation was created as a separate non-profit organization in 1974 and is administered by a local Board of Trustees. Whether a donation is given for a specific purpose or with no restrictions, the Foundation trustees ensure that each gift is properly managed and utilized as intended by the donor. The Madison Health Foundation is an approved 501(c)(3) nonprofit corporation, making your contribution tax deductible to the full extent of the law. No administrative expenses are deducted from charitable gifts to the Foundation.

Contributions to the Foundation make it possible for the hospital to:
- Enhance patient care services
- Purchase state-of-the-art equipment
- Complete expansion and renovation projects

History

Since 1915, Madison Health had been a dream and a goal of county citizens. That dream was realized when the hospital opened its doors in 1962.

"Our founders" worked hard to ensure the new hospital offered modern conveniences and equipment. Today, it continues to be our mission to offer the latest technology and a healing environment for exceptional patient care.

Madison Health is proud to have the technology, expertise, and the compassion to be your local partner in health care.

Breast care services	Pain Management
Cardiopulmonary	Pulmonology
Digital Mammography	Radiology
Emergency	Rehabilitation
Dietitian services	Sleep lab
Laboratory	Social services
Medical Withdrawal Management	Sports Medicine
Nephrology	Surgery
Neurology	Urgent care
Occupational health	Urology
Oncology/chemotherapy	Women's Health
Orthopedic surgery	Wound Care

Service Area & Community of the Hospital

The CHNA was conducted by the Hospital during 2022 for Madison County and neighboring communities. Madison county has approximately 44,731 (2019 U.S. Census) residents and is roughly 467 square miles. Additionally, the Hospital provides services to members of the bordering counties of Clark (136,001), Franklin (1,316,756), Mechanicsburg (1,902) and South Vienna (568). The number of persons per household in Madison County is 2.58 (U.S. is 2.53) and race is as follows: 90.0% White, 6.5% Black or African American, 0.4% Native American, 1.4% Asian, and 1.7% from two or more races.

When ranking the health of Ohio compared to other states, Ohio falls rather high (lower is better) coming in at 38th out of 50 states. Out of the 88 counties in Ohio, Madison is ranked 37. Madison's current ratio of patients to primary care physicians is 2,960 patients to 1 physician. The Ohio average is 1,300 to 1.

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

Service Area Maps

Conducting the Assessment

Overview

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

The CHNA requirements were effective starting taxable years beginning after March 23, 2002. On December 29, 2014, the Treasury Department and the IRS published final regulations for section 501(r) located in 26 CFR part 1, 53, and 602.

The Hospital is licensed by the Ohio State Department of Health as a hospital facility. The hospital is also accredited by the Joint Commission on the Accreditation of Healthcare Organizations ("JCAHO").

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

Community Health Needs Assessment Goals

The assessment had several goals which included identification and documentation of:
- Community health needs
- Quantitative analysis of needed physicians by specialty in the service area
- Health services offered in the Hospital's service area
- Significant gaps in health needs and services offered
- Barriers to meeting any needs that may exist

Other goals of the assessment:
- Strengthen relationships with local community leaders, health care leaders and providers, other health service organizations, and the community at large
- Provide quantitative and qualitative data to help guide future strategic, policy, business, and clinical programming decisions

The list below provides the top identified needs from Madison Health's 2019-2021 CHNA. The implementation plan from the previous CHNA were impacted by the Covid-19 pandemic. The strategies were then shifted by the identified areas below to providing resources needed in the community for Covid-19 support.

Priority	Champions
Maternal and Infant Health	
• Infant Mortality: Reduce the infant mortality rate by preventing the leading causes of infant mortality	Madison Health, Madison County Public Health, and the Infant Mortality Task Force
• Breastfeeding: Achieve improved breastfeeding rates in the community	Madison Health, Madison County Public Health, & the Rocking Horse Community Health Center (FQHC)
Chronic Disease	
• Overweight and obesity: Partner in delivering Food Pharmacies where patients can enhance their cooking skills through cooking demonstrations, receive nutrition and health tips, undergo health screenings, and get referrals to other food assistance programs. • Diabetes and Wound Care	Madison Health & the Rocking Horse Community Health Center (FQHC)
• Sleep deprivation: Increase public knowledge of how adequate sleep and treatment of sleep disorders improve health for adults and children	Madison Health and its partnership with the OSU/Mount Carmel Health Alliance, & Madison County Public Health
• High blood pressure and lung and bronchus cancer: Improve access to community-based pulmonary health support	Madison Health and its new pulmonologist

Madison Health – Pandemic Support to the Community for COVID-19

In March of 2020, COVID-19 changed the way Madison Health conducted business. The leadership team, employees and providers at Madison Health worked together to develop support to the community as the COVID-19 pandemic evolved. Shortly after the pandemic began, an order made by the Department of Health stopped all non-essential elective surgeries and procedures. The leadership team collaborated to shift employees and providers to areas that were the most impacted by the pandemic, moving nurses from surgery and cross training them to the Emergency Room (ER) and Intensive Care Unit (ICU) as COVID-19 began to surg in Madison Health. Surgeons and Primary Care providers were given a crash course to assist with triage in the ER if needed. Madison Health consulted with a microbiologist from Battelle research institute who was an expert in bio-hazard safety and employees were trained in cleaning and disinfecting protocols in high touch areas to ensure our facilities were safe for both employees and patients.

As the crisis evolved, Madison Health joined forces with others in the community to battle the pandemic. In collaboration with the local health department, a field assessment team was created to test residents of extended care facilities and local group homes for those with developmental disabilities. The team was deployed to the following locations: a local group home, London Health and Rehab Nursing Home, the Madison House Assisted Living Facility, and the Madison County Senior Center. The team used various resources from the health department, medical reserve corporations and the Madison Health emergency preparedness coordinator. The Hospital also shared and delivered personal protective equipment (PPE) and airway filters to area emergency medical service (EMS) agencies and maintained "push packs" (predetermined list of supplies sent quickly to areas in need) for outbreaks in extended care facilities. Madison Health maintained a presence on the Madison County COVID-19 workgroup, which is a multidisciplinary team including schools, the health department, law enforcement, the courts, and area EMS agencies. Madison Health also assisted another hospital with an urgent need for PPE for Powered Air-Purifying Respirator (PAPRs).

Madison Health also provided the following in the community:
- A testing station to provide tests to members of the community
- Employees visited various local businesses and industries to discuss COVID-19 and make our testing facilities available
- A hotline established and manned by hospital employees to answer COVID-19-related questions
- A screening package consisting of a shelter, tables, and chairs was provided to the health department to use temporarily as a vaccination clinic at the Molly Caren Center
- Daily updates provided to local, state, and federal partners regarding the status of our facility, supplies and census to help facilitate planning and use of resources
- Monitor the pandemic daily and remain committed to serving our community

Process and Methodology

Documenting the healthcare needs of a community allows healthcare organizations to design and implement cost-effective strategies that improve the health of the population served. A comprehensive data-focused assessment process can uncover key health needs and concerns related to education, prevention, detection, diagnosis, service delivery and treatment. Blue used an assessment process focused on collection of primary and secondary data sources to identify key areas of concern.

Blue and Madison Health developed interview questions and a survey to gather information from key stakeholders in the community. Blue then conducted the conversations with community leaders as well as members of the hospital's medical staff and sent surveys that could be completed online. The community outreach data collection strategy was targeted at engaging a cross-section of residents from the community as discussed in the next section. Once data had been collected and analyzed, meetings with Madison Health leadership were held to discuss key findings as well as refine and prioritize the comprehensive list of community needs, services, and potential gaps.

Primary Data Collection Methods

The primary data was collected, analyzed, and presented with the assistance of Blue. Two primary data collection methods were used: 1) surveys and 2) personal interviews.

Surveys

A survey was developed by Madison Health and used as a method to solicit perceptions, insights and general understanding from community members who represent the broad interests of the community, including those with special knowledge of or expertise in public health. These individuals also represented the interests of the medically underserved, low-income, and minority populations of the community served.

Personal Interviews

Personal interviews were conducted by Blue with a total of seven (7) participants during April and May 2022, with each session lasting approximately 45 minutes. These interviews were conducted with members from the communities being served by Madison Health including community leaders, health experts, public officials, physicians, hospital employees, and other health professionals and providers including those associated with Madison Health. The primary objective was to solicit perceptions regarding health needs and services offered in the community, along with any opportunities or barriers that may exist to satisfy needs. The interview questions can be found in Attachment F of the report.

Secondary Data Sources

Blue reviewed secondary statistical data sources, including Deloitte 2020 Survey of Health Care Consumers in the United States, to identify health factors with strategic implications. The health factors identified were supported with information from additional sources, including US Census Quick Facts, County Health Rankings, and the Ohio Department of Health. In addition, hospital-specific data provided by Madison Health were reviewed (citations in Attachment G).

The following represents key findings generated from the data collection and analysis process:

Surveys

Question 1: What is your sex?

ANSWER CHOICES	RESPONSES	
Male	15.00%	24
Female	82.50%	132
I prefer not to say	2.50%	4
Other	0.00%	0
TOTAL		160

Question 2: What age range do you fall under?

ANSWER CHOICES	RESPONSES	
Under 20	0.00%	0
21-30	14.37%	23
31-40	25.00%	40
41-50	21.88%	35
51-60	20.00%	32
61-70	18.13%	29
71 or Order	0.63%	1
TOTAL		160

Question 3: What is your race?

ANSWER CHOICES	RESPONSES	
White or Caucasian	93.13%	149
Black or African American	1.25%	2
Hispanic or Latino	0.63%	1
Asian (Indian, Japanese, Chinese, Korean, Vietnamese, Filipino)	0.63%	1
Pacific Islander (Native Hawaiian, Samoan, Guamanian/Chamorro)	0.00%	0
I prefer not to say	3.13%	5
Other	1.25%	2
TOTAL		160

Madison HEALTH

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

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Question 4: What is your highest level of education?

ANSWER CHOICES	RESPONSES	
Less than high school	0.00%	0
Some high school	0.00%	0
High school degree (or GED/equivalent)	15.00%	24
Some college (no degree)	21.88%	35
Associate's degree	21.25%	34
Bachelor's degree	23.75%	38
Graduate or professional degree	16.88%	27
other	1.25%	2
TOTAL		160

Question 5: What was your total income last year, before taxes?

ANSWER CHOICES	RESPONSES	
Less than $20,000	5.63%	9
$20,001 - $40,000	25.00%	40
$40,001 - $60,000	18.13%	29
$60,001 - $80,000	21.25%	34
$80,001 - $100,000	11.88%	19
Over $100,000	18.13%	29
TOTAL		160

Question 6: What is your job status?

ANSWER CHOICES	RESPONSES	
Full-time	82.50%	132
Part-time	10.63%	17
Unemployed	0.00%	0
Homemaker	0.00%	0
Retired	3.13%	5
Disabled	0.00%	0
Student	0.63%	1
Armed Forces	0.00%	0
Other	3.13%	5
TOTAL		160

Question 7: How many people live in your home?

ANSWER CHOICES	RESPONSES	
2 or less	41.88%	67
2 to 4	45.63%	73
More than 4	12.50%	20
TOTAL		160

Question 8: Please identify the three most important health issues in our community. Please select only 3.

ANSWER CHOICES	RESPONSES	
Aging issues, such as Alzheimer's disease, hearing loss or memory loss	24.65%	35
Cancer	49.30%	70
Chronic Pain	12.68%	18
Dental health (including tooth pain)	5.63%	8
Diabetes	33.10%	47
Early sexual activity	5.63%	8
Heart disease/Heart attack	22.54%	32
HIV/AIDS	0.00%	0
Infectious/contagious disease, such as Covid, Flu, Pneumonia	13.38%	19
Injuries	1.41%	2
Lung disease (Asthma, COPD)	9.86%	14
Childhood Asthma	0.00%	0
Mental health issues such as depression, hopelessness, anger, etc	55.63%	79
Obesity/overweight	45.07%	64
Sexually transmitted infections	1.41%	2
Stroke	2.82%	4
High blood pressure	13.38%	19
Arthritis	0.00%	0
Other	4.23%	6
Total Respondents: 142		

Question 9: Please identify the three most important unhealthy behaviors in our community. Please select only 3.

ANSWER CHOICES	RESPONSES	
Angry behavior/violence	21.13%	30
Alcohol abuse	37.32%	53
Child abuse	11.97%	17
Domestic violence	14.79%	21
Drug abuse	66.90%	95
Prescription drug abuse	16.90%	24
Elder abuse (physical, emotional, financial, sexual)	6.34%	9
Lack of exercise	36.62%	52
Not able to get a routine checkup	9.15%	13
Poor eating habits	36.62%	52
Reckless driving	2.82%	4
Risky sexual behavior	1.41%	2
Smoking	32.39%	46
Other	3.52%	5
Total Respondents: 142		

Question 10: Please identify the three most important factors that impact your well-being in our community. Please select only 3

ANSWER CHOICES	RESPONSES	
Angry behavior/violence	16.90%	24
Alcohol abuse	19.01%	27
Child abuse	6.34%	9
Domestic violence	9.15%	13
Drug abuse	32.39%	46
Prescription drug abuse	7.04%	10
Elder abuse (physical, emotional, financial, sexual)	3.52%	5
Lack of exercise	51.41%	73
Not able to get a routine checkup	10.56%	15
Poor eating habits	45.77%	65
Reckless driving	9.15%	13
Risky sexual behavior	2.11%	3
Smoking	18.31%	26
Other	23.94%	34
Total Respondents: 142		

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2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Question 11: When you get sick where do you go?

ANSWER CHOICES	RESPONSES	
Clinic/doctor's office	74.29%	104
Urgent care	7.14%	10
Emergency Department (ER)	3.57%	5
Health department	0.00%	0
I don't seek medical attention	13.57%	19
other	1.43%	2
TOTAL		140

Question 12: How long has it been since you have been to the doctor to get a checkup when you are well (not because you were already sick)?

ANSWER CHOICES	RESPONSES	
Within the last year	62.14%	87
1-2 years ago	19.29%	27
3-5 years ago	8.57%	12
More than 5 years ago	7.86%	11
I have never been to a doctor for a checkup	2.14%	3
TOTAL		140

Question 13: In the last year, was there a time when you needed medical care, but were not able to get it?

ANSWER CHOICES	RESPONSES	
Yes	17.86%	25
No	82.14%	115
TOTAL		140

Question 14: If you answered "yes" to the previous question, why weren't you able to get medical care? Choose all that apply.

ANSWER CHOICES	RESPONSES	
I didn't have health insurance	23.53%	8
I couldn't afford to pay my co-pay or deductible	17.65%	6
I didn't have any way to get to the doctor	5.88%	2
The doctor or clinic did not take my insurance or Medicaid	11.76%	4
I didn't know how to find a doctor	2.94%	1
Fear	2.94%	1
Too long to wait for appointment	47.06%	16
Doctor was not taking new patients	17.65%	6
Concerns about being exposed to Covid	2.94%	1
I do not trust healthcare providers	5.88%	2
My job did not allow me to take time off work during the hours the medical provider was open	26.47%	9
Other	20.59%	7
Total Respondents: 34		

Question 15: In the last year, was there a time you needed mental health counseling, but was unable to get the help you needed?

ANSWER CHOICES	RESPONSES	
Yes	13.57%	19
No	86.43%	121
TOTAL		140

Question 16: If you answered "yes" to the previous question, why weren't you able to get medical care? Choose all that apply.

ANSWER CHOICES	RESPONSES	
I didn't have insurance	13.04%	3
I couldn't afford to pay my co-pay or deductible	17.39%	4
I didn't have any way to get to a counselor	0.00%	0
The counselor did not take my insurance or Medicaid	4.35%	1
I didn't know how to find a counselor	13.04%	3
Too long to wait for an appointment	43.48%	10
Fear	13.04%	3
Embarrassment	4.35%	1
Other	30.43%	7
Total Respondents: 23		

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Question 17: In the last week, did you participate in deliberate exercise, (such as jogging, walking, golf, weight-lifting, fitness classes) that lasted for at least 30 minutes or more?

ANSWER CHOICES	RESPONSES	
Yes	50.72%	70
No	49.28%	68
TOTAL		138

Question 18: On a typical day, how many servings of fruit and/or vegetables do you have?

ANSWER CHOICES	RESPONSES	
None	5.80%	8
1 to 2	67.39%	93
3 to 5	21.01%	29
More than 5	5.80%	8
TOTAL		138

Question 19: On a typical day how often do you smoke or chew tobacco product (either actual or electronic/Vapor)?

ANSWER CHOICES	RESPONSES	
None	91.30%	126
1 to 4	4.35%	6
5 to 8	3.62%	5
9 to 12	0.00%	0
More than 12	0.72%	1
TOTAL		138

Question 20: Where do you get most of your medical information?

ANSWER CHOICES	RESPONSES	
Doctor/physician	63.77%	88
Friends/family	5.07%	7
Internet search	20.29%	28
Pharmacy	0.00%	0
Nurse or other medical professional in the community (church, social groups, etc.)	2.90%	4
Other	7.97%	11
TOTAL		138

Question 21: Do you have a family doctor?

ANSWER CHOICES	RESPONSES	
Yes	87.68%	121
No	12.32%	17
TOTAL		138

Question 22: Overall, my physical health is:

ANSWER CHOICES	RESPONSES	
Good	56.52%	78
Average	41.30%	57
Poor	2.17%	3
TOTAL		138

Question 23: Overall, my mental health is:

ANSWER CHOICES	RESPONSES	
Good	60.14%	83
Average	34.06%	47
Poor	5.80%	8
TOTAL		138

Question 24: In the Past two years, has Covid impacted the way you get your healthcare?

| ANSWER CHOICES	RESPONSES	
Yes	34.06%	47
No	65.94%	91
TOTAL		138

Personal Interview Results

In general, how would you rate health and quality of life in Madison County?
[Poor/ Fair/ Good/ Very Good/ Excellent]

1. 6 respondents said Good/ 1 Very Good

Responses to *"Has health and quality of life improved, stayed the same, or declined in the past few years?"*

All participants agreed that Madison County has improved to some degree, but COVID-19 has played a significant part within the community. They all point to lack of transportation, substance abuse, and the need to be more competitive with neighboring hospitals as substantial barriers.
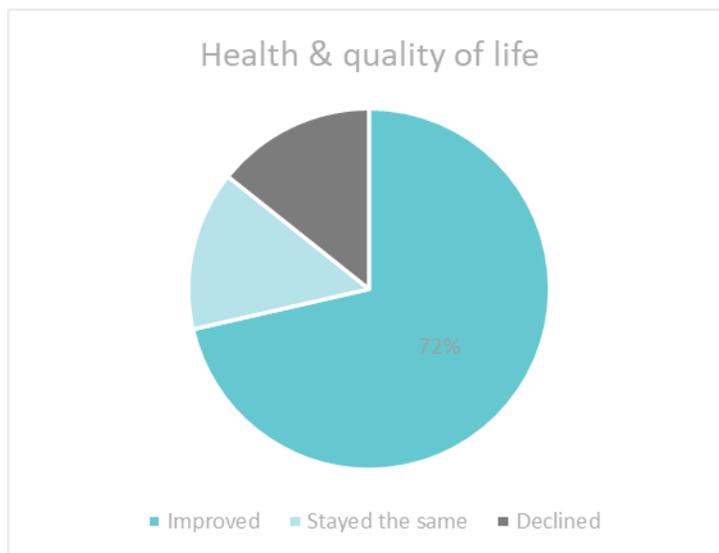
Items that improved:
-Hospital improved services in general
-Amazing James wing at the hospital locally for cancer treatment
-Madison Health Board has offered so many programs
-Expansion of the hospital
-Addition of walking paths, dog parks, playgrounds in the community
-More community involvement

Items that stayed the same:
-"COVID being considered, I don't see any big swings in one direction or the other in the community. Has stayed pretty status quo"

Items that have declined:
-Covid, Narcotics, and Opioid Crisis

Responses to *"Are there people or groups of people in Madison County whose health or quality of life may not be as good as others?"*

1.   100% of respondents said yes.

Who are these persons or groups (whose health or quality of life is not as good as others)?

1.   Those living in Poverty
2.   Those living in Poverty
3.   Those living in Poverty
4.   Those who lack transportation, aren't good with using the internet, and the elderly
5.   Low to moderate Income
6.   Under the poverty line
7.   People impacted by poverty, anyone who has limited access to healthcare, people with chronic illnesses, and senior population

Why do you think their health/quality of life is not as good as others?

1.   Income levels
2.   They do not seek it. Not concerned
3.   Unable to afford or unaware of services that they may qualify for
4.   The financial aspect, but Rocking Horse helps with that. People get in a rut and don't seek help for themselves, especially for mental health issues. The push for mental health and wellness needs to be pushed even harder
5.   Education on eating habits would help greatly
6.   Trying to get them the resources that they need
7.   Lifestyle Choices , lack of nutritional choices

Responses to *"What barriers, if any, exist to improving health and quality of life in Madison County?"*

1.   Rural nature and remote. Getting services is a bit of a challenge. Income may play a factor. Jobs with access to insurance. Education can help people make better choices
2.   Transportation can be difficult (getting to and from). The ability of the hospital to provide every service locally (ex: OB/Birthing center closed)
3.   Transportation
4.   Transportation in outlying areas. Madison has locations in West Jefferson and Mt. Sterling, but there needs to be help for people using wheelchairs. There also should be more classroom health awareness. Kids who were educated virtually struggle with mental health
5.   I would not say there are any barriers. We have access to everything. We just need to get the education out. Lack of education
6.   Community Resources
7.   Personal choice barriers and the community itself lacking in transportation, healthcare insurance, financial barrier, individuals not making health a priority. Limited emphasis in our community placing health lifestyle as good choices. Not meeting basic lifestyle needs

Responses to *"What are the most critical health and quality of life issues?"*

1. Tobacco and Alcohol usage/ Breast Cancer (high)/ Illegal Drug Use
2. Substance Abuse
3. Educating individuals on what is available to them
4. Mental health, drug abuse, geriatric care
5. Unhealthy habits; as in exercise and eating habits
6. Stroke
7. We do not have safe recreational places. Limited in parks, walkways, exercise equipment…could improve our offering. Community impacted by opioid epidemic and children have been greatly impacted by this disease that impact parents. Majority of our youth may be living without a parent due to unfortunate circumstances

What needs to be done to address these issues?

1. Education, access to healthcare opportunities, screening, employment opportunities, proactive approach, and unable to find employees
2. Continue to focus on education and enforcement
3. Better marketing
4. School programs, mandatory health classes in schools that start young. Mental health needs to be addressed at the earliest age possible. Maybe it needs to come from a state initiative. As far as drugs go, we were trying to get drug court in Madison County. We need more support groups for families for people who are suffering from drug abuse. As far as geriatric care, transportation is the hardest thing, as well as social interaction for that population
5. Educating and interaction with the youth to catch them early
6. Expand to include more variety of specialties
7. Would like to see more access to healthcare, help with cost, help with the user friendliness, and continuing to make resources easily accessible by getting involved in festivals or in the neighborhoods. More parks and community center such as the YMCA. Education on healthy habits

Responses to *"Has access to health improved in last few years?"*

1. Yes, the hospital has provided more primary care providers, diagnostic tools to assist and get data. New Urgent Care Center
2. Yes, facilities that are available and increase in social media and outreach
3. No, People still unaware of services and how to go about receiving them
4. Yes, I would say so. I think telehealth visits have helped a lot, but I understand there are ramifications for seeing somebody virtually vs. in-person. Anonymous call lines for mental health also help. Teachers have done a good job promoting mental health issues but need continued training
5. Yes, expansion of the hospital, gave people more resources to be healthier. Different types of care.
6. Yes, due to the expansion of the hospital
7. Yes, I am so grateful that we have Madison health is in our community. Would like to see them continue keep building growing

Responses to *"Are you familiar with the outreach efforts of Madison County Hospital regarding Heart Disease, Cancer, and Stroke?"*

1. Aware of things that have been put on billboards and local newspaper. Communication is two-way street and people must be willing to read and listen. Limited to more passive forms of communication (Newspapers are not being read online). Maybe look to host forums, but not sure people will show up
2. Yes, outreach has improved with satellite offices. Urgent Care and social media initiatives. Brand messaging
3. I receive Facebook messages and mailers, but I do not think I should be the target. The underserved are not aware and do not have Facebook or computers. Maybe investigate health fairs and team with jobs and family services
4. Madison County has a strong effort in the cancer area. We have a lot of children with cancer in our county. Heart and stroke may be a little different, maybe they should put on more events and participate in social community events to provide reminders of the warning signs for those issues
5. Very familiar and it has been helpful. Hospital does a good job marketing, maybe do more events, and get out to groups to speak
6. Outreach has been very helpful. Employees have done a great job
7. Only thing I am familiar with is the advertising through county newspaper or billboards. Doing a good job keeping up with the marketing (Highschool Sports and Radio). They have made improvements with the help of Ohio State and Mt. Carmel

Responses to *"What insights and observations do you have in regard to health behaviors in the community surrounding obesity, physical inactivity, drug abuse, and tobacco use?"*

1. Things have not improved in the 3 areas. Schools have had some programs and isolated successes. The problems continue to get worst. We have some awareness issues. Problem is that some people do not have the support structure and have trauma. When you live in poverty, the goal is survival and if they meet that, then the next is entertainment
2. Have not noticed any improvements in these areas; really do not have a benchmark to go by
3. No Improvements have not seen much outreach. Have a great program, but need to do with more marketing
4. As a person identified as obese, the physicians have offered me physical therapy, visits with a dietician. I would like to see more outlets for physical activity such as gyms. We must travel far to get to gyms. So many people in my gym classes are very overweight. Those with transportation have very limited access to gyms. We have programs in schools and for adults, so people know about the warning signs related to tobacco use. Tobacco use and drug abuse is changing for the types of things kids are accessing. There are some free programs for drug awareness, what to look for in a teen's bedroom, how to administer Narcan, etc. We have recently heard about a Frankenstein drug that can be 4 times as strong as Fentanyl. People who abuse drugs are attracted to the type of drugs that have caused an overdose or death because they think it's the "best high."
5. Yes, I have seen improvement. We have increased recreation with playgrounds, walking paths and playgrounds. Educating the youth is best way to change these behaviors. Catch them before it becomes a problem. Makes it easier to not fall into those habits
6. With COVID it has taken a hit, but we have had improvements such as marathon, sporting events, and rec activities
7. It has stayed steady. Have not had a concerted long-term effort being made

Responses to *"What is the most important issue Madison County Hospital should address in next 3-5 years?"*

1. Drug Use, Cancer Awareness (Breast), Alcohol, and Tobacco
2. OB and Birthing center being closed and giving community local access to this service
3. Marketing to the underprivileged in the community
4. That is hard to say. They try to get facilities in the areas of our community. I do not know if Madison Health has anything in Plain City. It would be a toss-up between mental health and drug use, but those go hand in hand. I would love to help the geriatric people too. We are losing so many amazing services people (police, firemen, etc.) with the potential to help our community who have taken their own lives because they see so many bad things in their daily work and can't live with those experiences. People who go to the ER for Mental Health can sit and wait all day and still not be seen
5. Birthing unit
6. Bigger Stroke Unit, Diabetic Care, Community Outreach with various programs of Hospital
7. Must keep themselves going. It's hard to stay competitive, but they have to keep involved with the community. Have done a tremendous amount in last decade to stay out in front of the community

Comments from the Community:

"Faith in God can help with a lot of these issues. In my mind faith is very important to me and my life has changed because of it"

"Leadership, please continue to do a great job. We are headed in the right direction"

"The Hospital is doing a great job at getting new services and providers. Great at keeping it local vs. Columbus. Just need to market better"

"Overall, I think they are doing a great job. Continue to strive for greatness and have been able to grow"

National Healthcare Trends Synopsis

Healthcare spending continues to slowly grow at the national level each year. The following data describes the recent trends in national healthcare and was obtained from the Centers for Medicare & Medicaid Services ("CMS") and the American Health Rankings. For full report, please see Attachment F: National Health Care Trends

CMS 2021-30 Health Expenditures

Major Findings for National Health Expenditure Projection: 2021-2030

- On average over 2021-30, National Health Expenditures (NHE) and Gross Domestic Product (GDP) are both projected to grow 5.1 percent per year; as a result, the projected NHE share of GDP in 2030 (19.6 percent) is similar to 2020 (19.7 percent).
- Near-term NHE patterns are significantly influenced by the COVID-19 pandemic. NHE growth in 2021 is projected to have slowed to 4.2 percent (down from 9.7 percent growth in 2020) as federal COVID-19 supplemental funding declined substantially.
- Following the declines observed in 2020, health care utilization is expected to rebound starting in 2021 and normalize through 2024. By 2024, the government (federal and state & local) share of health spending is expected to fall to 46 percent as COVID-19 supplemental funding is expected to wane, down from an all-time high of 51 percent in 2020.
- The percentage of the population with health insurance is expected to peak in 2022 at 91.1% (mainly due to Medicaid enrollment) before falling back towards pre-pandemic levels as the public health emergency is assumed to end. The 2030 rate is projected to be 90.5%.
- For 2025-2030, factors that typically drive changes in health spending and enrollment, such as economic, demographic, and health-specific factors, are again expected to primarily influence trends in the health sector.

Source Center for Medicare & Medicaid

2020 National Findings

Social & Economic Factors

FOOD INSECURITY

▼**20**%

between 2011-2013 and 2016-2018, from 14.6% to 11.7% of households

HIGH SCHOOL GRADUATION

▲**8**%

between the 2011 and 2018 school years, from 79.0% to 85.3% of students

PER CAPITA INCOME

▲**10**%

between 2017 and 2019, from $32,397 to $35,672

UNEMPLOYMENT

▼**8**%

between 2018 and 2019, from 5.0% to 4.6% of civilians ages 16-64

HIGH-SPEED INTERNET

▲**14**%

between 2013 and 2018, from 77.7% to 88.3% of households

Physical Environment

AIR POLLUTION

▼**27**%

between 2007-2009 and 2017-2019, from 11.4 to 8.3 microgram per cubic meter (µg/m3)

SEVERE HOUSING PROBLEMS

▼**8**%

between 2008-2012 and 2013-2017, from 19.0% to 17.5% of occupied housing units

Clinical Care

MENTAL HEALTH PROVIDERS

▲**9**%

between 2019 and 2020, from 247.4 to 268.6 per 100,000 population

UNINSURED

▲**7**%

between 2016 and 2019, from 8.6% to 9.2% of the population

FLU VACCINATION

▲**25**%

between 2018 and 2019, from 35.0% to 43.7% of adults

HPV VACCINATION

▲**6**%

between 2018 and 2019, from 51.1% to 54.2% of adolescents ages 13-17

PREVENTABLE HOSPITALIZATIONS

▼**5**%

between 2017 and 2018, from 4,475 to 4,237 discharges per 100,000 Medicare enrollees

Behaviors

EXERCISE

▲**13**%

between 2017 and 2019, from 20.3% to 23.0% of adults

CHLAMYDIA

▲**47**%

between 2007 and 2018, from 367.5 to 539.9 cases per 100,000 population

TEEN BIRTHS

▼**57**%

between 2008 and 2018, from 40.2 to 17.4 births per 1,000 females ages 15-19

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Health Outcomes

FREQUENT MENTAL DISTRESS

▲ **11%**

between 2018 and 2019, from 12.4% to 13.8% of adults

PAST MONTH NON-MEDICAL DRUG USE

▲ **10%**

between 2019 and 2020, from 5.9% to 6.5% of adults

DRUG DEATHS

▼ **5%**

between 2017 and 2018, from 21.6 to 20.6 deaths per 100,000 population

PREMATURE DEATH

▼ **1%**

between 2017 and 2018 from 7,447 to 7,350 years of potential life lost before age 75 per 100,000 population

SUICIDE

▲ **23%**

between 2009 and 2018, from 12.0 to 14.8 deaths per 100,000 population

LOW BIRTHWEIGHT

▲ **19%**

between 1990 and 2018, from 7.0% to 8.3% of infants

LOW BIRTHWEIGHT RACIAL GAP

▲ **4%**

between 2017 and 2018, from 6.7 to 7.0 percentage points

MULTIPLE CHRONIC CONDITIONS

▼ **8%**

between 2018 and 2019, from 10.3% to 9.5% of adults

OBESITY

▲ **15%**

between 2011 and 2019, from 27.8% to 31.9% of adults

Americashealthrankings.org 2020 annual report

State Healthcare Trends Synopsis

Ohio

38

Health Outcome State Ranking

America's Health Ranking – Summary 2021:

Flu Vaccination	Excessive Drinking
45.2% ▲	**17.7%** ▼
SINCE 2019, FLU VACCINATION* INCREASED 6% FROM 42.8% TO 45.2% *Percentage of adults	SINCE 2019, EXCESSIVE DRINKING* DECREASED 5% FROM 18.7% TO 17.7% *Percentage of adults
High Health Status	**Drug Deaths**
55.0% ▲	**37.1** ▲
SINCE 2019, HIGH HEALTH STATUS* INCREASED 15% FROM 47.9% TO 55.0% *Percentage of adults	SINCE 2019, DRUG DEATHS* INCREASED 7% FROM 34.8 TO 37.1 *Deaths per 100,000 population

STRENGTHS

- High volunteerism rate
- Low percentage of adults who avoided care due to cost
- Low percentage of severe housing problems

CHALLENGES

- High prevalence of multiple chronic conditions
- High prevalence of insufficient sleep
- High prevalence of cigarette smoking

Source: America's Health Ranking

Ohio Health Ranking Highligts:

The following table compares the state of Ohio to the United States for key health indicators. The table gives a snapshot of the state trends.

Health Indicator	Ohio	United States	Status
Smoking (% of adults, current smoker)	22%	16%	Higher
Food environment index	6.8	7.8	Lower
Physical inactivity	28%	26%	Higher
Obesity	35%	32%	Higher
Access to exercise opportunities	77%	80%	Lower
Excessive Drinking	21%	20%	Higher
Alcohol-impaired driving deaths	33%	27%	Higher
Sexually transmitted infections	559.4	551.0	Higher
Teen births	21	19	Higher
Uninsured	8%	11%	Lower
Primary care physicians	1,290:1	1,310:1	Lower
Dentists	1,570:1	1,400:1	Higher
Children in poverty	17%	16%	Higher
	Ohio	United States	Status

Source: America's Health Ranking

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Ohio Highlights
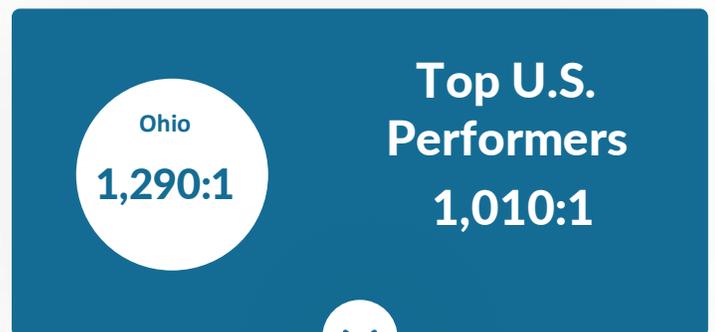
Ohio 8% — Top U.S. Performers 6%	**Ohio 1,290:1** — Top U.S. Performers 1,010:1
HEALTH FACTORS **UNINSURED**	HEALTH FACTORS **PRIMARY CARE PHYSICIANS**
Ohio 28% — Top U.S. Performers 23%	**Ohio 380:1** — Top U.S. Performers 250:1
HEALTH FACTORS **PHYSICAL INACTIVITY**	HEALTH FACTORS **MENTAL HEALTH PROVIDERS**

Source: County Health Rankings

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2022 County Health Outcomes & Factor Rankings

What are County Health Rankings?
The Rankings help us understand what influences how long and how well we live. They provide measures of the current overall health (health outcomes) of each county in all 50 states and the District of Columbia. Rankings data include a variety of measures, such as high school graduation rates, access to nutritious foods, and the percent of children living in poverty, all of which impact the future health of communities (health factors). Below are the county health rankings model:


County Health Rankings model © 2014 UWPHI
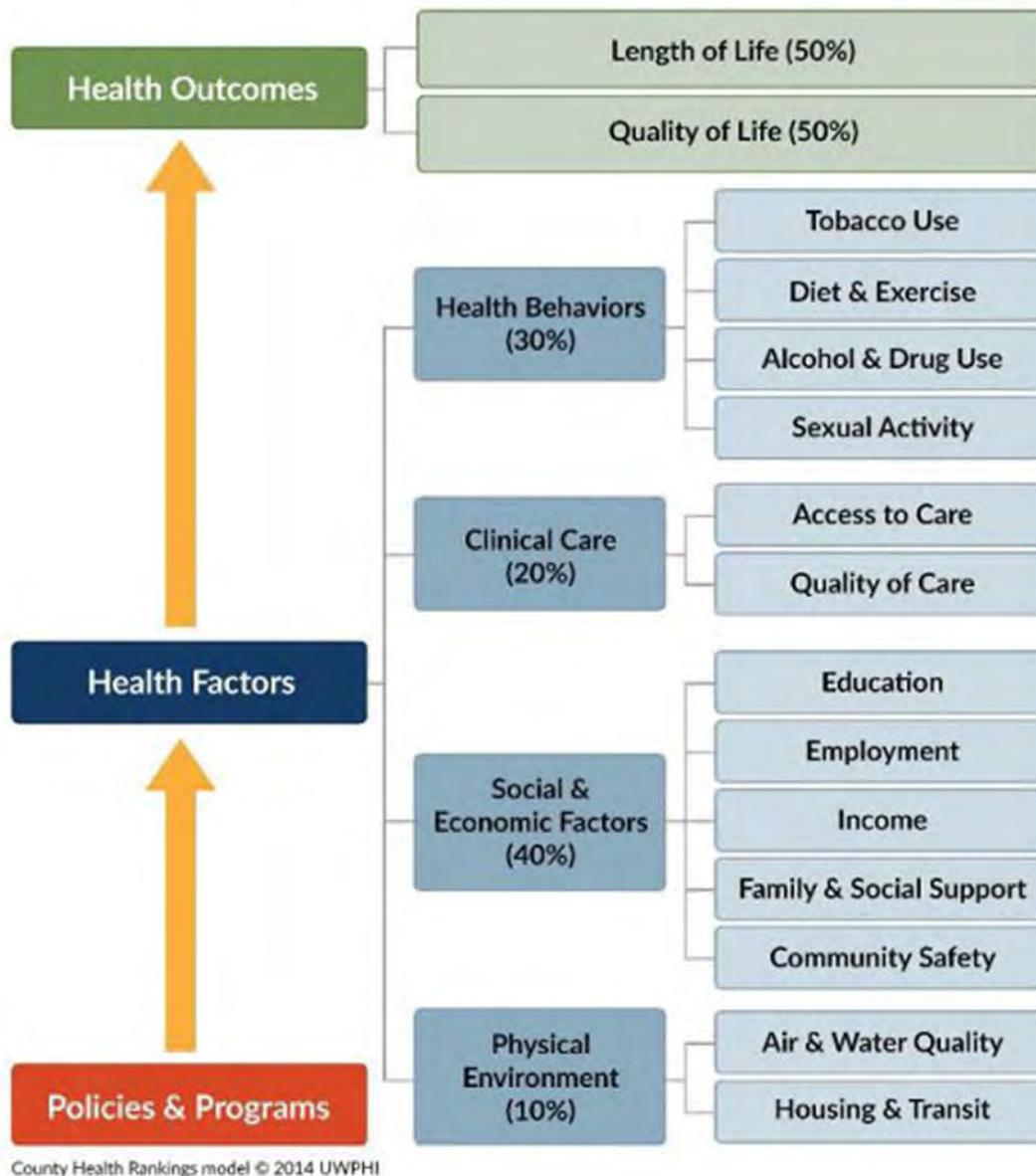
2022 Ohio Health Outcomes Map by County

Health outcomes measure length and quality of life to understand the health outcomes among counties in Ohio.
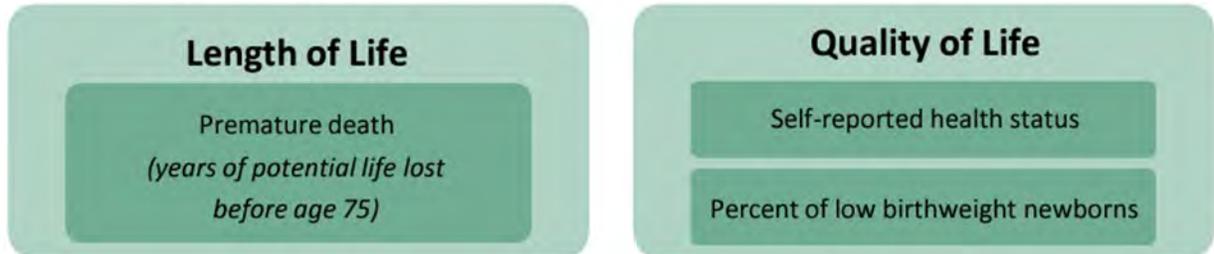

The green map shows Ohio's health outcome rankings by county. The map is divided into four quartiles with less color intensity indicating better health outcomes.
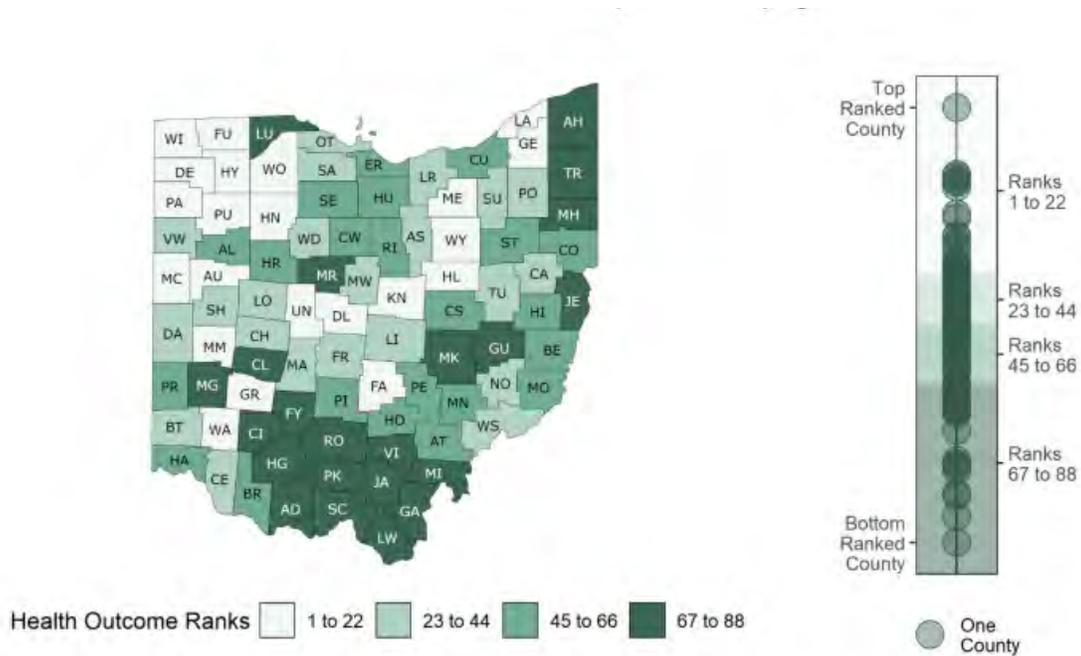
2022 Ohio Health Factors Map by County

Health factors represent community conditions that we can change to improve health and opportunity, such as access to quality education, living wage jobs, quality clinical care, nutritious foods, green spaces, and secure and affordable housing. We measure four health factor areas.

Health Behaviors	Clinical Care	Social and Economic Factors	Physical Environment
Tobacco use		Education	Air & water quality
Diet & exercise	Access to care	Employment & income	
Alcohol & drug use		Family & social support	
Sexual activity	Quality of care	Community safety	Housing & transit
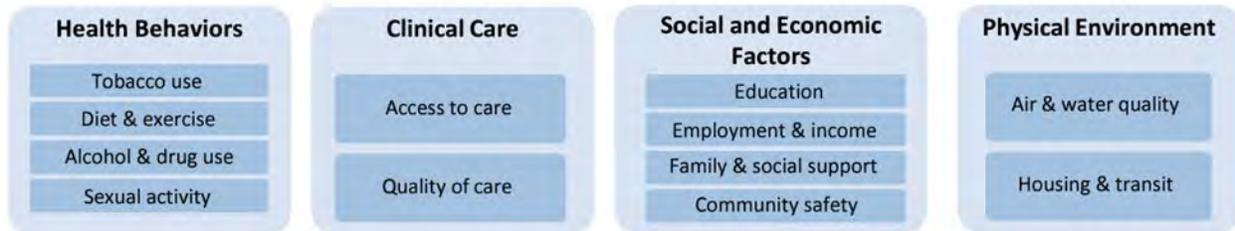
The blue map shows Ohio's health factor rankings by county. The map is divided into four quartiles with less color intensity indicating better health factors.

Health Factor Ranks: 1 to 22 | 23 to 44 | 45 to 66 | 67 to 88
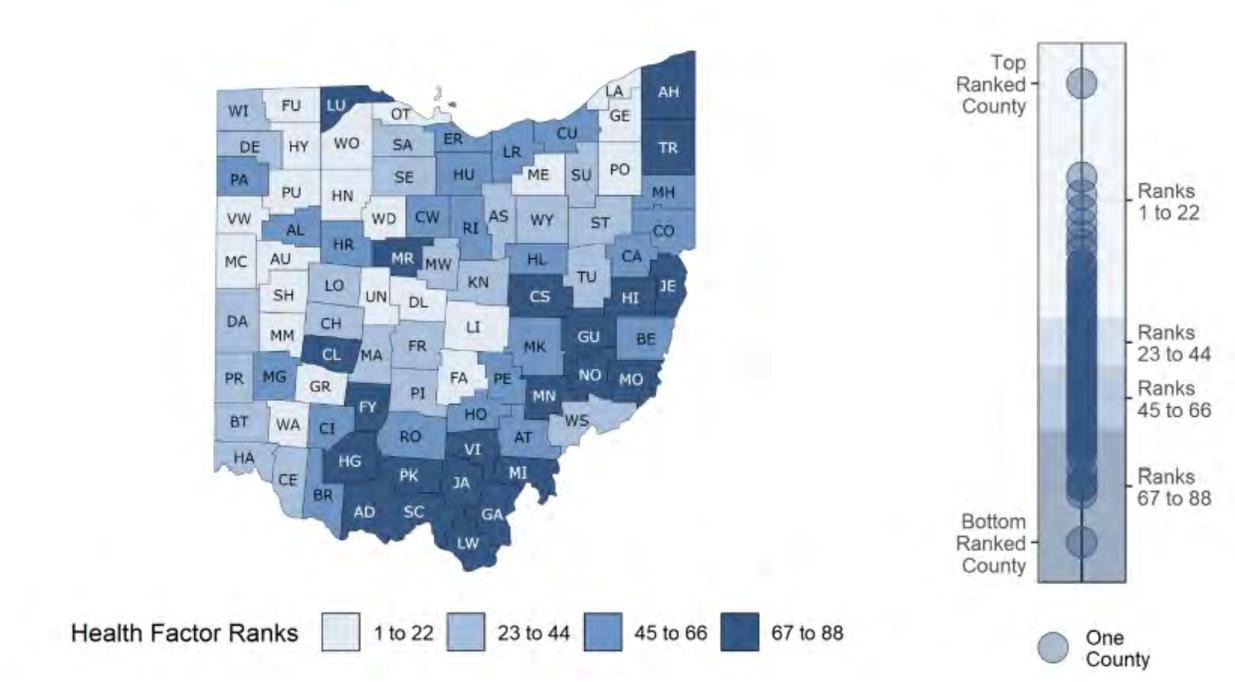
For other health factors map go to Attachment D

Health Status Synopsis

County		Least Healthy				Most Healthy

County	Lowest (0-25%)	Lower Middle (25-50%)	Higher Middle (50-75%)	Highest (75-100%)
Madison			🔵 🟢	
Clark	🔵 🟢			
Franklin			🔵 🟢	
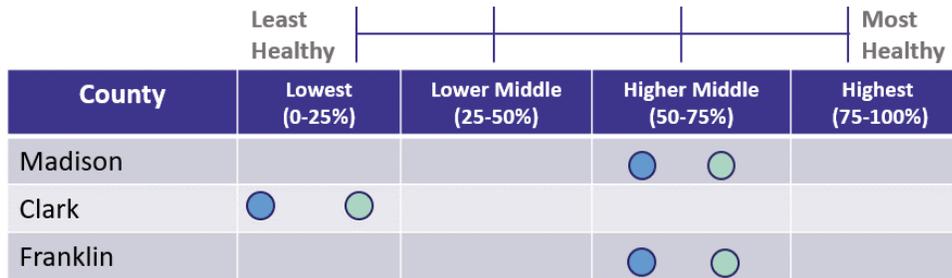
🟢 Health Outcome
🔵 Health Factors

Source: County Health Rankings

2022 County Health Rankings for the 88 Ranked Counties in Ohio

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adams	83	88	Fairfield	15	14	Licking	26	16	Portage	24	20
Allen	59	47	Fayette	74	68	Logan	36	40	Preble	53	34
Ashland	25	23	Franklin	42	30	Lorain	35	50	Putnam	5	5
Ashtabula	71	84	Fulton	16	13	Lucas	79	78	Richland	61	64
Athens	55	45	Gallia	86	73	Madison	23	28	Ross	77	56
Auglaize	9	11	Geauga	3	6	Mahoning	78	63	Sandusky	40	32
Belmont	56	62	Greene	10	8	Marion	70	67	Scioto	88	85
Brown	66	59	Guernsey	73	72	Medina	4	4	Seneca	51	38
Butler	39	27	Hamilton	54	35	Meigs	84	86	Shelby	29	22
Carroll	44	51	Hancock	18	7	Mercer	7	9	Stark	46	39
Champaign	33	37	Hardin	50	57	Miami	13	18	Summit	43	25
Clark	80	70	Harrison	47	75	Monroe	45	69	Trumbull	72	80
Clermont	27	24	Henry	17	12	Montgomery	75	52	Tuscarawas	34	42
Clinton	68	54	Highland	69	82	Morgan	62	83	Union	6	3
Columbiana	57	66	Hocking	58	49	Morrow	37	41	Van Wert	32	17
Coshocton	64	76	Holmes	11	53	Muskingum	67	58	Vinton	85	87
Crawford	63	60	Huron	48	55	Noble	31	74	Warren	2	2
Cuyahoga	65	61	Jackson	82	71	Ottawa	30	21	Washington	41	44
Darke	28	31	Jefferson	76	77	Paulding	20	46	Wayne	22	29
Defiance	19	33	Knox	14	26	Perry	60	65	Williams	21	36
Delaware	1	1	Lake	12	15	Pickaway	52	43	Wood	8	10
Erie	49	48	Lawrence	81	81	Pike	87	79	Wyandot	38	19

Health Outcome
Health Factors

The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four measures: health behaviors, clinical care, social, economic, and physical environment factors. Delaware and Warren Counties are #1 and #2, while Pike and Scioto Counties are #87 and #88. Madison Health's service area counties are identified with red boxes above.

Health Outcomes & Factors

	U.S. Top Performers	Ohio	Madison	Clark	Franklin
Health Outcomes					
Length of Life					
Premature death	5,600	8,700	7,300	11,500	8,700
Quality of Life					
Poor or fair health	15%	18%	20%	22%	18%
Poor physical health days	3.4	4.2	4.3	4.7	4.1
Poor mental health days	4	5.2	5.2	5.5	4.9
Low birthweight	6%	9%	7%	9%	9%
	U.S. Top Performers	Ohio	Madison	Clark	Franklin
Health Factors					
Health Behaviors					
Adult smoking	15%	22%	23%	25%	20%
Adult obesity	30%	35%	39%	41%	36%
Food environment index	8.8	6.8	7.8	7.2	7.7
Physical inactivity	23%	28%	30%	31%	28%
Access to exercise opportunities	86%	77%	46%	80%	91%
Excessive drinking	15%	21%	21%	19%	20%
Alcohol-impaired driving deaths	10%	33%	22%	27%	32%
Sexually transmitted infections	161.8	559.4	233.6	602.6	782.4
Teen births	11	21	20	32	21
Clinical Care					
Uninsured	6%	8%	8%	9%	9%
Primary care physicians	1,010:1	1290:01	2980:1	2370:1	960:1
Dentists	1,210:1	1570:01	3710:1	1710:1	1090:1
Mental health providers	250:01	350:01	1490:1	570:1	280:1
Preventable hospital stays	2,233	4,338	3,220	5,100	3,558
Mammography screening	52%	45%	48%	41%	49%
Flu vaccinations	55%	51%	51%	48%	53%

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2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Health Factors

	U.S. Top Performers	Ohio	Madison	Clark	Franklin
Social & Economic Factors					
High school completion	**94%**	91%	**87%**	89%	91%
Some college	**74%**	66%	**49%**	56%	72%
Unemployment	**4.00%**	8.1%	**5.9%**	8.1%	7.4%
Children in poverty	**9%**	17%	**12%**	21%	20%
Income inequality	**3.7**	4.6	**3.3**	4.2	4.4
Children in single-parent households	**14%**	27%	**24%**	31%	30%
Social associations	**18.1**	10.9	**9.2**	10.4	9.4
Violent crime	**63**	293	**73**	368	423
Injury deaths	**61**	96	**83**	126	92
Physical Environment					
Air pollution - particulate matter	**5.9**	9	**9.5**	10.4	9.3
Drinking water violations			**No**	No	No
Severe housing problems	**9%**	13%	**10%**	13%	16%
Driving alone to work	**72%**	82%	**84%**	81%	79%
Long commute - driving alone	**16%**	31%	**42%**	27%	26%

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Ohio Cancer Mortality, 2020

Source: CDC.gov
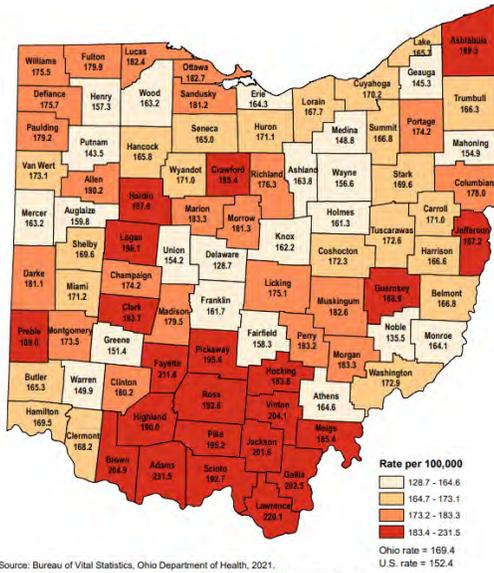
Location	Death Rate (Click for... ▼	Deaths
● Kentucky ↗	177.3	10,181
● West Virginia ↗	177	4,725
● Mississippi ↗	176	6,582
● Oklahoma ↗	171.1	8,368
● Tennessee ↗	164.4	14,436
● Arkansas ↗	163.8	6,496
● Indiana ↗	162.7	13,664
● Alabama ↗	161.6	10,456
● Maine ↗	161.5	3,432

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2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Ohio Incidence rates, 2015-2019
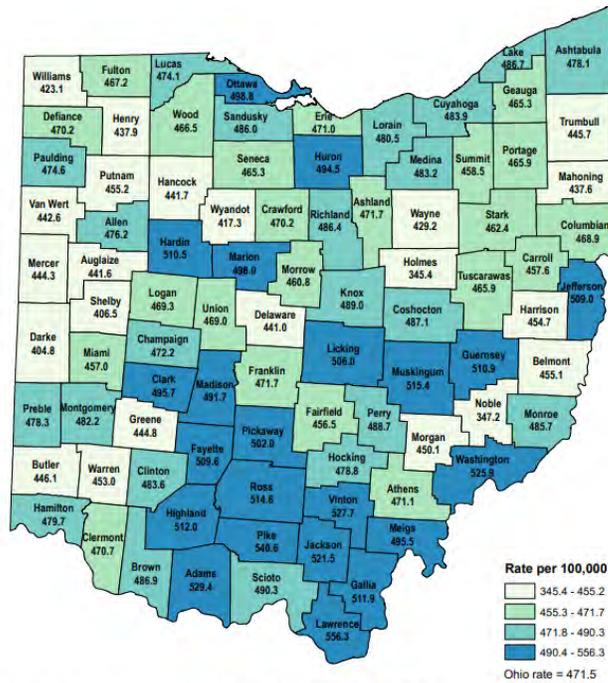
Average annual rate per 100,000, age adjusted to the 2000 US standard population.
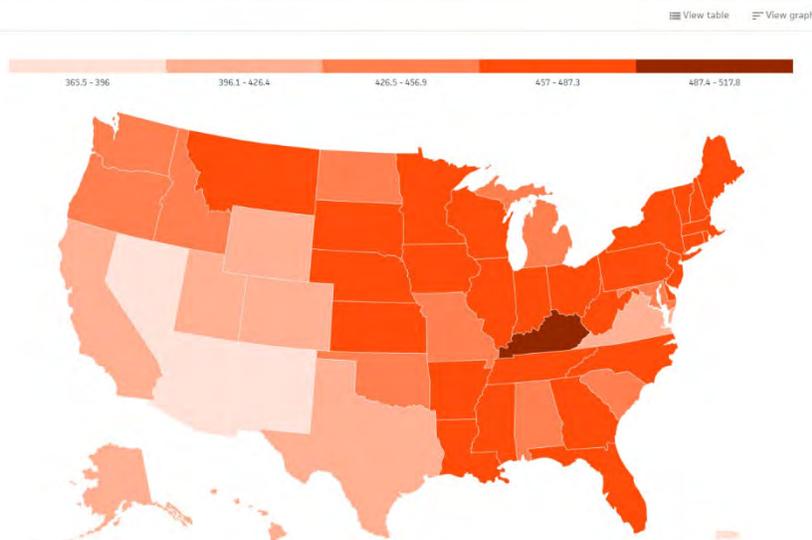
Source: American Cancer Society

Conclusion

Overall Observation

I. Priority: Obesity / Inactivity / Unhealthy Food

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

Health factors that increase risk of many co-morbidities:

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

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

Madison County

• 12% of children live in poverty

Ohio

• 17% of children live in poverty

When race is factored in:
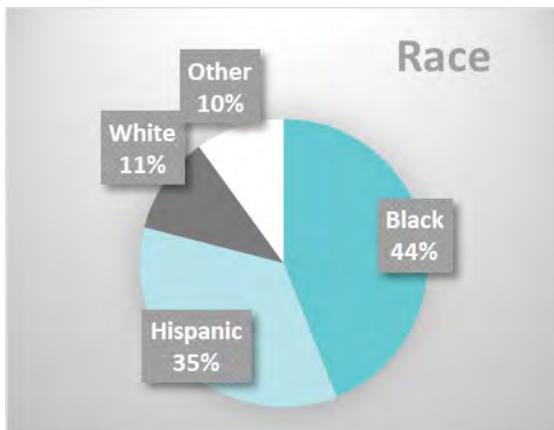
High school completion rates: (higher is better)

Madison County: 87%

Clark County: 89%

Franklin County: 91%

Ohio: 91%

Summary of primary and secondary correlated metrics:
   a. Adult Obesity – Madison, Clark and Franklin County are all higher than the state (35%) (lower is better)
      i. Identified as area to focus on by CountyHealthRankings.org when compared to their peers

Madison County increased 18%

Clark County increased 11%

Franklin County increased 20%

Ohio increased 3%
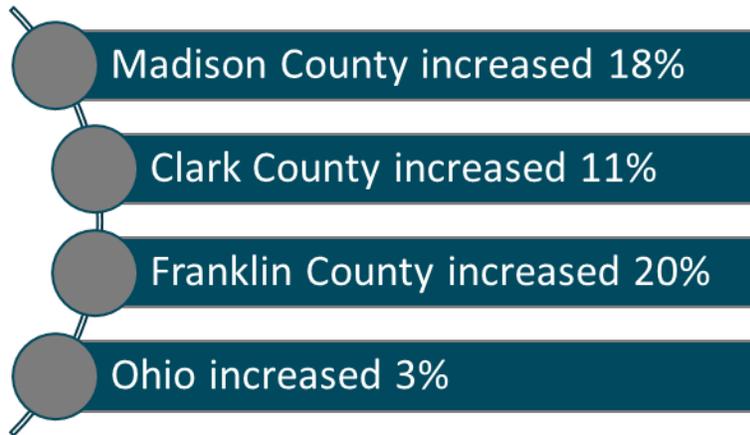
   b. Physical Inactivity -

Physical inactivity (lower is better)		
Madison County: 30%	Clark County: 31%	Ohio: 28%

c. Access to Exercise Opportunities – Madison is only at 46% (higher is better) compared to the 77% for the state
d. Limited Access to Health Foods – Is higher in all counties except for Franklin which is higher than the state average at 7% and the top performers in the U.S. are at 2% (lower is better)
e. 45% of online survey respondents stated that being overweight/obese was in the top 3 most important health issues in the community

ANSWER CHOICES	RESPONSES	
Aging issues, such as Alzheimer's disease, hearing loss or memory loss	24.65%	35
Cancer	49.30%	70
Chronic Pain	12.68%	18
Dental health (including tooth pain)	5.63%	8
Diabetes	33.10%	47
Early sexual activity	5.63%	8
Heart disease/Heart attack	22.54%	32
HIV/AIDS	0.00%	0
Infectious/contagious disease, such as Covid, Flu, Pneumonia	13.38%	19
Injuries	1.41%	2
Lung disease (Asthma, COPD)	9.86%	14
Childhood Asthma	0.00%	0
Mental health issues such as depression, hopelessness, anger, etc	55.63%	79
Obesity/overweight	45.07%	64
Sexually transmitted infections	1.41%	2
Stroke	2.82%	4
High blood pressure	13.38%	19
Arthritis	0.00%	0
Other	4.23%	6

Total Respondents: 142

II. Priority: Access to Care

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

Madison & Clark County have the two highest ratios of primary care physicians (lower is better) compared to the state. Madison has a 2,980:1 and Clark has a 2,270:1 population ratio per 1 primary care physician. The state average is 1,290:1 and top performers are 1,010:1. Primary care physicians and improved health outcomes is supported in the literature, although it does have limitations. Primary Care Physicians are classified

by county, but physicians living on the edge of counties or who practice in multiple locations may see patient populations that reside in surrounding counties.

Madison Health has done several initiatives to help improve access to the primary and secondary service areas. The primary care network of employed providers (physicians and nurse practitioners) began in 2014. Since the last CHNA, a total of four employed providers have left the group due to retirement and other reasons. There are currently nine nurse practitioners and one pediatric nurse practitioner. The locations have expanded to six to offer more options closer to where the patients live in Madison County and surrounding areas.

Summary of Primary and secondary correlated metrics:

- 17% of the surveys stated that there was a time in the last year when they need medical care and were unable to get it, with the top reason being it took too long to get an appointment (47%)
- 42% say that COVID-19 had an impact on how they received care and had a difficult time getting an appointment as a result
- 12% of survey respondents did not have a primary care physician
- 14% of survey respondents said they were unable to get appointment to see mental health professional, with the top reason being too long of a wait to get an appointment
- Primary Care Ratio – Madison County is 2,980:1, Clark County is 2,270:1, and Franklin County is 960:1

III. Priority: Cancer Incidence and Mortality

Approximately four out of 10 Ohioans will be diagnosed with cancer at some point during their lifetime. Cancer is the second leading cause of death, accounting for nearly one in four deaths in Ohio and the United States.

Cancer is the second most common cause of death in Ohio and the United States, accounting for nearly one of every four deaths.

Lung and bronchus cancer was the leading cause of cancer death in Ohio in 2019, representing 25.6% of all cancer deaths, followed by colon and rectum cancer (8.4%), pancreatic cancer (8.0%), and breast cancer (7.0%).

Source: odh.ohio.gov

IV. Priority: Substance Abuse

Ohio is the 4th highest state for drug overdose deaths as of 2020 (the latest data from the CDC). The drug related death rate is based on a rate that measures the number of events in each time period and divided by the average number of people at risk during that period and is calculated as such in order to compare counties with different population sizes. Of the total overdose deaths for the state of Ohio, 48.9% had at least one potential opportunity for intervention. In Ohio, the high rate of overdose death is driven mainly by opioids and illicitly manufactured fentanyl. Deaths because of prescription opioids are relatively low, therefore it can be assumed that most opioid related deaths were not driven by legally prescribed medication.

Outcome related data to drug and alcohol abuse assessed by county were alcohol impaired driving deaths and drug overdose deaths and have remained high in Clark and Franklin County compared to the state. Franklin

and Clark County also had a high number of drug overdose deaths per 100,000 population, at 48 compared to the state average of 38 and the U.S. top counties at 11. Franklin County also had the highest drug related deaths per 100,000 population in the state as of 2019 according to the CDC overdose death data. Alcohol impaired driving deaths were also highest in Franklin County at 32%, but still lower than the state at 33%.

In the past two decades, the death rates for drug overdose in Franklin County has increased at an exponential rate, increasing 733%, compared to Clark at 262% increase and Madison at a 219% increase since 2003. In the last decade, Franklin County has continued to increase at 222% since 2012 based on data from the CDC. When compared to the increase nationwide of 137% increase since 2000, all three counties have trended higher than the average nationally. When analyzing the data, drugs and alcohol abuse is a prevalent theme across both primary and secondary data sources.

The following represent data related to drug and alcohol abuse:

Summary of Primary and secondary correlated metrics:

- 68.4% of people who died of a drug overdose were male, 27.4% were 35-44 years old and 79% were white, non-Hispanic
- The largest percentage of males were aged 35-44 and the largest percentage of females were aged 35-44. Male, 35-44, and Black, non-Hispanic race had the highest overdose death rates
- 5.2% of overdose deaths were experiencing homelessness or housing instability, 7.4% had a recent return to use of opioid, and 4.8% were on a current pain treatment
- Alcohol Impaired Driving Deaths – Franklin is 32%, Clark is 27%, Madison is 22%, the state is 33% and top counties is 10% (lower in better)
- Drug Overdose Deaths – is 48 in Franklin and Clark County, 38 in Madison and for the state and 9 for the top performers in the U.S. (lower is better)
- Of the top 3 unhealthy behaviors identified by the survey participants, #1 was drug abuse at 66% and #2 was alcohol abuse at 37%
- Impact to well-being from survey participants stated drug abuse as #3 at 32%

Contact

This assessment summary is published on the website of Madison Health https://www.madison-health.com/index.php/). Additionally, a copy may be obtained by contacting the Madison Health's Administration office at 740-845-7000.

The following measures and definitions represent secondary data sources and the measurements and reason for ranking based on the relationship to health outcome measures used to evaluate priorities:

1. **Adult Obesity Measure**
   Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).

   Reason for Ranking:
   The measure of obesity serves as a proxy metric for poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems (such as asthma), osteoarthritis, and poor health status.

2. **Food Index:**
   Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).

   Reason for Ranking:
   The County Health Rankings measure of the food environment accounts for both proximity to healthy foods and income. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket, locations for health food purchases in most communities, and the inability to access healthy food because of cost barriers.

   There is strong evidence that food deserts are correlated with high prevalence of overweight, obesity, and premature death as supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores. Additionally, those with low income may face barriers to accessing a consistent source of healthy food. Lacking consistent access to food is related to negative health outcomes such as weight gain, premature mortality, asthma, and activity limitations, as well as increased health care costs.

3. **High School Graduation:**
   Percentage of ninth-grade cohort that graduates in four years.

   Reason for Ranking:
   Education is an important predictor of health. Completing more education is associated with being less likely to smoke and more likely to exercise, as well as better physical health and self-reported health.

Priority Selection:

The process of priority selection followed the Association for Community Health Improvement ("ACHI") recommendations. The following priorities to consider are:

- Magnitude of the problem
- Severity of the problem
- Need among vulnerable populations
- Community's capacity and willingness to act on the issue
- Ability to have a measurable impact on the issue
- Availability of hospital and community resources
- Existing interventions focused on the issue
- Whether the issue is a root cause of other problems
- Trending health concerns in the community

Additional prioritization criteria can include:

- The importance of each problem to community members
- Evidence that an intervention can change the problem
- Alignment with an organization's existing priorities
- Hospital's ability to contribute finances and resources to address the health concern
- Potential challenges or barriers to addressing the need
- The opportunity to intervene at the prevention level

Source: ACHI

Attachment A: Community Resources Identified

Madison County Community Resources:
1. Community Action Organization of Madison and Union: (937) 642-4986
2. The Hope Center: (937) 303-4209
3. Salvation Army of London: (740) 852-3511
4. Madison County Health Partners Free Clinic: (740) 845-7286
5. Marysville Food Pantry: (937) 644-3248
6. Plain City Pantry: (614) 733-0900
7. Richwood: (740) 751-3031
8. Richwood Emergency Assistance: (740) 751-3031
9. Food Through Faith: (740) 852-4735
10. HELP Housing: (740) 852-1980
11. Madison County food bank: (740) 852-5822
12. Mount Sterling Community Center: (740) 869-2453

https://www.needhelppayingbills.com/html/union_and_madison_county_assis.html

Clark County Community Resources:
1. United Way of Champaign, Clark and Madison (2-1-1): (937) 324-5551
2. Ohio Department of Health: 937-641-3800
3. Hannah House: 937-450-2260
4. Project Women: 800-634-9893
5. Second Harvest Food Bank of Clark, Champaign and Logan Counties: 937-325-8715
6. Pet Pantry of Springfield: 937-323-6507
7. Springfield Metropolitan Housing Authority (MHA): 937-325-7331

https://www.molinahealthcare.com/~/media/Molina/PublicWebsite/PDF/members/oh/en-US/Duals/clark.pdf

Franklin County Community Resources:
1. Goodwill Columbus: 614-294-5181
2. Jewish Family Services: 614-231-1890
3. COTA (Central Ohio Transit Authority): 614-228-1176
4. J.O.I.N (The Joint Organization for Inner-City Needs) 614-241-2530
5. Lower Lights Christian Health Center: 614-274-1455
6. Columbus Free Clinic: 614-404-8417
7. Charitable Pharmacy of Central Ohio: 614-227-0301
8. ADAMH Board of Franklin County (Alcohol, Drug, and Mental Health): 614-224-1057

https://jfs.franklincountyohio.gov/JFS-website/media/Documents/Community-resource-guide-(rev-12-2018).pdf

2022 County Health Rankings: Ranked Measure Sources and Years of Data

	Measure	Weight	Source	Years of Data
HEALTH OUTCOMES				
Length of Life	Premature death*	50%	National Center for Health Statistics - Mortality Files	2018-2020
Quality of Life	Poor or fair health†	10%	Behavioral Risk Factor Surveillance System	2019
	Poor physical health days†	10%	Behavioral Risk Factor Surveillance System	2019
	Poor mental health days†	10%	Behavioral Risk Factor Surveillance System	2019
	Low birthweight*	20%	National Center for Health Statistics - Natality files	2014-2020
HEALTH FACTORS				
HEALTH BEHAVIORS				
Tobacco Use	Adult smoking†	10%	Behavioral Risk Factor Surveillance System	2019
Diet and Exercise	Adult obesity†	5%	Behavioral Risk Factor Surveillance System	2019
	Food environment index	2%	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2019
	Physical inactivity†	2%	Behavioral Risk Factor Surveillance System	2019
	Access to exercise opportunities	1%	Business Analyst, ESRI, YMCA & US Census Tigerline Files	2010 & 2021
Alcohol and Drug Use	Excessive drinking†	2.5%	Behavioral Risk Factor Surveillance System	2019
	Alcohol-impaired driving deaths	2.5%	Fatality Analysis Reporting System	2016-2020
Sexual Activity	Sexually transmitted infections	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019
	Teen births*	2.5%	National Center for Health Statistics - Natality files	2014-2020
CLINICAL CARE				
Access to Care	Uninsured	5%	Small Area Health Insurance Estimates	2019
	Primary care physicians	3%	Area Health Resource File/American Medical Association	2019
	Dentists	1%	Area Health Resource File/National Provider Identification file	2020
	Mental health providers	1%	CMS, National Provider Identification	2021
Quality of Care	Preventable hospital stays*	5%	Mapping Medicare Disparities Tool	2019
	Mammography screening*	2.5%	Mapping Medicare Disparities Tool	2019
	Flu vaccinations*	2.5%	Mapping Medicare Disparities Tool	2019
SOCIAL & ECONOMIC FACTORS				
Education	High school completion	5%	American Community Survey, 5-year estimates	2016-2020
	Some college	5%	American Community Survey, 5-year estimates	2016-2020
Employment	Unemployment	10%	Bureau of Labor Statistics	2020
Income	Children in poverty*	7.5%	Small Area Income and Poverty Estimates	2020
	Income inequality	2.5%	American Community Survey, 5-year estimates	2016-2020
Family and Social Support	Children in single-parent households	2.5%	American Community Survey, 5-year estimates	2016-2020
	Social associations	2.5%	County Business Patterns	2019
Community Safety	Violent crime	2.5%	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths*	2.5%	National Center for Health Statistics - Mortality Files	2016-2020
PHYSICAL ENVIRONMENT				
Air and Water Quality	Air pollution - particulate matter	2.5%	Environmental Public Health Tracking Network	2018
	Drinking water violations†	2.5%	Safe Drinking Water Information System	2020
Housing and Transit	Severe housing problems	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2014-2018
	Driving alone to work*	2%	American Community Survey, 5-year estimates	2016-2020
	Long commute - driving alone	1%	American Community Survey, 5-year estimates	2016-2020

*Indicates subgroup data by race and ethnicity is available; †Not available in all states; †2018 data for New Jersey.

Explanations & Definitions

TERM	EXPLANATIONS & DEFINITIONS
Health Outcomes	Health Outcomes ranking is based upon the length of life and quality of life
Length of Life	Length of Life ranking is based on the premature death rate.
Premature Death	Years of potential life lost before age 75 per 100,000 population (age adjusted)
Quality of Life	Indicates poor health and the prevalence of disease in 4 separate categories which include poor or fair health, poor physical health days, poor mental health days and low birth weight.
Poor or Fair Health	Percent of adults reporting fair or poor health (age adjusted) by county.
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age adjusted).
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 Days (age adjusted).
Low Birth Weight	Percent of live births with low birth weights (<2,500 grams).
Health Factors	Weighted measures of health behaviors, clinical care, social and economic and physical environment factors within each county.
Health Behaviors	An aggregate of a number of variables that include adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections and teen births.
Life Expectancy	Average number of years a person is expected to live.
Adult Smoking	Percent of adults who report smoking >= 100 cigarettes and are currently smoking.
Adult Obesity	Percent of adults who report a Body Mass Index (BMI) >= 30.
Food Environment Index	Index of factors that contribute to a healthy food environment by weighing two indicators equally, one being the access to healthy foods by of low income and the other being the food insecurity of the population.
Physical Inactivity	Percent of adults 20 years or older reporting no leisure time physical activity.
Access to Exercise Opportunities	Percent of the population with adequate access locations where they can engage in physical activity.
Excessive Drinking	Includes both binge and heavy drinking.
Alcohol-Impaired Driving	Percent of driving deaths caused by alcohol
Sexually Transmitted	Chlamydia rate per 100,000 population.

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TERM	EXPLANATIONS & DEFINITIONS
Teen Birth Rate	Teen birth rate per 1,000 female population, ages 15 to 19.
Clinical Care	Aggregate of several variables including percentage of uninsured, primary care physicians-to-population, preventable hospital days; diabetic screening, and mammography screening.
Uninsured	Percentage of the population under age 65 used in the clinical care factors ranking.
Primary Care Physicians	Ratio of population to Primary Care Physicians.
Dentists	Ratio of population to Dentists.
Mental Health Providers	Ratio of population to Mental Health Provider.
Preventable Hospital Stays	Number of hospitals stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees.
Diabetic Monitoring	Percent of diabetic Medicare enrollees who receive HbA1c monitoring.
Mammography Screening	Percent of female Medicare enrollees who receive mammography screening.
Social & Economic Factors	Aggregate of factors including education level, unemployment rate, children in poverty, inadequate social support, children in single parent households, and violent crime rate.
High School Graduation	Percent of ninth graders who graduate in 4 years.
Some College	Percent of adults aged 25 to 44 years with some post-secondary education.
Unemployment	Percent of population 16+ unemployed but seeking work.
Children in Poverty	Percent of children under age 18 in poverty.
Income Inequality	Ratio of income at the 80th percentile to the 20th percentile.
Children in Single-Parent Households	Percent of children who live in a household headed by a single parent.
Social Associations	Number of membership associations per 10,000 population.
Violent Crime Rate	Annual crimes per 100,000 in population.
Injury Deaths	Number of deaths caused from injuries per 100,000 population.
Physical Environment	Aggregate of several weighted variables including air pollution, drinking water violations, severe housing problems, driving alone to work and long commute - driving alone.
Air Pollution - Particulate Matter	Average density of fine particulate matter in micrograms per cubic meter per day.
Drinking Water Violations	Percent of population who may be exposed to water that does not meet safe drinking water standards.
Severe Housing Problems	Percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen or plumbing.

TITLE OF CHART/GRAPH	EXPLANATIONS & DEFINITIONS
Driving Alone to Work	Percent of workforce that drives to work alone
Long Commute - Driving Alone	Percent of the workforce whose commute exceeds 30 minutes.
Additional Measures	Additional parameters identified in each category. These parameters are included as a valuable source of data to help gain a better understanding of the community. These measures are not used to determine the ranking of each category unless no other data is available.
Population	Number of individuals who reside in a county.
% Below 18 Years of Age	Percentage of the population who are younger than 18 years of age.
% 65 and Older	Percentage of the population who are 65 or older.
% Non-Hispanic African American	Percentage of the population who are not Hispanic African American.
% American Indian & Alaskan Native	Percentage of the population who are of American Indian and Alaskan Native descent.
% Asian	Percentage of the population who are of Asian descent.
% Native Hawaiian/Other Pacific Islander	Percentage of the population who are of Native Hawaiian or other Pacific Island descent.
% Hispanic	Percent of the population who are Hispanic.
% Non-Hispanic White	Percent of the population who are white and not of Hispanic descent.
% Not Proficient in English	Percent of the population, age 5 or older, who report as not speaking English "well".
% Females	The percent of the population that are female.
% Rural	Percentage of the population living in a rural area.
Diabetes	Percentage of adults aged 20 or older who have been diagnosed with having diabetes.
HIV Prevalence	Number of people per 100,000 population diagnosed with HIV.
Premature Age-Adjusted Mortality	Number of deaths under 75 years old per 100,000 population (age- adjusted).
Infant Mortality	Number of babies who died within 1 year of birth per 1,000 live births.
Child Mortality	Number of children (under age 18) who died per 100,000.
Food Insecurity	Percent of population who lack adequate access to food.
Limited Access to Healthy Foods	Percent of population who are low income and do not live close to a grocery store.
Motor Vehicle Crash Deaths	Number of deaths caused by motor vehicle crashes per 100,000 population.
Uninsured Children	Percent of the population under the age of 18 without health insurance.
Healthcare Costs	The amount of price-adjusted Medicare reimbursements per enrollee.
Could Not See Doctor Due to Cost	Percent of the population who were unable to see a doctor because of cost.
Other Primary Care Providers	Ratio of population per primary care providers other than physicians.
Median Household Income	The income at which half the households earn more and half earn less.
Children Eligible for Free Lunch	Percentage of children enrolled in public schools that are eligible for free lunch.
Homicides	Number of deaths caused by assault per 100,000 population.
Source: www.countyhealthrankings.org	

Attachment C: Demographic Data & Health Outcomes

	County **TREND** is getting worse for this measure
	County **TREND** is the same for this measure
	County **TREND** is getting better for this measure

	U.S. Top Performers	Ohio	Madison	Clark	Franklin
Health Outcomes					
Length of Life					
Premature death	5,600	8,700	7,300	11,500	8,700
Quality of Life					
Poor or fair health	15%	18%	20%	22%	18%
Poor physical health days	3.4	4.2	4.3	4.7	4.1
Poor mental health days	4	5.2	5.2	5.5	4.9
Low birthweight	6%	9%	7%	9%	9%
	U.S. Top Performers	Ohio	Madison	Clark	Franklin
Health Factors					
Health Behaviors					
Adult smoking	15%	22%	23%	25%	20%
Adult obesity	30%	35%	39%	41%	36%
Food environment index	8.8	6.8	7.8	7.2	7.7
Physical inactivity	23%	28%	30%	31%	28%
Access to exercise opportunities	86%	77%	46%	80%	91%
Excessive drinking	15%	21%	21%	19%	20%
Alcohol-impaired driving deaths	10%	33%	22%	27%	32%
Sexually transmitted infections	161.8	559.4	233.6	602.6	782.4
Teen births	11	21	20	32	21
Clinical Care					
Uninsured	6%	8%	8%	9%	9%
Primary care physicians	1,010:1	1290:01	2980:1	2370:1	960:1
Dentists	1,210:1	1570:01	3710:1	1710:1	1090:1
Mental health providers	250:01	350:01	1490:1	570:1	280:1
Preventable hospital stays	2,233	4,338	3,220	5,100	3,558
Mammography screening	52%	45%	48%	41%	49%
Flu vaccinations	55%	51%	51%	48%	53%

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Health Factors

	U.S. Top Performers	Ohio	Madison	Clark	Franklin
Social & Economic Factors					
High school completion	**94%**	91%	**87%**	89%	91%
Some college	**74%**	66%	**49%**	56%	72%
Unemployment	**4.00%**	8.1%	**5.9%**	8.1%	**7.4%**
Children in poverty	**9%**	17%	**12%**	21%	**20%**
Income inequality	**3.7**	4.6	**3.3**	4.2	4.4
Children in single-parent households	**14%**	27%	**24%**	31%	30%
Social associations	**18.1**	10.9	**9.2**	10.4	9.4
Violent crime	**63**	293	**73**	368	423
Injury deaths	**61**	96	**83**	126	92
Physical Environment					
Air pollution - particulate matter	**5.9**	9	**9.5**	10.4	9.3
Drinking water violations			**No**	No	No
Severe housing problems	**9%**	13%	**10%**	13%	16%
Driving alone to work	**72%**	82%	**84%**	81%	79%
Long commute - driving alone	**16%**	31%	**42%**	27%	26%

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Madison County Demographics	County	State
Population	44,386	11,780,017
% below 18 years of age	20.30%	22.1%
% 65 and older	15.90%	17.5%
% Non-Hispanic Black	6.50%	13.1%
% American Indian & Alaska Native	0.40%	0.3%
% Asian	1.40%	2.5%
% Native Hawaiian/Other Pacific Islander	0.00%	0.1%
% Hispanic	2.30%	4.0%
% Non-Hispanic White	88.10%	78.4%
% not proficient in English	4%	7.2%
% Females	45.60%	51.0%

Clark County Demographics	County	State
Population	135,633	11,780,017
% below 18 years of age	22.3%	22.1%
% 65 and older	19.7%	17.5%
% Non-Hispanic Black	9.0%	13.1%
% American Indian & Alaska Native	0.4%	0.3%
% Asian	0.7%	2.5%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	3.6%	4.0%
% Non-Hispanic White	83.9%	78.4%
% not proficient in English	3.3%	7.2%
% Females	51.5%	51.0%

| Franklin County Demographics	County	State
Population	1,321,414	11,780,017
% below 18 years of age	23.2%	22.1%
% 65 and older	12.4%	17.5%
% Non-Hispanic Black	23.8%	13.1%
% American Indian & Alaska Native	0.3%	0.3%
% Asian	5.7%	2.5%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	5.8%	4.0%
% Non-Hispanic White	62.1%	78.4%
% not proficient in English	13.8%	7.2%
% Females	51.2%	51.0%

## Attachment D: OH Outcomes

Health Outcomes – Premature Death

Years of potential life lost before age 75 per 100,000 population (age-adjusted). The 2021 County Health Rankings used 2017-2019 for this measure.

Health Outcomes – Poor Physical Health Days

Average number of physically unhealthy days reported in past 30 days (age-adjusted). The 2021 County Health Rankings used data from 2018 for this measure.

Health Factors

Many things influence how well and how long we live. Everything from our education to our environments impact our health. Health Factors represent those things we can modify to improve the length and quality of life for residents. They are predictors of how healthy our communities can be in the future.

No one factor dictates the overall health of an individual or community. A combination of multiple modifiable factors, from clean air and water to stable and affordable housing, need to be considered to ensure community health for all. The County Health Rankings illuminate those opportunities for improvement by ranking the health of nearly every county in the nation across four Health Factors:

- Health Behaviors, providing alcohol and drug use rates, diet and exercise, sexual activity, and tobacco use.
- Clinical Care, showing the details of access to and quality of health care.
- Social and Economic Factors, rating education, employment, income, family and social support, and community safety.
- Physical Environment, measuring air and water quality, housing, and transit.

Health Factors – Adult Obesity

Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2. The 2021 County Health Rankings used data from 2017 for this measure.

Health Factors – Uninsured

Percentage of population under age 65 without health insurance. The 2021 County Health Rankings used data from 2018 for this measure.

Health Factors – Physical Inactivity

Percentage of adults aged 20 and over reporting no leisure-time physical activity. The 2021 County Health Rankings used data from 2017 for this measure.
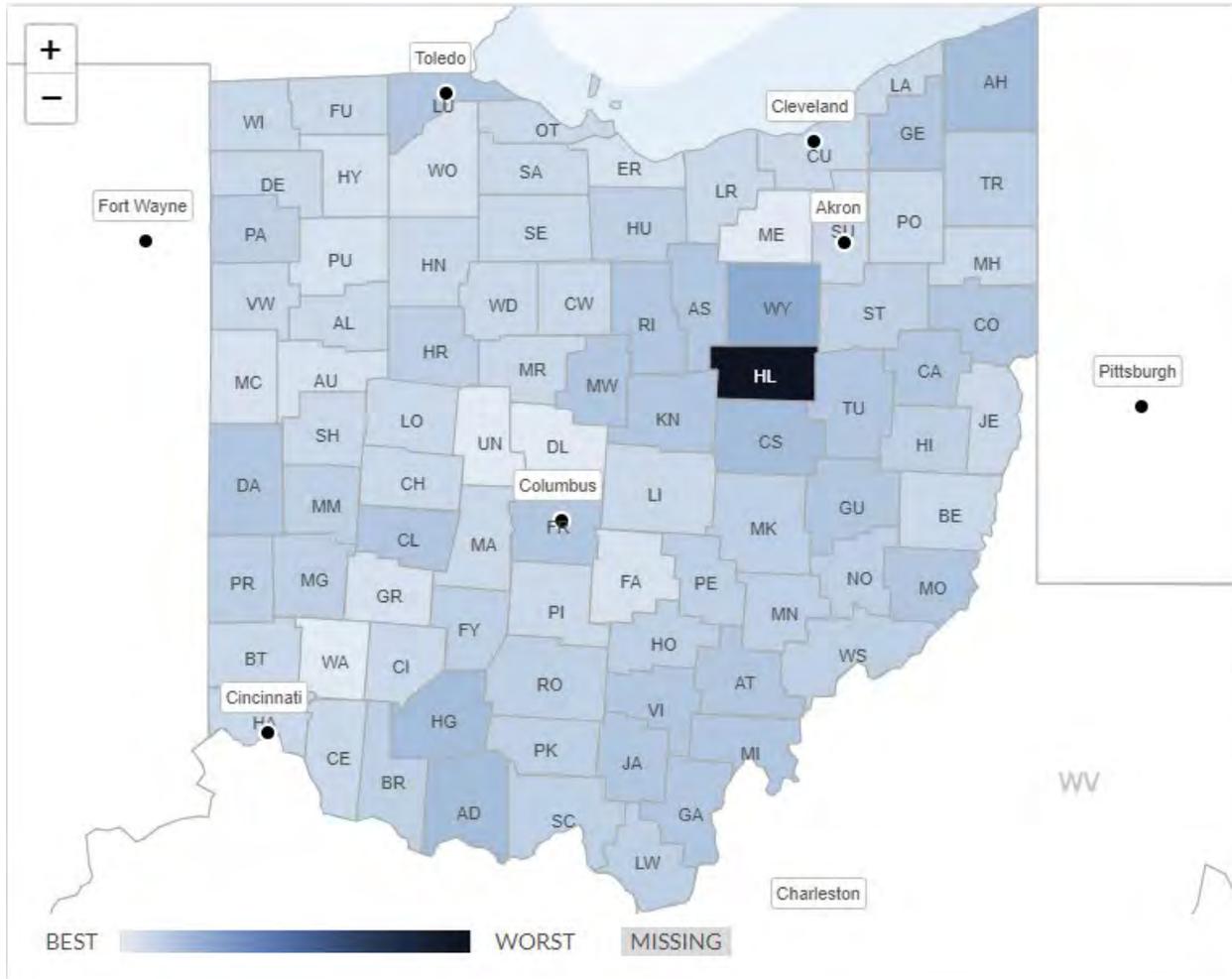
Health Factors – Food Environment Index

Index of factors contributing to a healthy food environment, from 0 (worst) to 10 (best). The 2021 County Health Rankings used 2015 & 2018 for this measure.

Health Factors – Alcohol-Impaired Driving Deaths

Percentage of driving deaths with alcohol involvement. The 2021 County Health Rankings used data from 2015-2019 for this measure.
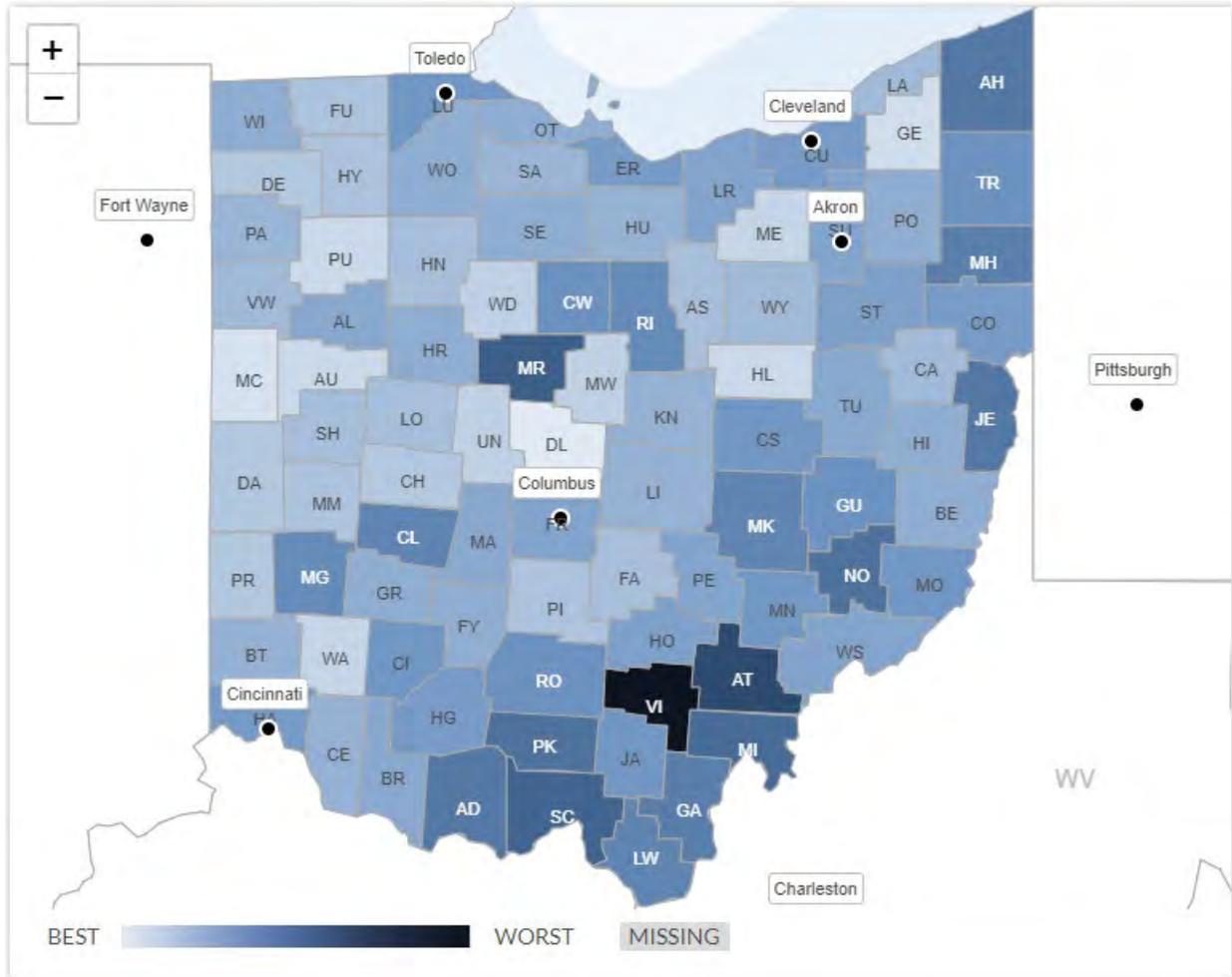
Health Factors – Sexually Transmitted Infections

Number of newly diagnosed chlamydia cases per 100,000 population. The 2021 County Health Rankings used data from 2018 for this measure.
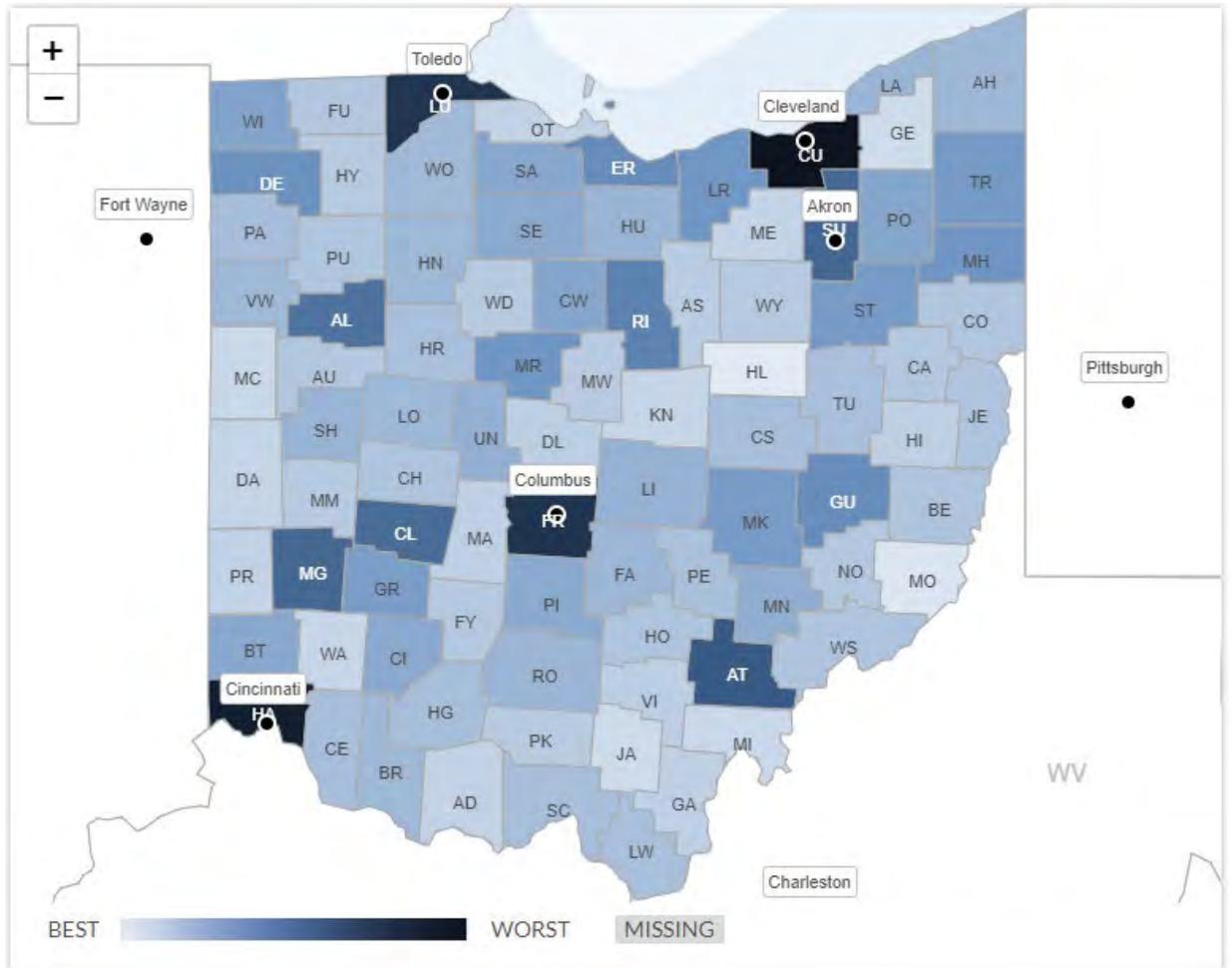
Health Factors – Primary Care Physicians

Ratio of population to primary care physicians. The 2021 County Health Rankings used data from 2018 for this measure.
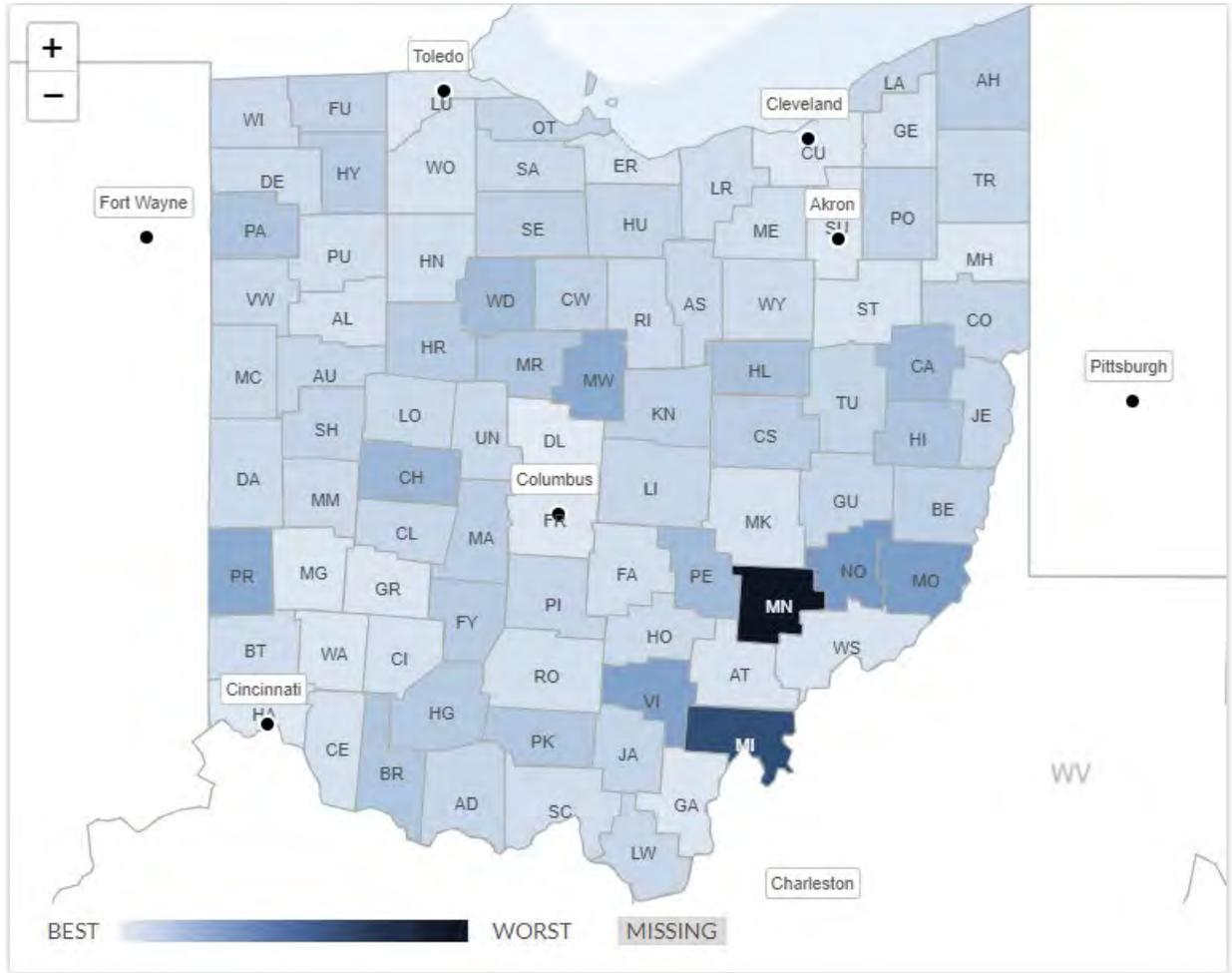
Source: America's Health Ranking

Madison County Health Statistics:

Patient to Primary Care Provider Ratio:
2,961 to 1

https://datausa.io/profile/geo/Madison-county-OH#health
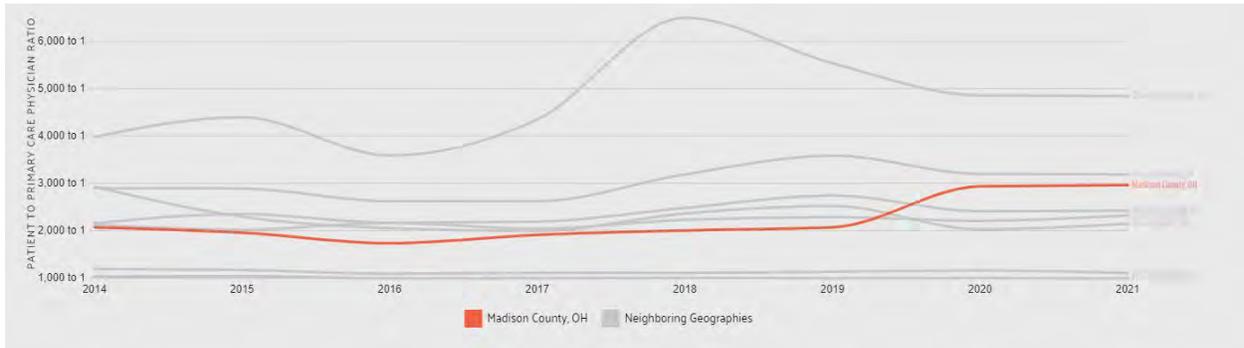
Patient to Dentist Ratio:
3,441 to 1
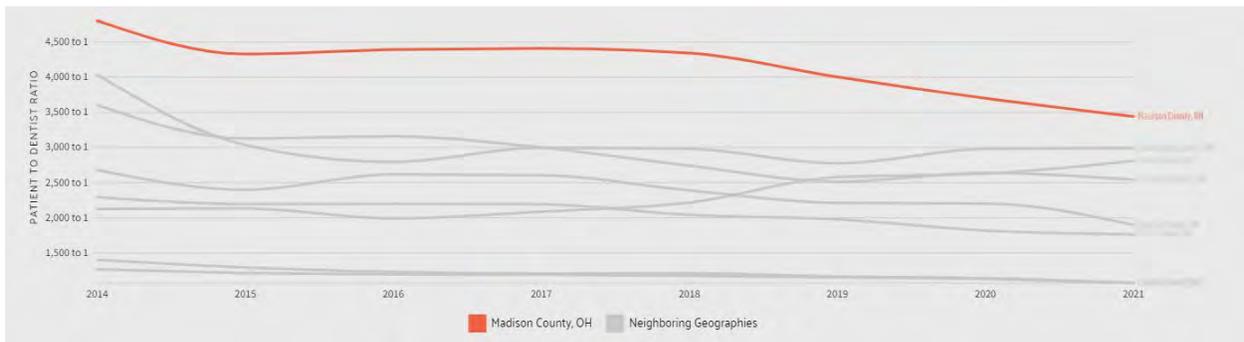
Patient to Mental Health Provider Ratio:
1,443 to 1
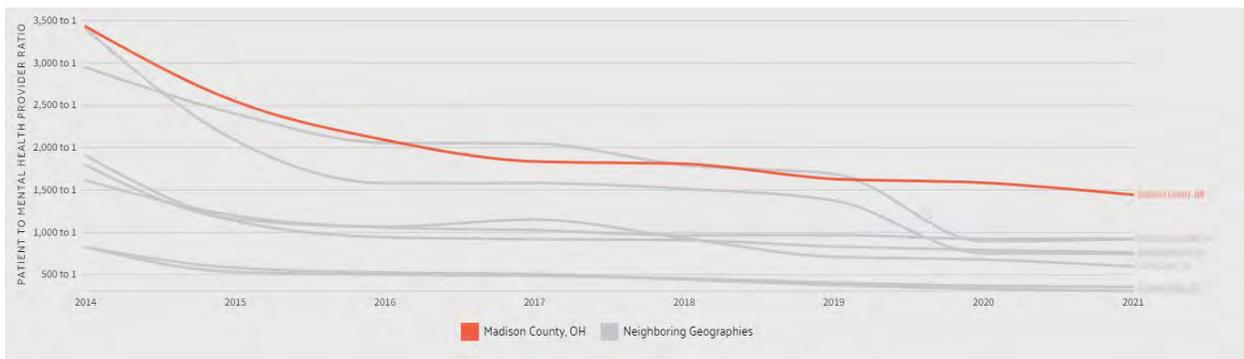
Healthcare Coverage for Madison County:

6.73%
Uninsured

52.7%
Employer

15.4%
Medicaid

14.1%
Medicare
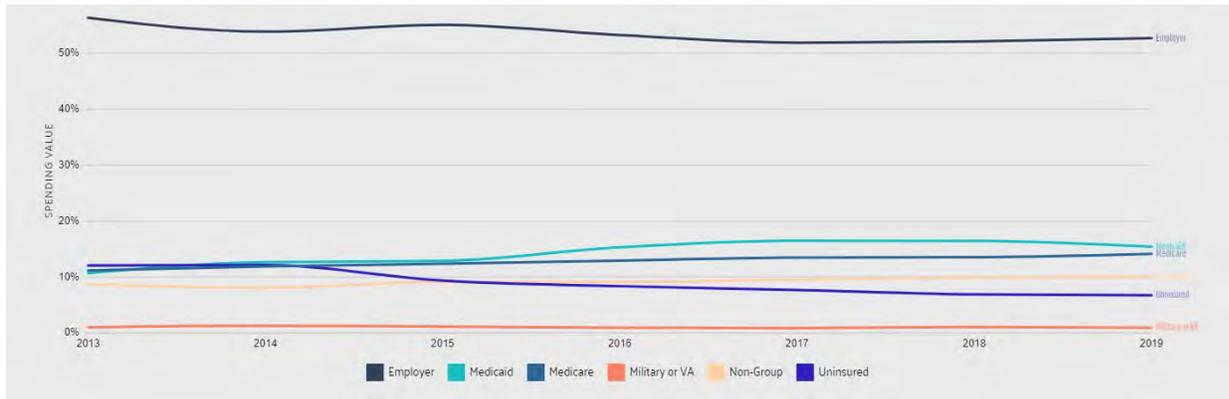
Physician Needs Assessment Analysis: Primary Service Area Madison, Clark, & Franklin

Physician Specialties: GMENAC Goodman Hicks & Glenn Solucient

| SPECIALTIES	CURRENT NUMBER OF PHYSICANS WITHIN PRIMARY SERVICE AREA	SURPLUS (SHORTAGE) IN PRIMARY SERVICE AREA	Population of 100,000					POPULATION BASED UPON HOSPITAL PRIMARY SERVICE AREA: POPULATION OF 116,619
			GMENAC	GOODMAN	HICKS & GLENN	SOLUCIENT	AVERAGE	
Primary Care								
Family Practice	43.00	18.15	25.20	N/A	16.20	22.53	21.31	24.85
Internal Medicine	24.00	1.02	28.80	N/A	11.30	19.01	19.70	22.98
Pediatrics	10.00	(3.33)	12.80	N/A	7.60	13.90	11.43	13.33
Total Primary Care	77.00	15.84	66.80	N/A	35.10	55.44	52.45	61.16
Medical Specialties								
Allergy/Immunology	0.00	(1.48)	0.80	1.30	N/A	1.72	1.27	1.48
Cardiology	11.00	7.27	3.20	3.60	2.60	3.41	3.20	3.73
Dermatology	0.00	(2.56)	2.90	1.40	2.10	2.38	2.20	2.56
Endocrinology	1.00	0.07	0.80	N/A	N/A	0.80	0.80	0.93
Gastroenterology	4.00	1.47	2.70	1.30	N/A	2.50	2.17	2.53
Hematology/Oncology	3.00	0.32	3.70	1.20	N/A	1.99	2.30	2.68
Infectious Disease	2.00	0.95	0.90	N/A	N/A	0.90	0.90	1.05
Nephrology	3.00	1.82	1.10	N/A	N/A	0.92	1.01	1.18
Neurology	2.00	(0.24)	2.30	2.10	1.40	1.90	1.93	2.24
Psychiatry	9.00	(1.26)	15.90	7.20	3.90	8.18	8.80	10.26
Pulmonology	5.00	3.33	1.50	1.40	N/A	1.40	1.43	1.67
Rheumatology	1.00	0.26	0.70	0.40	N/A	0.81	0.64	0.74
Physical Medicine & Rehab	3.00	1.43	1.30	N/A	N/A	1.40	1.35	1.57
Other Medical Specialties	0.00	(2.34)	N/A	N/A	N/A	2.01	2.01	2.34
Surgical Specialties								
General Surgery	13.00	4.40	9.70	9.70	4.10	6.01	7.38	8.60
Cardio/Thoracic Surgery	2.00	1.18	N/A	0.70	N/A	N/A	0.70	0.82
Neurosurgery	0.00	(1.05)	1.10	0.70	N/A	N/A	0.90	1.05
OB/GYN	9.00	(1.63)	9.90	8.40	8.00	10.17	9.12	10.63
Ophthalmology	7.00	2.27	4.80	3.50	3.20	4.71	4.05	4.73
Orthopedic Surgery	4.00	(2.54)	6.20	5.90	4.20	6.12	5.61	6.54
Otolaryngology	2.00	(1.30)	3.30	2.40	N/A	2.8	2.83	3.30
Plastic Surgery	1.00	(0.96)	1.10	1.10	2.30	2.22	1.68	1.96
Urology	2.00	(1.08)	3.20	2.60	1.90	2.86	2.64	3.08
Other Surgical Specialties	0.00	(2.57)	N/A	N/A	N/A	2.20	2.20	2.57
Hospital-based								
Emergency	19.00	9.83	8.50	2.70	N/A	12.40	7.87	9.17
Anesthesiology	3.00	(5.92)	8.30	7.00	N/A	N/A	7.65	8.92
Radiology	3.00	(6.85)	8.90	8.00	N/A	N/A	8.45	9.85
Pathology	4.00	(1.66)	5.60	4.10	N/A	N/A	4.85	5.66
Pediatric Cardiology	0.00	(0.23)	N/A	N/A	N/A	0.20	0.20	0.23
Pediatric Neurology	0.00	(0.14)	N/A	N/A	N/A	0.12	0.12	0.14
Pediatric Psychiatry	0.00	(0.52)	N/A	N/A	N/A	0.45	0.45	0.52
Other Pediatric Subspecialties	0.00	(1.04)	0.89	N/A	N/A	N/A	0.89	1.04
TOTALS	**190.00**	15.04						174.96

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Physician Needs Assessment Analysis:

- A quantitative physician needs assessment analysis was completed for Madison Health's primary service area which consisted of Madison (43140 -London, 43143-Mt. Sterling), Clark, (45369 -South Vienna, 45368 -South Charleston, 45503, 45504, and 45505), and Franklin (43119-Galloway) Counties, with a total population of 116,619. The physician needs assessment analysis uses a nationally recognized quantitative methodology to determine the need for physicians by physician specialty for a given geographic population area being assessed.

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

- Radiology – 6.85
- Anesthesiology – 5.92
- Pediatrics – 3.33
- Orthopedic Surgery – 2.54
- Pathology-1.66
- OB/GYN- 1.63

Attachment F: Community Input Interview Tool

Interview Questions

KEY INFORMANT INTERVIEW
Community Health Needs Assessment for:

[_____]

Interviewer's Initials: ____[_____]

Date:[_____]Start Time:[   ]End Time: [   ]

Name of Person Interviewed: [   ]
Title: [   ]

Agency/Organization: [   ]

# of years living in:[   ] # of years in current position: [   ]

E-mail address: [   ]

To get us started, can you tell me briefly about the work that you and your organization do in the community?
[   ]

Thank you. Next, I will be asking you a series of questions about health and quality of life in Madison County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in Madison County?

    1 [1 = Poor
    2 2 = Fair
    3 3 = Good
    4 4 = Very Good
    5 5 = Excellent]

2. In your opinion, has health and quality of life in Madison County improved, stayed the same, or declined over the past few years?

    [   ]

    a. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?

       [   ]

    b. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?

       [   ]

3. Are there people or groups of people in Madison County whose health or quality of life may not be as good as others?

    [   ]

    a. Who are these persons or groups (whose health or quality of life is not as good as others)?

       [   ]

    b. Why do you think their health/quality of life is not as good as others?

       [   ]

4. What barriers, if any, exist to improving health and quality of life in Madison County?

    [   ]

5. In your opinion, what are the most critical health and quality of life issues
   in Madison County?

    [   ]

    a. What needs to be done to address these issues?

       [   ]

6. Do you think access to Health Services has improved over the last 3 years? Why or why not?

    [   ]

7. What is your familiarity with various outreach efforts of Madison Health regarding Heart Disease, Cancer, and Stroke? Do you think the outreach is helpful and effective? Do you have any suggestions for additional outreach opportunities?

    [   ]

8. Please provide insight and observations regarding certain health behaviors in the community surrounding obesity, physical inactivity, drug abuse and tobacco use. Have any noticeable improvements been made in these areas during the last three years? What organizations are addressing these issues and what are they doing? What do you think is the best way to change behaviors in these areas?

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[   ]

9.   What is the most important issue the hospital should address in the next 3-5 years?
          [   ]

Close: Thank you so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in Madison County. Before we conclude the interview,
Is there anything you would like to add?
[   ]

As a reminder, summary results will be made available and used to develop a community-wide health improvement plan.

Thanks once more for your time. It has been a pleasure speaking with you.

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Attachment G: Citations

AHA Community Health Improvement (ACHI). Retrieved 2022 from website
https://www.healthycommunities.org/

American's Health Rankings 2022. Retrieved 2022, from America's Health Rankings website:
www.americashealthrankings.org

American Hospital Association. 2021 Environmental Scan. Retrieved from American Hospital: Association
Website: www.aha.org

AmfAR Opioid & Health Indicators Database. Retrieved 2022 from: https://opioid.amfar.org/KY#data-explorer

County Health Rankings. 2022 Ohio Compare Counties. Retrieved 2022, from: County Health Rankings:
www.countyhealthrankings.org

Centers for Disease Control & Prevention. Retrieved 2022 from:
https://www.cdc.gov/drugoverdose/deaths/2022.html

Centers for Medicare & Medicaid Services. Retrieved 2022, from Historical: www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistoric al.html

Data USA. Madison County & Ohio State Health Information Data.
Retrieved 2022, from Data USA website:
https://datausa.io/profile/geo/Madison-county-oh

Deloitte. 2020 Survey of Health Care Consumers in the United States: The performance of the health care system and health care reform.

U.S. Department of Health and Human Services: Office of Disease Prevention and Health Promotion. Healthy People 2020. Retrieved from HealthyPeople.gov website: http://www.healthypeople.gov/

U.S. Census Bureau. State & County Quickfacts. Retrieved 2022, from Quickfacts Census web Site:
http://quickfacts.census.gov

Attachment H: National Health Trends

The following data describes the recent trends in national healthcare and was obtained from the United States Census Bureau, and the Deloitte Survey of Health Care Consumers in the United States and the American Hospital Association Environmental Scan.

The Deloitte Center for Health Solutions' report titled 2020 Survey of Health Care Consumers in the United States: The performance of the health care system and health care reform provided the following national health related data:

Deloitte Consumers & Health Care System 2020 Survey – Virtual Care

FIGURE 4

From 2018 to March 2020, the largest increases in the use of virtual health care were among Gen X and baby boomers

■ 2018—had a virtual visit in the last year   ■ 2020—had a virtual visit in the last year

	Total	Gen Z (Born 1997 or later)	Millennials (Born 1982–1997)	Gen X (Born 1965–1981)	Baby boomers (Born 1946–1964)	Seniors (Born 1900–1945)
2018	17%	—	31%	14%	6%	14%
2020	21%	35%	31%	21% (7% Increase)	11% (5% Increase)	9%
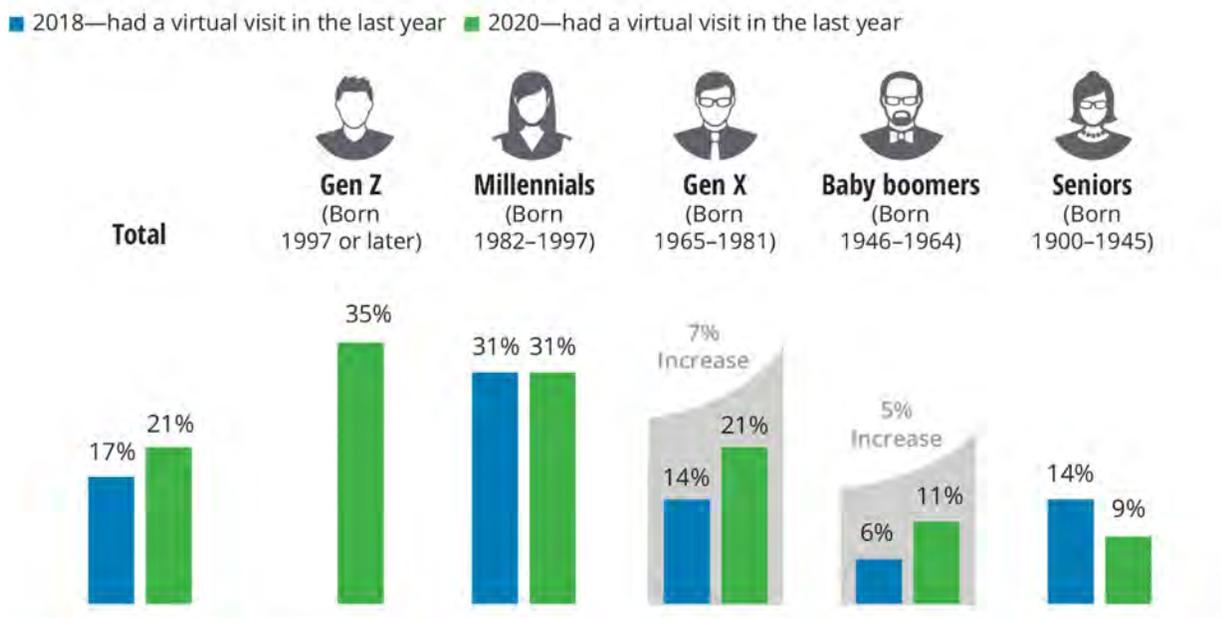
Note: Data relating to Gen Z was not analyzed in the 2018 survey because the sample size was too small.
Source: Deloitte Center for Health Solutions 2020 and 2018 Surveys of Health Care Consumers.

Deloitte Insights | deloitte.com/insights

American Hospital Association (AHA) Environmental Scan (2020)

The 2020 American Hospital Association Environmental Scan provides insight and information about market forces that have a high probability of affecting the healthcare field. It was designed to help hospitals and health system leaders better understand the healthcare landscape and the critical issues and emerging trends their organizations will likely face in the future. The Scan provided the following information:

COVID-19's Economic Impact on Hospitals & Health Systems

COVID-19's impact on health care services

DEFERRING MEDICAL CARE

41% of U.S. adults avoided medical care due to the pandemic as of June 30, 2020.

Czeisler, Mark E. et al. "Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020," Morbidity and Mortality Weekly Report, Sept. 11, 2020, 69(36):1250-1257.

COVID-19's ECONOMIC IMPACT ON HOSPITALS AND HEALTH SYSTEMS

$323.1 BILLION total projected losses to hospitals and health systems in 2020*

67% of hospital leaders believe patient volume will not return to baseline in 2020.*

-56% decrease in outpatient visits at the start of the pandemic†

*"Hospitals and Health Systems Continue to Face Unprecedented Financial Challenges due to COVID-19," American Hospital Association, June 2020.
†"Six month update: National patient and procedure volume tracker," Strata Decision Technology, Sept. 23, 2020.

Consumer Telehealth Shift

EFFECTS OF TRANSITIONING CARE TO TELEHEALTH

- 20% of all emergency department visits could be avoided.
- 24% of health care office visits and outpatient volume could be delivered virtually.
- 35% of regular home health services could be virtualized.
- 2% of all outpatient volume could be shifted to the home setting with tech-enabled medical administration.

Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

% OF MEDICARE PRIMARY CARE VISITS USING TELEHEALTH

43.5%

0.1%

In February 2020   In April 2020
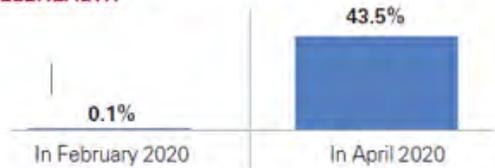
Bosworth A. et al. "ASPE Issue Brief: Medicare Beneficiary Use of Telehealth Visits: Early Data from the Start of the COVID-19 Pandemic," Office of the Assistant Secretary for Planning and Evaluation, Department of Health & Human Services, July 28, 2020.

CONSUMERS TURN TO TELEHEALTH IN 2020

Used telehealth services in 2019
11%

Used telehealth services during pandemic (end of April 2020)
46%

Interest in using telehealth going forward
76%

Bestsennyy O., Gilbert G., Harris A., Rost J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

Provider telehealth shift

- Providers are seeing **50-175 times** the number of patients via telehealth than they did before the pandemic.

PROVIDERS' COMFORT WITH TELEHEALTH

Providers view telehealth more favorably than they did before COVID-19
57%

Providers more comfortable using telehealth
64%

*Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

Societal Factors that Influence Health

Spotlight on food insecurity

AMERICANS EXPERIENCING FOOD INSECURITY*

37.2 MILLION	**54.3** MILLION TO **40.5** MILLION
2018	2020 Projection
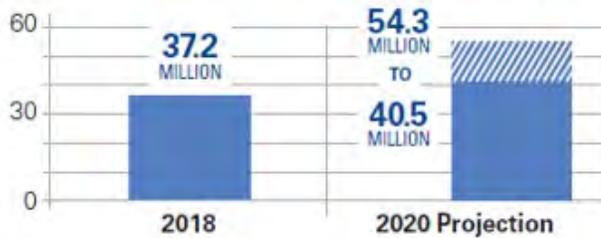
AMERICANS REPORT SKIPPING MEALS OR RELYING ON CHARITY OR GOVERNMENT FOOD PROGRAMS DUE TO COVID-19[†]

|	
Black/African American	30%
Hispanic/Latinx	26%
White	8%
Total respondents	16%
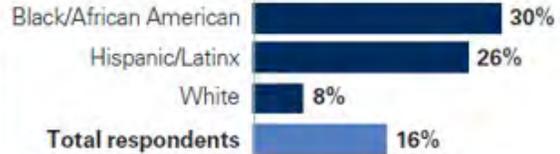
- Between 9 and 17 million children live in a household where adults say that their children do not have enough to eat. Pandemic-instigated school closures and a severe recession served as contributors.[‡]

*"The Impact of Coronavirus on Food Insecurity," Feeding America, May 19, 2020.
†Hamel, Liz et al. "Impact of Coronavirus on Personal Health, Economic and Food Security, and Medicaid," KFF Health Tracking Poll — May 2020, Kaiser Family Foundation, May 27, 2020.
‡Bauer, Lauren and Parsons, Jana. "Why extend Pandemic EBT? When schools are closed, many fewer eligible children receive meals," Brookings, Sept. 21, 2020.

Mental Health

ADULT BEHAVIORAL HEALTH CONDITIONS

41% of adults report at least one adverse mental or behavioral health condition in June 2020.

Anxiety/depression symptoms
31%

Trauma/stressor-related disorder symptoms
26%

Started or increased substance use
13%

Seriously considered suicide in the last 30 days
11%
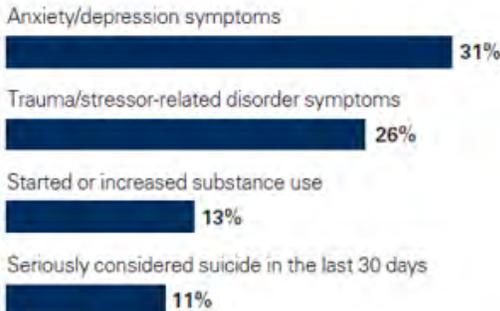
ANXIETY SYMPTOMS INCREASE

1 in 3 adults report symptoms of an anxiety disorder, compared with 1 in 12 a year ago.

- 55% reported life to be more stressful.

"Mental Health: Household Pulse Survey," National Center for Health Statistics, CDC, cdc.gov, July 2020, accessed Sept. 7, 2020.

Mental health in the U.S.

- Anxiety is the most common mental health disorder, affecting 40 million adults every year.
- 17 million adults experience a depressive disorder each year.
- More than 42% cite cost and poor insurance coverage as the top barriers to accessing mental health care.
- More than $200 billion: estimated annual U.S. spending due to mental health conditions.
- Roughly 111 million Americans live in areas that have a shortage of mental health professionals.

"America's State of Mind: U.S. trends in medication use for depression, anxiety and insomnia," Express Scripts, April 2020.

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Substance Use Disorders (SUDs)

DRUG OVERDOSES

- Drug overdose deaths in the U.S. in 2019: Increased to 72,000.*
- Opioids are responsible for 71% of these deaths.*
- As of July 2020, drug overdose deaths increased an average of 13% over last year.†

+5% Increase from 2018*

*"Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts," National Center for Health Statistics, CDC, cdc.gov, accessed Oct. 25, 2020.
†Katz, Josh et al. "In Shadow of Pandemic, U.S. Drug Overdose Deaths Resurge to Record," The New York Times, July 15, 2020.

Opioids

ECONOMIC IMPACT

$819 BILLION
Estimated cost of the opioid epidemic from 2015 to 2019.

$1 TRILLION
The cost to society over the next five years if trends continue.

Top 3 costs
- Mortality: **$327 billion**
- Health care: **$270 billion**
- Lost productivity: **$124 billion**

"A Movement to End Addiction Stigma — Addressing opioid use disorder stigma: The missing element of our nation's strategy to confront the opioid epidemic," Shatterproof white paper, July 16, 2020.

Access & Affordability

Health care expenses

EMPLOYER-SPONSORED INSURANCE: AVERAGE ANNUAL PREMIUM (FAMILY COVERAGE)

$13,770 (2010)
$21,342 (2020)

55%

"2020 Employer Health Benefits Survey," Kaiser Family Foundation, Oct. 8, 2020.

UNINSURED INCREASE

5.4 MILLION
Number of U.S. workers who became uninsured February to May, 2020.*

Increase is **39%** higher than any annual recorded increase.
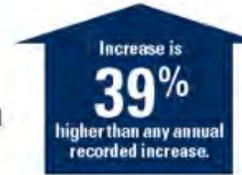
*Dorn, Stan. "The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History," The National Center for Coverage Innovation, Families USA, July 17, 2020.

DISTRIBUTION OF CONSUMER OUT-OF-POCKET HEALTH EXPENSES

- 2%
- 3%
- 7% — Other health, residential and personal care
- 9% — Home health
- 12% — Durable medical equipment
- 13% — Hospital care
- 17% — Nursing care facilities
- 38% — Prescription drugs
- Other nondurable medical products
- Professional services
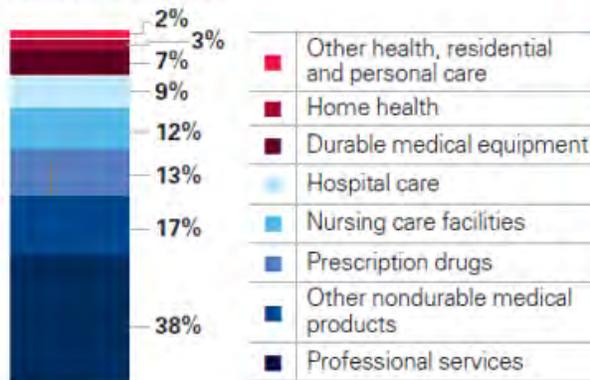
"National Health Expenditure Data, Historical," NHE Tables, cms.gov, released Dec. 17, 2019.

PEOPLE WHO LOSE THEIR EMPLOYER-SPONSORED HEALTH INSURANCE IN 2020 (PROJECTED)

- 6% — Will enroll in the Affordable Care Act marketplace
- 28% — Will enroll in Medicaid
- 32% — Will switch to a family member's employer sponsored coverage
- 34% — Will become uninsured
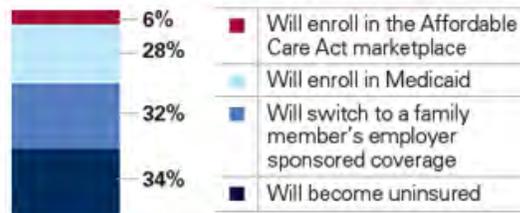
Banthin, J. et al. "Changes in Health Insurance Coverage Due to the COVID-19 Recession: Preliminary Estimates Using Microsimulation," Urban Institute, Robert Wood Johnson Foundation, July 13, 2020.

Healthy People 2020

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HealthyPeople.gov provides 10-year national objectives for improving the health of all Americans by 2020. The topics are the result of a multiyear process with input from a diverse group of individuals and organizations. Eighteen federal agencies with the most relevant scientific expertise developed health objectives to promote a society in which all people live long, healthy lives. The primary goals for Healthy People 2020-2030 are:

Goals for Healthy People 2020-2030

- Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury and premature death
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all
- Create social, physical, and economic environments that promote attaining full potential for health and well-being for all
- Promote healthy development, healthy behaviors, and well-being across all life stages
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all

For All Healthy People 2020-2030 Objectives Click Here: