



# 2025 Community Health Needs Assessment

Report adopted by Hospital  
Advisory Board May 2025



A member of CommonSpirit

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# Community Health Needs Assessment – At a Glance

St. Joseph Health - Madison Hospital

## Data Analysis Overview



Secondary Data  
Topic score of 1.50 or higher

**Secondary data**, or numerical health indicators, from HCI's 200+ community indicator database, were analyzed and scored based on their values.



Listening Sessions  
Frequency topic was discussed during interviews

Listening Sessions were conducted with **over 60 community groups, organizations, and hospital leaders** that represent the broad demographics or underserved populations in the community.



Community Partner Survey  
Selected by 20% or more of respondents as a priority health issue

The Community Partner Survey was distributed across the region to gather quantitative data regarding community-serving organizations and their views on the health needs within the service area.

## Prioritized Significant Health Needs



Cancer



Health Care  
Access & Quality



Heart Disease &  
Stroke



Mental  
Health



Respiratory  
Diseases



Weight  
Status



Women's  
Health

\*Topic scores reflect the relative severity of issues based on standardized data; a score of 1.50 or higher indicates a higher-than-average concern compared to state or national benchmarks.

# Executive Summary

## Introduction & Purpose

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs in the community served by St. Joseph Health-Madison Hospital. The priorities identified in this report guide the hospital's community health improvement programs, community benefit activities, and collaborative efforts with other organizations sharing the mission to improve community health. This CHNA meets the requirements of the Patient Protection and Affordable Care Act, mandating not-for-profit hospitals to conduct a CHNA at least every three years.

## CommonSpirit Health Commitment and Mission Statement

The hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community partners is in keeping with its mission.

### Our Mission

The hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community partners is in keeping with its mission.

### Our Mission

As a member of CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

### Our Vision

A healthier future for all—inspired by faith, driven by innovation, and powered by our humanity.

### Our Values

- **Compassion:** Care with listening, empathy, and love; accompany and comfort those in need of healing.
- **Inclusion:** Celebrate each person's gifts and voice; respect the dignity of all.
- **Integrity:** Inspire trust through honesty; demonstrate courage in the face of inequity.
- **Excellence:** Serve with fullest passion, creativity, and stewardship; exceed expectations of others and ourselves.
- **Collaboration:** Commit to the power of working together; build and nurture meaningful relationships.

## CHNA Collaborators

St. Joseph Health Madison Hospital collaborated with various community organizations, local health departments, and healthcare providers. Conduent Healthy Communities Institute (HCI) was contracted to facilitate data collection, analysis, and community engagement efforts.

## Community Definition

The community served by St. Joseph Health Madison Hospital is centered in Madison County, a rural region in the northeastern portion of the Brazos Valley. The hospital's defined service area includes the zip codes with the highest volume of inpatient and outpatient visits, ensuring that the CHNA reflects the most relevant geographic areas utilizing the hospital's healthcare services.

## Process and Criteria to Identify and Prioritize Significant Health Needs

Health needs were prioritized based on magnitude and community impact, considering secondary data indicators, stakeholder input, and collaborative discussions. The process involved a comprehensive review of the available data, alongside surveys and input from key stakeholders, including healthcare professionals, community leaders, and residents. This collaborative approach ensured that diverse perspectives were considered, leading to a well-rounded understanding of the community's most pressing health concerns.

Upon identifying the significant health needs, the team categorized them into themes such as chronic disease prevention, mental health support, access to healthcare services, and health education. Each category was then evaluated to determine its potential impact on the community's overall well-being and its alignment with the hospital's mission and resources.

The prioritization process also considered the feasibility of addressing these needs, considering available resources, potential partnerships, and existing community initiatives. By aligning efforts with ongoing programs and leveraging partnerships, St. Joseph Health Madison Hospital aims to maximize the effectiveness of its community health improvement strategies.

As a result, the prioritized health needs will guide the development of targeted interventions and programs designed to address gaps in care and improve health outcomes for all community members, particularly those who are most vulnerable. These efforts are intended to foster a healthier, more resilient community, where everyone has the opportunity to thrive.

## List of Prioritized Significant Health Needs

Health needs were ranked based on their significance and potential impact on the community. This prioritization process incorporated a comprehensive review of secondary data indicators, insights gathered through stakeholder interviews and focus groups, and collaborative discussions with community partners. The resulting list of prioritized needs reflects both the prevalence and urgency of issues affecting the population.

The identified priority health needs include:



Cancer



Health  
Care  
Access &  
Quality



Heart  
Disease &  
Stroke



Mental  
Health



Respiratory  
Diseases



Weight  
Status



Women's  
Health

Each of these areas represent a significant concern that affects health outcomes and quality of life for residents across the defined community. More detailed data, justification for prioritization, and summaries of community input are provided in subsequent sections of this report. Additional data tables, methodology details, and community input documentation are available in the appendices.

## Resources Potentially Available

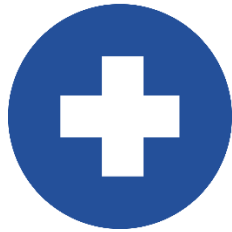
Resources potentially available to address these needs include existing community programs, local nonprofit partnerships, healthcare infrastructure investments, and ongoing collaborations with community-based organizations targeting the identified significant health needs within the service area.

## Report Adoption, Availability and Comments

This CHNA report was adopted by the St. Joseph Health Madison Hospital advisory board in June 2025. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at the hospital's Mission and Spiritual Care Office. Written comments on this report can be submitted to the Mission and Spiritual Care Office, 100 W Cross St, Madisonville, TX 77864 or by e-mail to [fawn.preuss@commonspirit.org](mailto:fawn.preuss@commonspirit.org).

# Looking Back: Evaluation of Progress since prior CHNA

Over the past three years, St. Joseph Health Madison Hospital has advanced a variety of strategic initiatives focused on improving health outcomes, increasing care access, and promoting wellness in Madison County. Guided by the 2022 Implementation Strategy, these efforts reflect a strong commitment to meeting local needs through cross-sector collaboration, community-based programming, and direct outreach.



## Access to Care Initiatives

- Assisted 493 residents with Medicaid enrollment from FY22–FY24
- Provided \$1.38 million in charity and indigent care in FY23
- Supported Madison Health Resource Center (MHRC) in serving 2,600+ residents with care coordination and transportation assistance
- Funded \$6,844 grant to The Rose for breast health services for uninsured women
- Donated 144 hours of EMS standby coverage for local festivals and school events



## Chronic Disease Management

- Delivered Wellness for Diabetes education to nearly 100 residents annually
- Hosted “Staying the Course” chronic disease support group with over 100 participants per year
- Sponsored HeartSmart cardiac rehab program with education and low-cost guided exercise



## Mental Health Initiatives

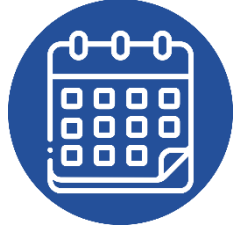
- Offered Senior Renewal mental health therapy in collaboration with regional hospitals
- Facilitated telehealth behavioral counseling via Texas A&M
- Conducted mental health and depression screenings at outreach and clinical events



## Preventive Health & Community Outreach

- Hosted Madison Health Fair with free immunizations, screenings, and education
- Organized Back-to-School Health Fair, reaching 343 children with school supplies and health services
- Provided flu shots to 300+ community members via annual drive-thru clinics





### **Community Contributions & Events**

- Donated \$12,521 to support MHRC operations
- Sponsored food drives, school supply giveaways, and prayer vigils
- Helped over 100 residents enroll in CHIP/Medicaid at community outreach events



### **Health Professions Education**

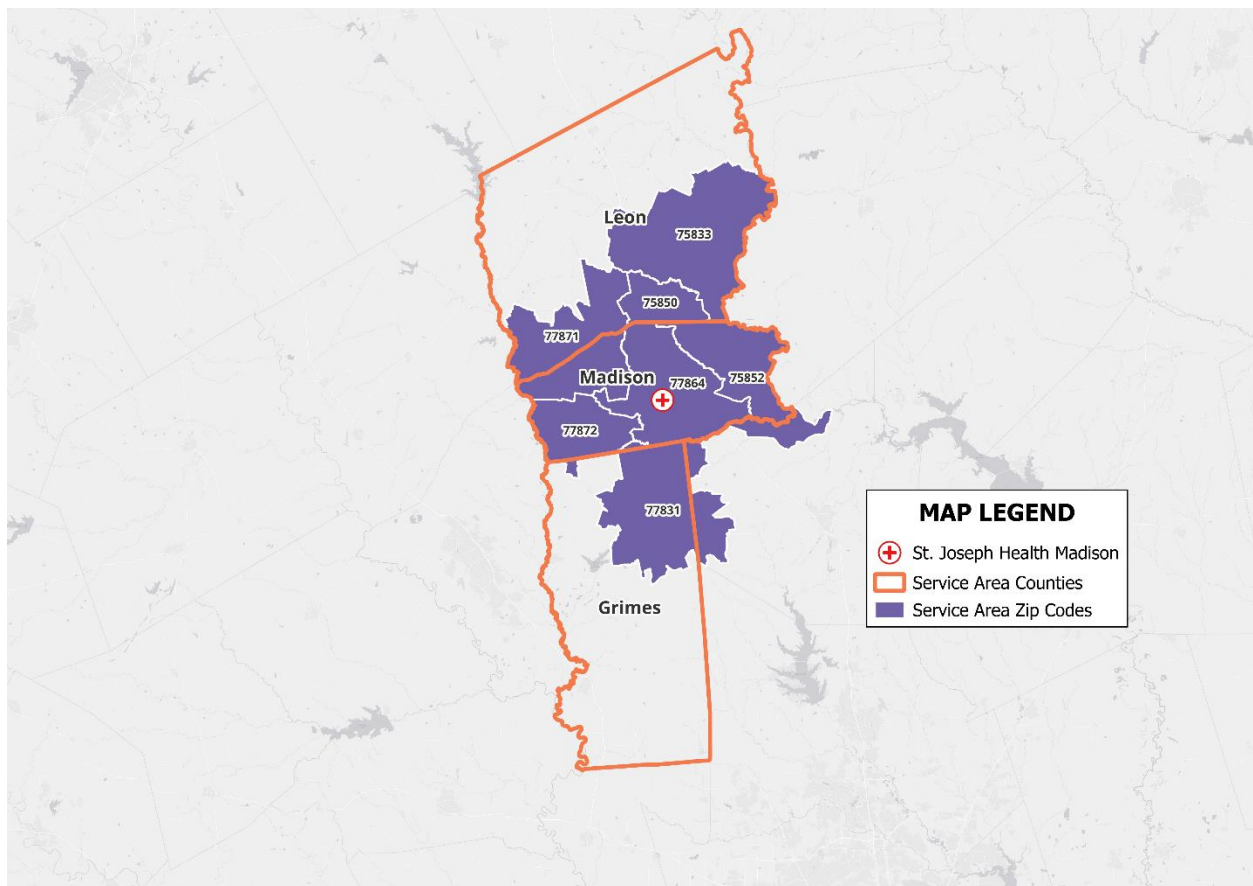
- Certified 89 individuals in CPR and First Aid through public training events

- Supported clinical training for nursing, EMT, pharmacy, and radiology students through academic partnerships with Texas A&M College of Medicine and others

## Defining the Community

The community served by St. Joseph Health Madison Hospital is defined by a geographically rural service area in northeastern Brazos Valley, anchored in Madison County, Texas. The hospital's service area includes seven zip codes selected based on the highest volume of inpatient and outpatient visits. This data-driven geographic definition ensures that the Community Health Needs Assessment (CHNA) reflects the regions with the greatest use of hospital services and the most pressing health needs.

FIGURE 1. MADISON HOSPITAL SERVICE AREA



# Demographic Profile

## Geography and Data sources

The following section explores the demographic profile of the Madison Hospital primary service area, which includes 7 zip codes in and around Madison County. A community's demographics significantly impact its health profile. Different racial/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts.

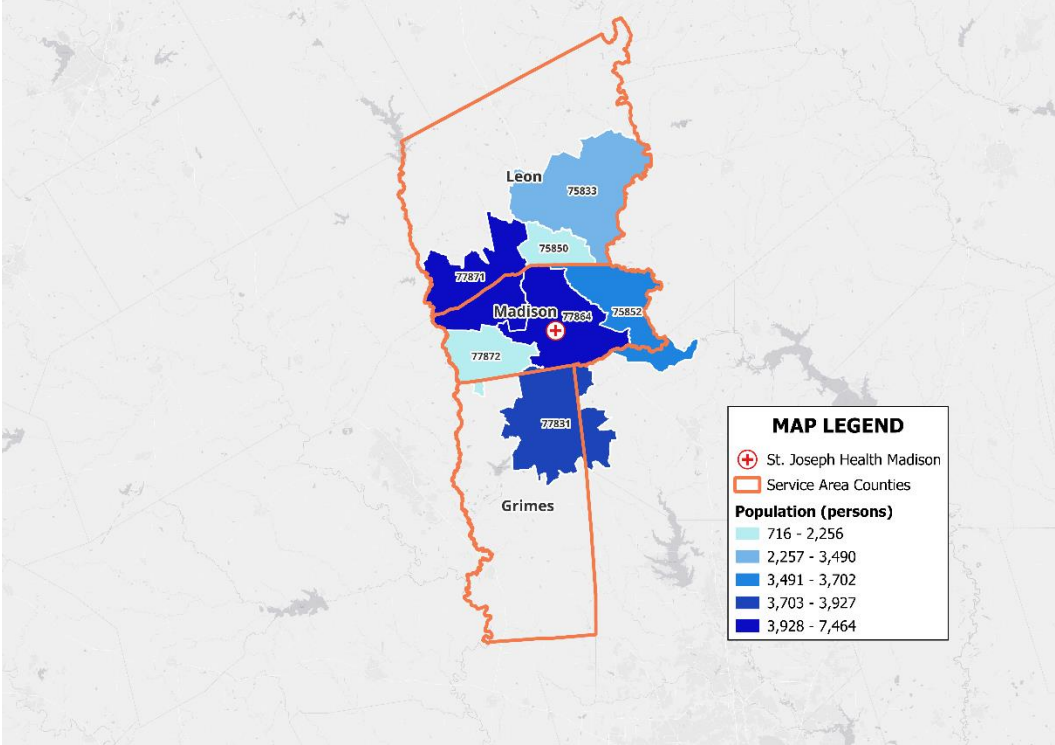
Unless otherwise indicated, all demographic estimates are sourced from Claritas® (2024 population estimates). Claritas demographic estimates are primarily based on U.S. Census and American Community Survey (ACS) data. Claritas uses proprietary formulas and methodologies to calculate estimates for the current calendar year.

## Population

The Madison Hospital primary service area has an estimated population of 25,549 persons. The population skews older than the Texas average, with a majority between ages 25 and 74, and a significant portion of adults over 65, highlighting increased needs around chronic disease management, caregiving, and long-term care. The gender distribution shows 46.9% female, which is slightly below state and national averages.

Racial and ethnic diversity is a defining feature of the community, with higher proportions of Black/African American residents (12.4%) than the state and national averages, alongside 14.3% Spanish-speaking households. Cultural and linguistic considerations are therefore critical in health communication, access, and outreach. Figure 2 shows the population breakdown for the service area by zip code.

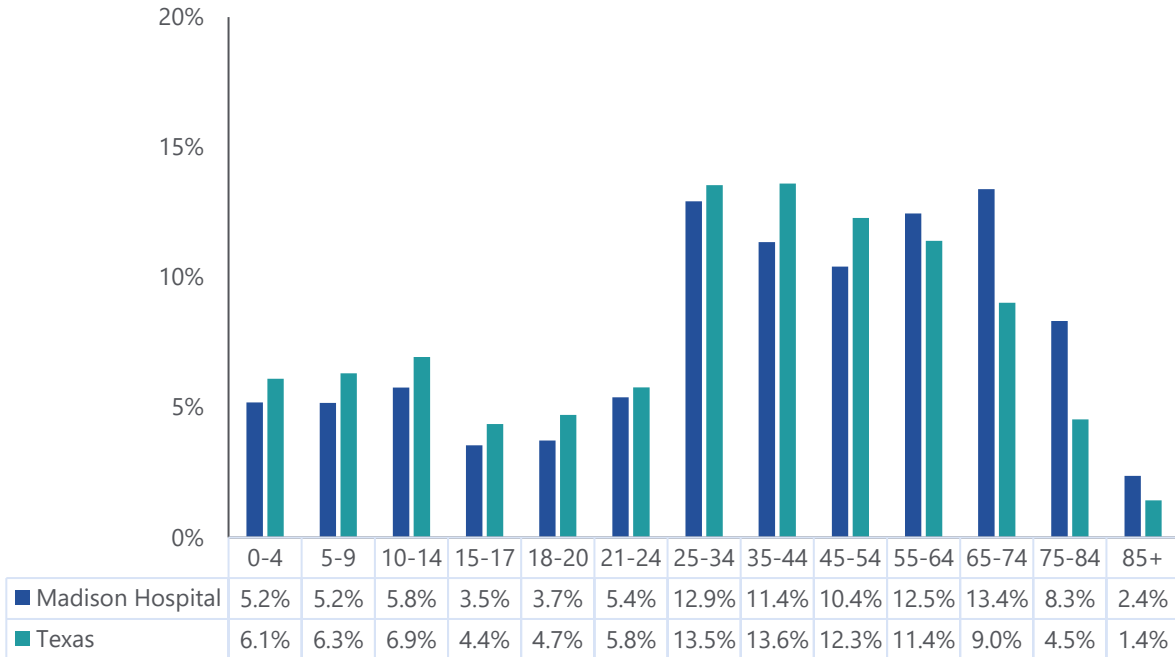
FIGURE 2. MADISON HOSPITAL PRIMARY SERVICE AREA POPULATION DISTRIBUTION BY ZIP CODE



## Age

Figure 3 shows the population of Madison Hospital's primary service area broken down by age group, with comparisons to the state-wide Texas population. Overall, the age distribution of Madison Hospital is older than the state-wide Texas population. Most of the population is between 25 and 74 years old.

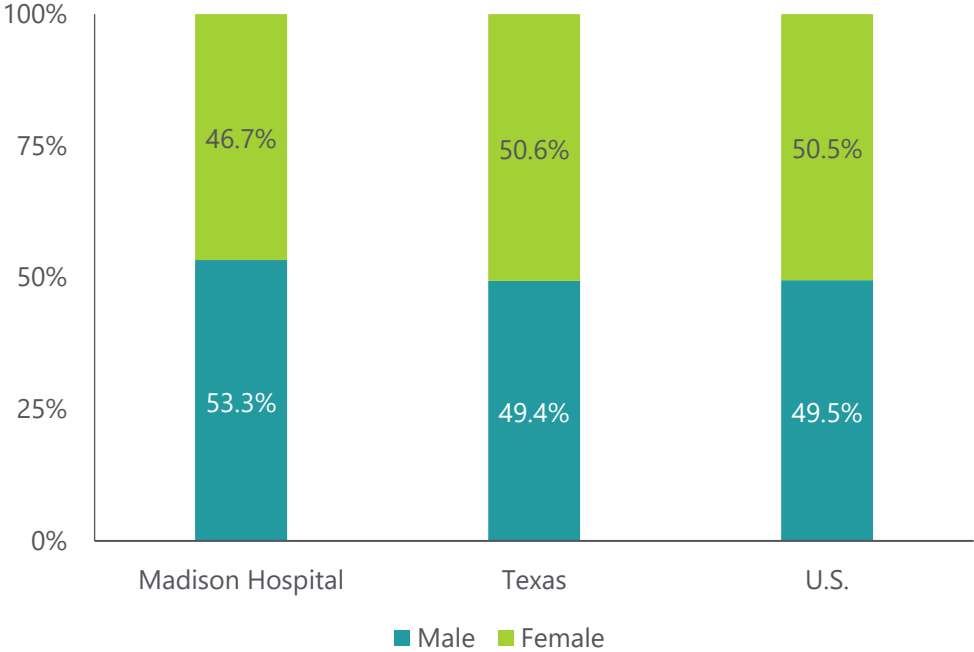
FIGURE 3. POPULATION BY AGE: REGIONAL HOSPITAL SERVICE AREA



# Sex

As seen in Figure 4, 46.9% of the Madison population is female, which is slightly lower than both state and national populations (50.6% and 50.5%, respectively).

FIGURE 4. POPULATION BY SEX: COUNTY, STATE, AND U.S. COMPARISONS



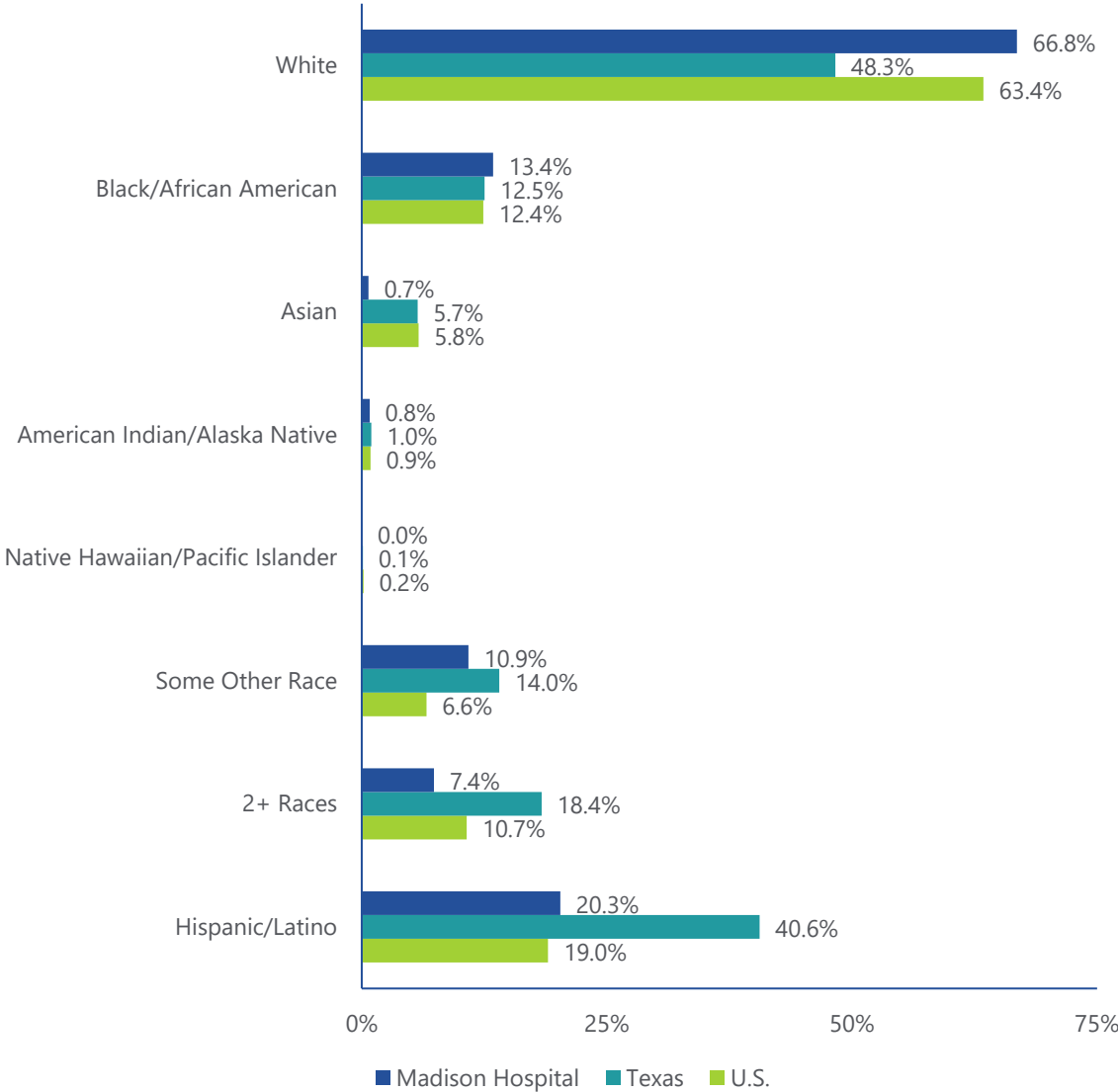
*U.S. value taken from American Community Survey (2019-2023)*

# Race and Ethnicity

Considering the racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

The Madison primary service area has a racially and ethnically diverse population. Madison has a higher percentage of Black/African American persons than both statewide or nationwide populations.

FIGURE 5. POPULATION BY RACE AND ETHNICITY



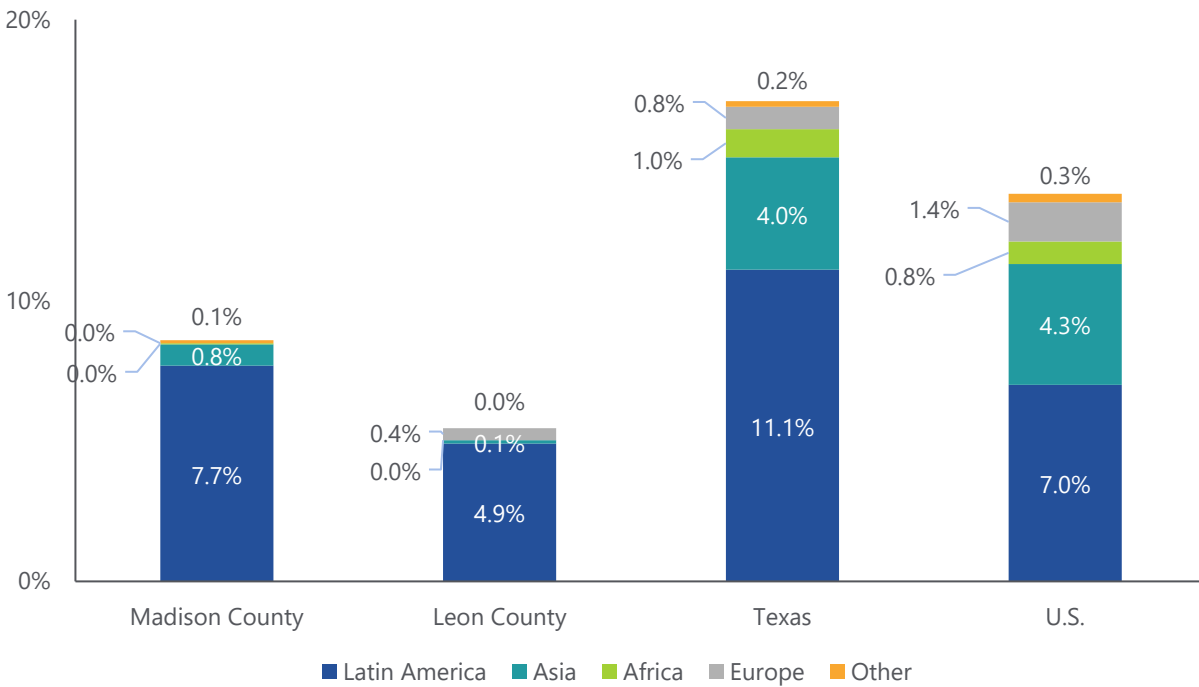
U.S. value taken from American Community Survey (2019-2023)

## Language and Immigration

Understanding countries of origin and difficulty in speaking language can help inform the cultural and linguistic context. According to the American Community Survey, 8.6% of residents in Madison County and 5.4% of residents in Leon County are born outside the U.S., which is lower than the state value (17.2%) and national value (13.9%).

Figure 6 provides a breakdown of region of birth for any persons born outside the country.

FIGURE 6. REGION OF BIRTH FOR ANY PERSONS BORN OUTSIDE THE COUNTRY

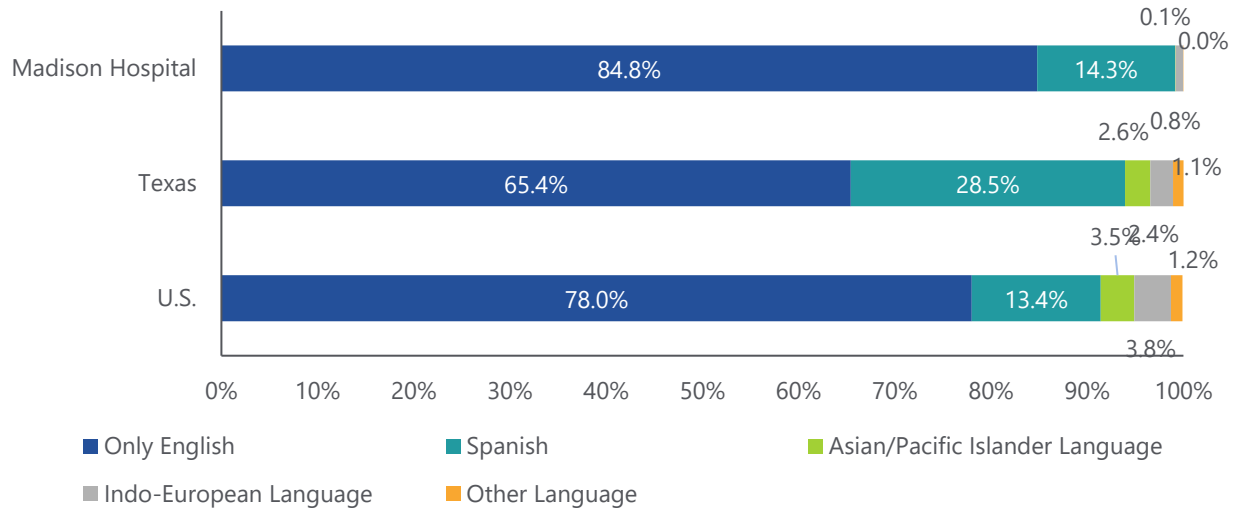


County, State, and U.S. values taken from American Community Survey (2019-2023)



As shown in Figure 7, the majority of residents in the Madison Hospital primary service area (84.8%) speak only English at home. The Madison Hospital service area population is more likely than the nation-wide population to speak Spanish (14.3% vs. 13.4%), but less likely than the state-wide Texas population to speak Spanish (28.5%).

FIGURE 7. POPULATION AGE 5+ BY LANGUAGE SPOKEN AT HOME

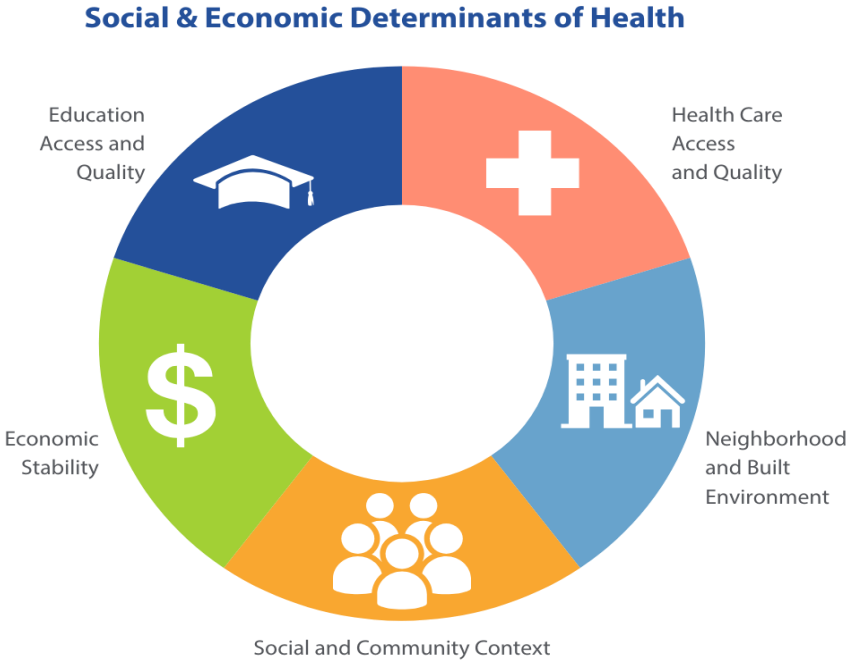


*U.S. value taken from American Community Survey (2019-2023)*

# Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting the Madison Hospital primary service area. Social Determinants of Health (SDOH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The SDOH can be grouped into five domains. Figure 8 shows the Healthy People 2030 Social Determinants of Health domains (Healthy People 2030, 2022).

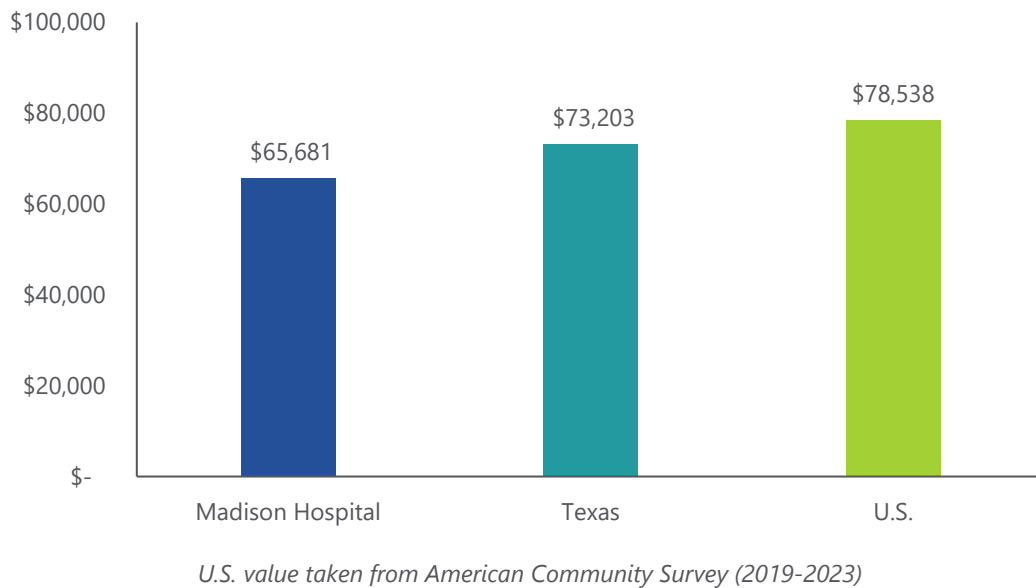
FIGURE 8. HEALTHY PEOPLE 2030 SOCIAL DETERMINANTS OF HEALTH



## Income

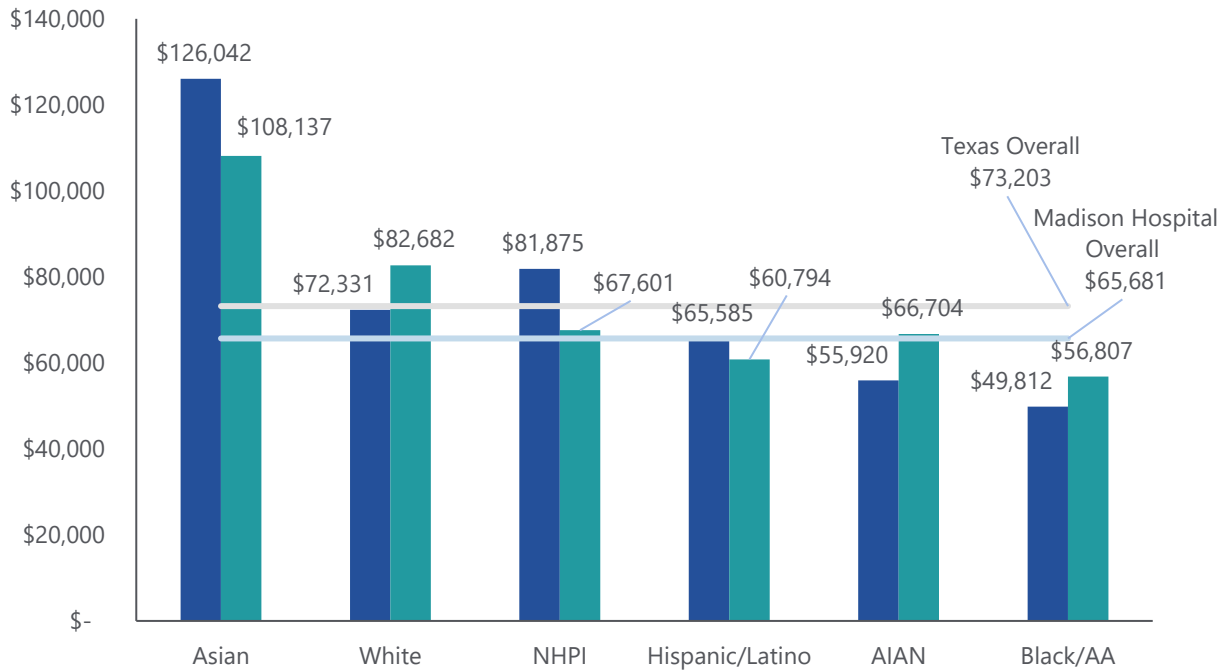
Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work. Figure 9 provides the median household income in the service area, compared to the state and nation.

FIGURE 9. MEDIAN HOUSEHOLD INCOME BY: COUNTY, STATE AND U.S. COMPARISONS



Disparities in median household income exist between racial and ethnic groups within the county. As shown in Figure 10, the Black/African American and American Indian/Alaska Native communities of the Madison Hospital service area both have a lower median income than the overall service area median income. For example, the Black/African American median income is more than \$15,000 lower than the overall median income (\$49,812 vs. \$65,681).

FIGURE 10. MEDIAN HOUSEHOLD INCOME BY RACE & ETHNICITY

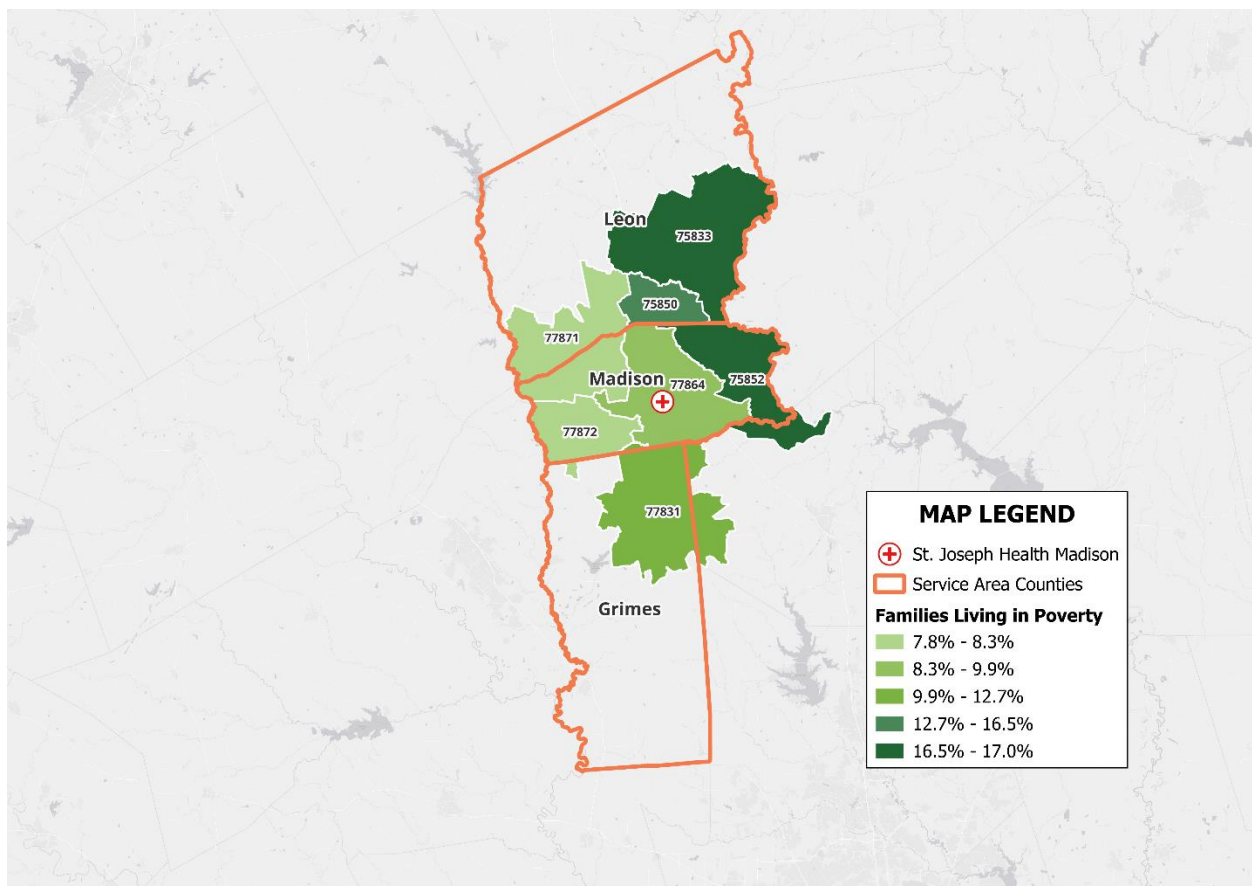


## Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.<sup>1</sup>

Overall, 10.3% of families in the Madison Hospital primary service area live below the poverty level, which is similar to the state value of 11.0%, but higher than the national value of 8.7%. The map in Figure 11 shows the percentage of families living below the poverty level by zip code. The darker green colors represent a higher percentage of families living below the poverty level.

FIGURE 11. PERCENT OF FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE



<sup>1</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-anddata/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01>

The percentage of families living below poverty for each zip code in the service area is provided in Table 1. The zip codes in the service area with the highest concentration of poverty is 75852 (17.0%) and the lowest concentration of poverty is 77872 (7.8%).

TABLE 1. FAMILIES LIVING IN POVERTY: MADISON HOSPITAL PRIMARY SERVICE AREA

Zip Code	% Families in Poverty
75852	17.0%
75833	17.0%
75850	14.3%
77831	10.2%
77864	9.7%
77871	7.9%
77872	7.8%

## Employment

A community’s employment rate is a key indicator of the local economy. An individual’s type and level of employment impacts access to health care, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.<sup>2</sup>

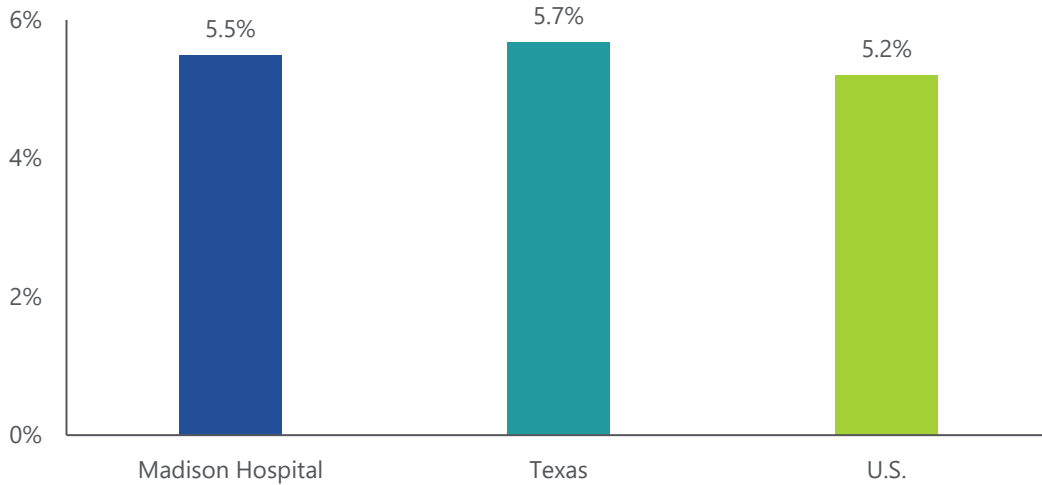
Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.<sup>2</sup> Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.<sup>2</sup>

Figure 12 shows the population aged 16 and over who are unemployed. The unemployment rate for the Madison County primary service area is 5.5%, which is between the state-wide and nation-wide unemployment rates (5.7% and 5.2%, respectively).

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<sup>2</sup> U.S. Department of Health and Human Services, Healthy People 2030.  
<https://health.gov/healthypeople/objectives-anddata/social-determinants-health/literature-summaries/employment>

FIGURE 12. POPULATION 16+ UNEMPLOYED: COUNTY, STATE, AND U.S.



*U.S. value taken from American Community Survey (2019-2023)*

## Education

Education is an important indicator for health and wellbeing across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. A high school diploma in particular is a requirement for many employment opportunities, and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.<sup>3</sup> Further, people with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.<sup>4</sup>

Figure 13 shows the detailed breakdown of the Madison primary service area by educational attainment, among those aged 25 and up. As shown in Figure 14, most of the Madison population has a high school diploma or higher (82.3%), although this is somewhat lower than both the state-wide and nation-wide rates (85.1% and 89.4%, respectively).

<sup>3</sup> U.S. Department of Health and Human Services, Healthy People 2030.  
<https://health.gov/healthypeople/priority-areas/social-determinants-health>

<sup>4</sup> Robert Wood Johnson Foundation, Education and Health.  
<https://www.rwjf.org/en/library/research/2011/05/educationmatters-for-health.html>

FIGURE 13. REGIONAL HOSPITAL PRIMARY SERVICE AREA POPULATION BY EDUCATIONAL ATTAINMENT, AGE 25+

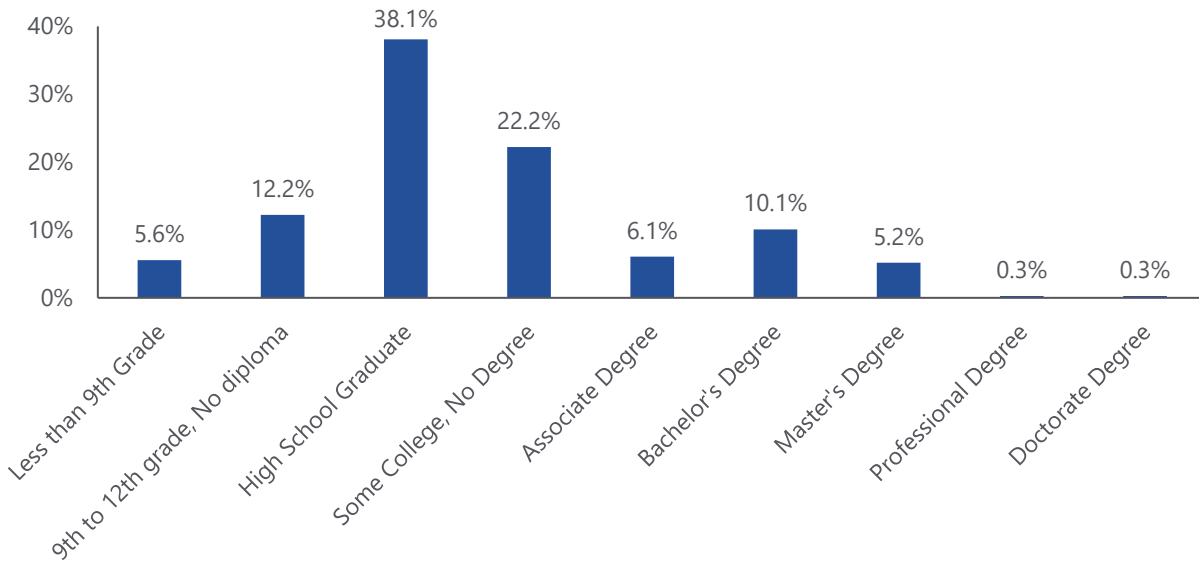
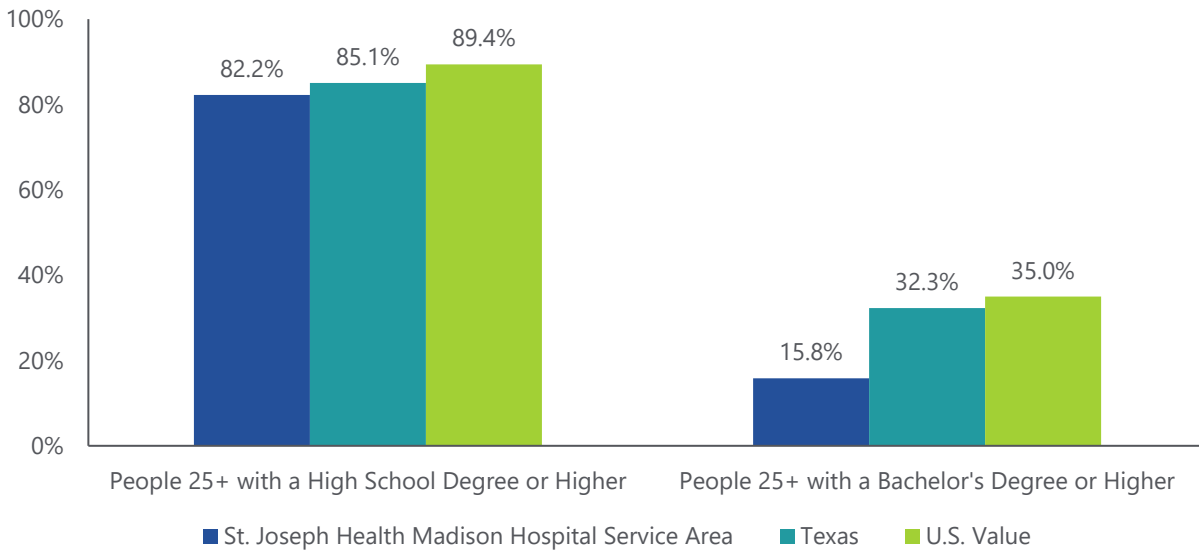


FIGURE 14. POPULATION 25+ BY EDUCATIONAL ATTAINMENT



*U.S. value taken from American Community Survey (2019-2023)*

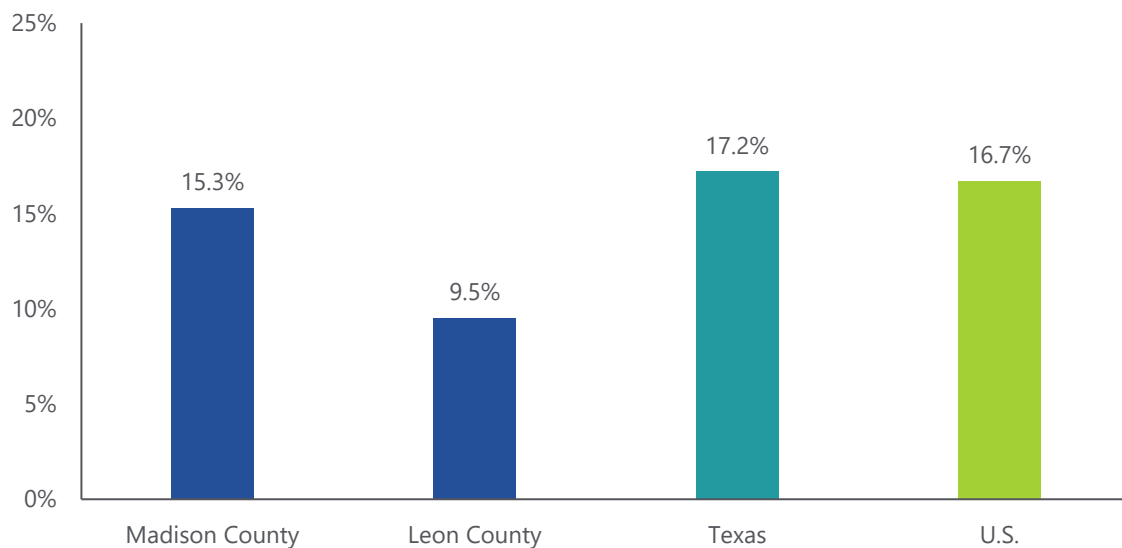


## Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.<sup>5</sup>

As shown in Figure 15, 15.3% of Madison County and 9.5% of Leon County have severe housing problems, indicating that they have at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. These are lower than both the state-wide and nation-wide rates (17.2% and 16.7%, respectively).

FIGURE 15. HOUSEHOLDS WITH SEVERE HOUSING PROBLEMS



*County, state, and U.S. values taken from County Health Rankings (2016-2020)*

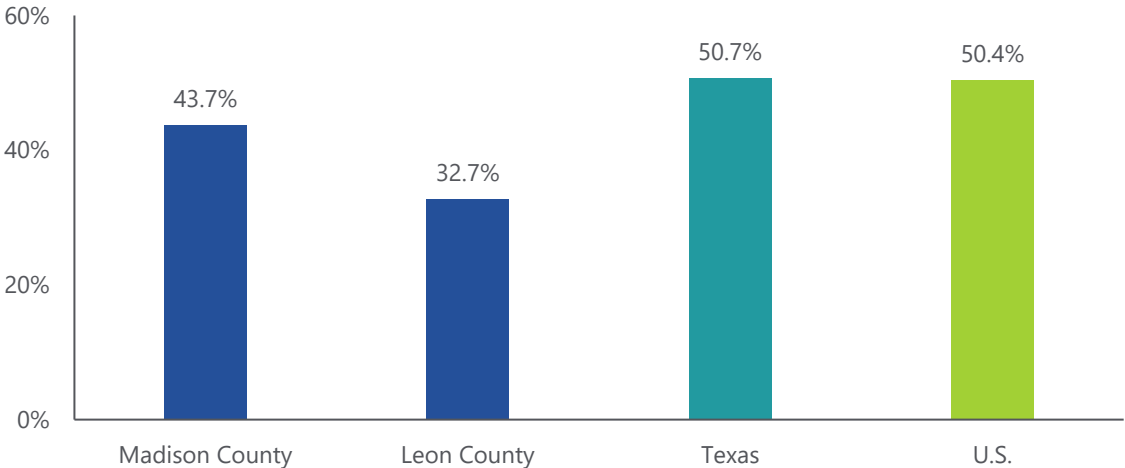
When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.<sup>6</sup>

<sup>5</sup> County Health Rankings, Housing and Transit. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit>

<sup>6</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>

Figure 16 shows the percentage of renters who are spending 30% or more of their household income on rent. The values in Madison county (43.7%) and Leon county (32.7%) are lower than both the state value (50.7%) and the national value (50.4%).

FIGURE 16. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT: COUNTY, STATE, AND U.S. COMPARISONS



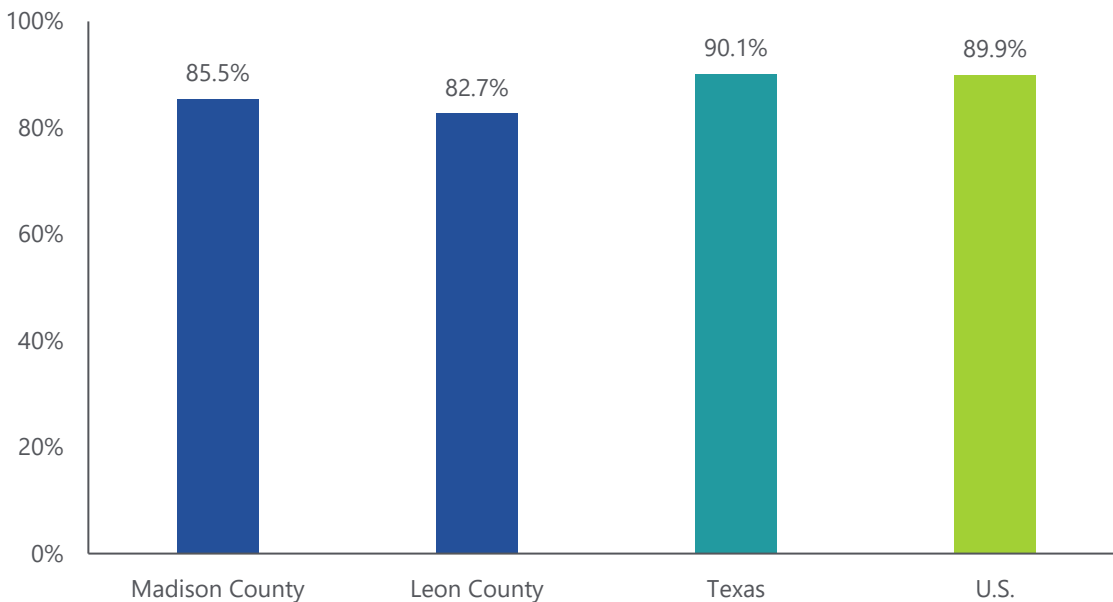
*County, State, and U.S. values taken from American Community Survey (2019-2023)*

## Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet also helps expand healthcare access through home-based telemedicine services, which has been particularly critical during the COVID-19 pandemic.<sup>7</sup> Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.<sup>7</sup>

Figure 17 shows the percentage of households that have an internet subscription. The rates in Madison County (85.5%) and in Leon County (82.7%) are lower than both the state value (90.1%) and the national value (89.9%).

FIGURE 17. HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION



*County, State, and U.S. values taken from American Community Survey (2019-2023)*



<sup>7</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05>

# Primary and Secondary Data Methodology and Key Findings

St. Joseph Health Madison Hospital employed a mixed-methods approach that integrated both quantitative (secondary) data and qualitative (primary) input to create a comprehensive picture of health needs, disparities, and opportunities for community improvement. This approach ensures that health priorities are informed not only by statistical trends but also by the lived experiences and perspectives of the community.

## Quantitative Data: Secondary Sources

Secondary data analysis provided measurable insights into health status, social determinants of health, and system performance across the community. Sources included national, state, and local public health databases, as well as internal hospital data. The Healthy Communities Institute database was leveraged with over 200 indicators in both health and quality of life topic areas for the Secondary Data Analysis of the Health Service Area. Key Indicators analyzed include:

 <b>Quality of Life</b>	 <b>Health</b>	
<b>Community</b>	Adolescent Health	Men’s Health
<b>Economy</b>	Alcohol & Drug Use	Mental Health & Mental Disorders
<b>Education</b>	Cancer	Older Adults
<b>Environment</b>	Children’s Health	Oral Health
<b>Transportation</b>	Diabetes	Prevention & Safety
	Disabilities	Physical Activity
	Environmental Health	Respiratory Diseases
	Family Planning	Tobacco Use
	Health Care Access and Quality	Women’s Health
	Heart Disease & Stroke	Wellness & Lifestyle
	Immunizations and Infectious Diseases	Weight Status
	Maternal, Fetal & Infant Health	

\*All data were scored using a standardized index to assess severity and disparities across zip codes.

### Qualitative Data: Primary Sources

Primary data were collected through community engagement activities designed to elevate voices from across the hospital's defined service area. These activities included:

#### Partner Survey

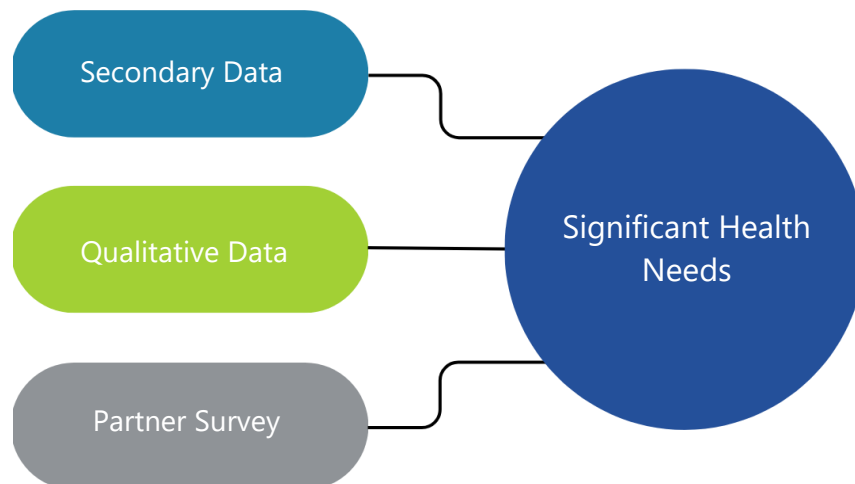
An online survey was distributed to over 60 organizational partners and stakeholders, including representatives from public health departments, healthcare providers, social service agencies, and nonprofit organizations. The survey captured perspectives on health priorities, gaps in care, barriers to service delivery, and populations most impacted by health inequities.

#### Key Informant Interviews and Listening Sessions

Conducted with dozens of individuals representing a range of sectors including public health, healthcare, housing, education, behavioral health, and community-based organizations. These participants included:

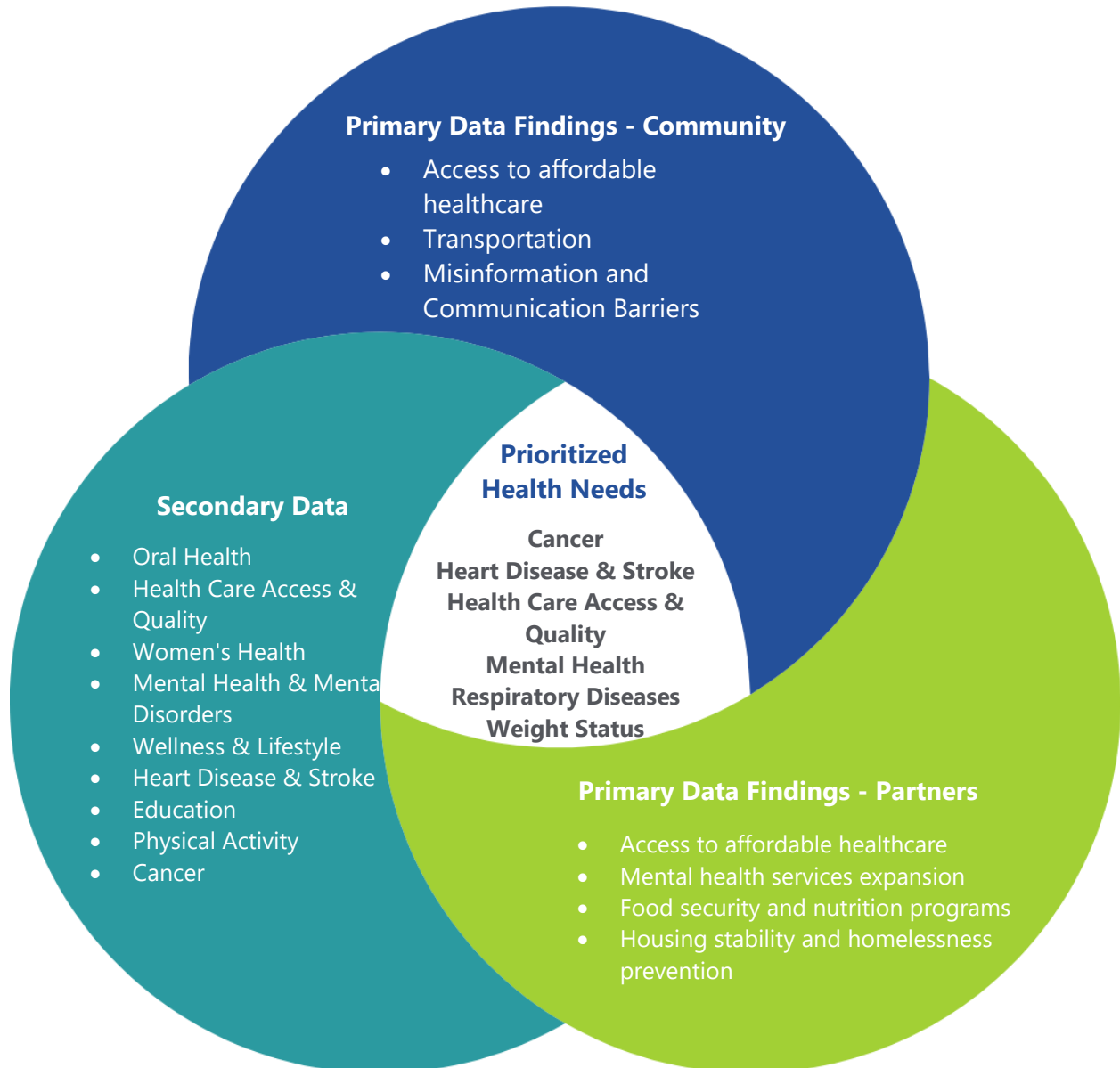
- Representatives of medically underserved, low-income, and minority populations
- Public health experts from local and regional agencies
- Community advocates and service providers with direct knowledge of vulnerable and marginalized groups.

Participants were asked to share their views on community strengths, emerging challenges, and opportunities for collaboration. Themes were identified in relation to access to care, behavioral health, transportation, and the lingering impacts of COVID-19 and natural disasters. A detailed summary of participating organizations, and input themes is available in the Appendix.



By combining data-driven analysis with community perspectives, the process ensures a comprehensive understanding of health needs and identifies priority areas for future intervention, collaboration, and investment.

## Data Synthesis



# Significant Health Needs

Through comprehensive data analysis and community input process, the following health needs have been identified as the most pressing in St. Joseph Health Madison Hospital's service area:



## Identification of Significant Health Needs

The criteria for identifying the most pressing health needs involve a three-pronged approach:

**Secondary Data Topic Score:** A score of 1.50 or higher is deemed significant. This threshold was chosen because it represents a midway point in the scoring system used, which ranges from 0 to 3. A score of 1.50 or above indicates that the health issue is notably worse than state and national benchmarks, signaling a substantial area of concern that requires attention.

**Frequency of Discussion in Qualitative Sessions:** These criteria involve analyzing how often a health issue is mentioned during community partner listening sessions. The frequency of discussion provides qualitative insights into the community's perception and experiences regarding specific health needs, enhancing the quantitative data by highlighting what is actively affecting the community.









**Priority Selection by 20% or More of Partner Survey Respondents:** This metric involves assessing the priority level assigned to health needs by respondents in the community partner survey. If 20% or more participants identify a health issue as a priority, it underscores its importance within the community. This helps to validate and contextualize the data, ensuring that the identified needs align with community priorities and concerns.

Together, these criteria offer a comprehensive approach: the quantitative scores highlight areas of statistical concern, while the qualitative and survey components ensure that the data is grounded in actual community experiences and priorities.

## Cancer

From the secondary data scoring results, Cancer ranked 9<sup>th</sup> in the data scoring of all topic areas with a score of 1.68. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 2 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 2. MADISON COUNTY DATA SCORING RESULTS: CANCER

SCORE	CANCER	UNITS	MADISON COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.41	Mammography Screening: Medicare Population	percent	30.0		42.0	47.0			
2.12	Colon Cancer Screening: USPSTF Recommendation	percent	58.2			66.3			
1.94	Cervical Cancer Screening: 21-65	Percent	76.5			82.8			
1.94	Mammogram in Past 2 Years: 50-74	percent	70.7	80.3		76.5			

In Madison County, the most concerning cancer-related indicator is *Mammography Screening: Medicare Population*. In fact, Madison County residents are less likely than the overall U.S. population to receive screenings for breast cancer (mammograms), colon cancer, and cervical cancer. For example, 30.0% of Madison’s Medicare recipients have received a mammogram, which is lower than the Texas and U.S. rates (42.0% and 47.0%, respectively). For all four cancer-related indicators of concern, Madison ranks among the top 25% of worst performing counties across the nation.

Cancer received a high score of 1.80, reflecting both incidence rates and barriers to early detection. Rural residents in Madison face challenges accessing screenings and oncology care, particularly for breast, lung, and colorectal cancers.



## Health Care Access & Quality

From the secondary data scoring results, Health Care Access & Quality ranked 1<sup>st</sup> in the data scoring of all topic areas with a score of 2.17. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 3 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 3. MADISON COUNTY DATA SCORING RESULTS: HEALTH CARE ACCESS & QUALITY

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	MADISON COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.56	Primary Care Provider Rate	providers/ 100,000 population	21.9		60.3	74.9			
2.53	Dentist Rate	dentists/ 100,000 population	22.0		62.9	73.5			
2.41	Mental Health Provider Rate	providers/ 100,000 population	22.0		156.7	313.9			
2.41	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	43.9		109.0	131.4			
2.41	Preventable Hospital Stays: Medicare Population	discharges/ 100,000 Medicare enrollees	3915.0		2980.0	2677.0			
2.12	Adults who have had a Routine Checkup	percent	71.8			76.1			
2.12	Adults who Visited a Dentist	percent	49.2			63.9			
2.12	Adults without Health Insurance	percent	18.2			10.8			
2.00	Adults 65+ without Health Insurance	percent	0.9		1.9	0.8			

In Madison County, the four most concerning indicators related to health care access and quality were all related to provider availability. Compared to both Texas and the U.S. overall, Madison county has a smaller *Primary Care Provider Rate* (21.9 providers per 100,000), *Dentist Rate* (22.0), *Mental Health Provider Rate* (22.0), and *Non-Physician Primary Care Provider Rate* (43.9). The county's *Dentist Rate* has also been significantly decreasing over time. Finally, adults in Madison are more likely to be uninsured than the overall U.S. adult population (18.2% vs. 10.8%).

Lower rates of provider availability may be related to low rates of routine checkups and high rates of preventable hospital stays. In Madison County, the rate for *Preventable Hospital Stays: Medicare Population* is 3,915 discharges per 100,000 Medicare enrollees, which is higher than the Texas rate (2,980). Madison county also has a lower rate than the U.S. population for *Adults*

who have had a Routine Checkup (71.8% vs. 76.1%) and Adults who Visited a Dentist (49.2% vs. 63.9%).

Conduent’s Community Health Index (CHI) uses socioeconomic data to estimate which zip codes are at greatest risk for poor health outcomes, such as preventable hospitalization or premature death. Each zip code is ranked based on its index value to identify relative levels of need. Table 4 provides the index values and local ranking for each zip code. The map in Figure 18 illustrates that the zip codes with the highest level of socioeconomic need (as indicated by the darkest shade of blue) are 75852 and 77872 with index values of 96.8 and 92.2, respectively.

FIGURE 18. COMMUNITY HEALTH INDEX: MADISON PRIMARY SERVICE AREA

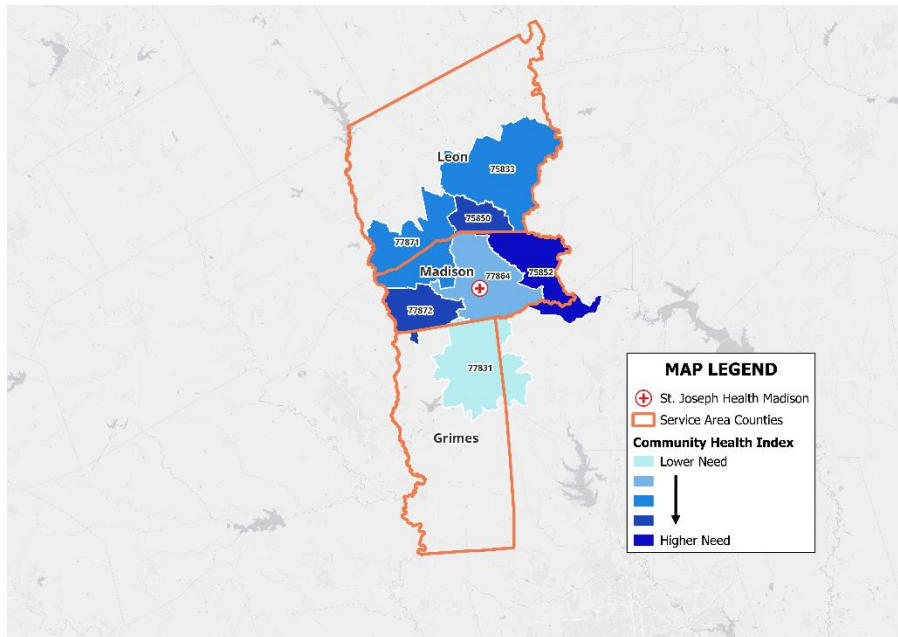


TABLE 4. COMMUNITY HEALTH INDEX: MADISON PRIMARY SERVICE AREA

Zip Code	Value
75852	96.8
77872	92.2
75850	88.7
77871	77.1
75833	75.6
77864	67.6
77831	48.3

With a score of 1.58, health care access was identified as a top priority in Madison County. Challenges include limited provider availability, transportation barriers, and financial constraints.

Many residents face difficulty navigating healthcare systems or affording services without insurance.

## Heart Disease & Stroke

From the secondary data scoring results, Heart Disease and Stroke ranked 6<sup>th</sup> in the data scoring of all topic areas with a score of 1.82. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 5 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 5. MADISON COUNTY DATA SCORING RESULTS: HEART DISEASE AND STROKE

SCORE	HEART DISEASE & STROKE	UNITS	MADISON COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
3.00	Stroke: Medicare Population	percent	8.0		6.0	6.0			
2.71	Atrial Fibrillation: Medicare Population	percent	17.0		14.0	14.0			
2.12	Adults who Have Taken Medications for High Blood Pressure	percent	73.8			78.2			
2.12	Cholesterol Test History	percent	79.5			86.4			
1.76	Age-Adjusted Death Rate due to Heart Attack	deaths/100,000 population 35+ years	72.7		61.2				
1.65	Hypertension: Medicare Population	percent	67.0		66.0	65.0			
1.59	Adults who Experienced a Stroke	percent	4.0			3.6			
1.59	Heart Failure: Medicare Population	percent	13.0		12.0	11.0			
1.59	Ischemic Heart Disease: Medicare Population	percent	24.0		22.0	21.0			

In Madison County, the most concerning indicator related to heart disease and stroke was *Stroke: Medicare Population*. The county rate for this indicator was 8.0%, which is among the top 25% of highest county rates across the country. Several other indicators of concern were related to Madison County Medicare recipients, specifically. Among the county's Medicare population, the rates of atrial fibrillation (17.0%), hypertension (67.0%), and ischemic heart disease (24.0%) were all higher than both the Texas and U.S. rates. The county's *Age-Adjusted Death Rate due to Heart Attack* was also higher than the Texas rate (72.7 vs. 61.2 deaths per 100,000 population 35+ years).

Some of the poor health outcomes related to heart disease and stroke may be related to lower levels of preventative care. Among the county’s population with high blood pressure, 73.8% take medication for this condition, compared to 78.2% of the U.S. population. Additionally, the county rate for *Cholesterol Test History* is lower than the U.S. rate (79.5% vs. 86.4%).

Among the Madison County population, the risk of hospitalization due to heart failure increases significantly with age. The risk for the population 85 and up is substantially higher than that of the 65-84 year-old population, which is nearly four times that of the 45-64 year-old population (329.4 vs. 202.0 vs. 52.9 hospitalizations per 10,000, respectively). We also found that the risk for hospitalization due to heart failure differed by race/ethnicity, even after accounting for age. The risk experienced by Madison’s Black/African American population is 111.1 hospitalizations per 10,000, which is greater than the county-wide risk of 55.5 hospitalizations per 10,000.

FIGURE 19. HOSPITALIZATION RATE DUE TO HEART FAILURE, BY AGE (HOSPITALIZATIONS PER 10,000 POPULATION)

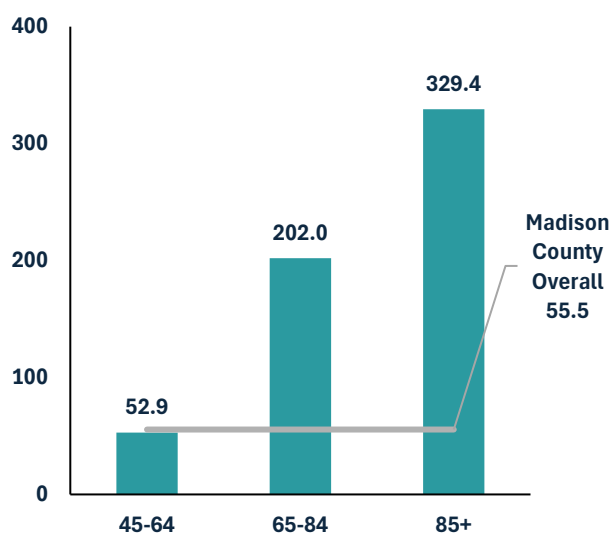
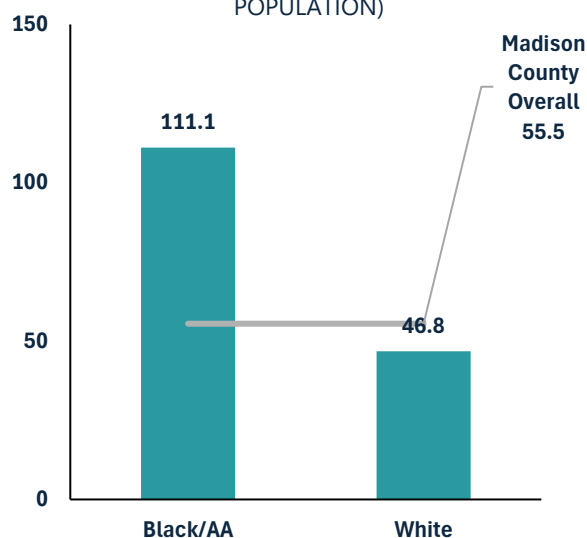


FIGURE 20. AGE-ADJUSTED HOSPITALIZATION RATE DUE TO HEART FAILURE, BY RACE/ETHNICITY (HOSPITALIZATIONS PER 10,000 POPULATION)



Contributing factors include poor diet, sedentary lifestyle, and limited access to cardiovascular specialists. These conditions disproportionately affect older residents and those with limited routine preventative care.

## Mental Health

From the secondary data scoring results, Mental Health & Mental Disorders ranked 4<sup>th</sup> in the data scoring of all topic areas with a score of 1.93. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 6 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 6. MADISON COUNTY DATA SCORING RESULTS: MENTAL HEALTH & MENTAL DISORDERS

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	MADISON COUNTY			TX Counties	U.S. Counties	Trend
			HP2030	TX	U.S.			
2.41	Alzheimer's Disease or Dementia: Medicare Population	percent	8.0	7.0	6.0			
2.41	Mental Health Provider Rate	providers/100,000 population	22.0	156.7	313.9			
2.35	Poor Mental Health: Average Number of Days	days	5.4	4.6	4.8			
2.12	Poor Mental Health: 14+ Days	percent	19.1		15.8			
1.53	Depression: Medicare Population	percent	17.0	17.0	16.0			

In Madison County, the most concerning indicators related to mental health and mental disorders are *Alzheimer's Disease or Dementia: Medicare Population* and *Mental Health Provider Rate*. The county rate for *Alzheimer's Disease or Dementia: Medicare Population* (8.0%) is among the highest county rates across the nation. Additionally, the county *Mental Health Provider Rate* (22.0 providers per 100,000 population) is smaller than the Texas rate (156.7).

The Madison County population is more likely to report poor mental health. On average, Madison County residents report having poor mental health on 5.4 of the last 30 days, which is higher than the Texas rate (4.6 days). Additionally, about one in five county residents (19.1%) report having at least 14 poor mental health days out of the past 30, which is higher than the U.S. rate (15.8%).

Conduent's Mental Health Index (MHI) uses socioeconomic data to estimate which zip codes are at greatest risk for poor mental health. Each zip code is ranked based on its index value to identify relative levels of need. Table 7 provides the index values and local ranking for each zip code. The map in Figure 21 illustrates that the zip code with the highest risk for poor mental health (as indicated by the darkest shade of purple) is 75833 with a score of 74.5.

FIGURE 21. MENTAL HEALTH INDEX: MADISON PRIMARY SERVICE AREA

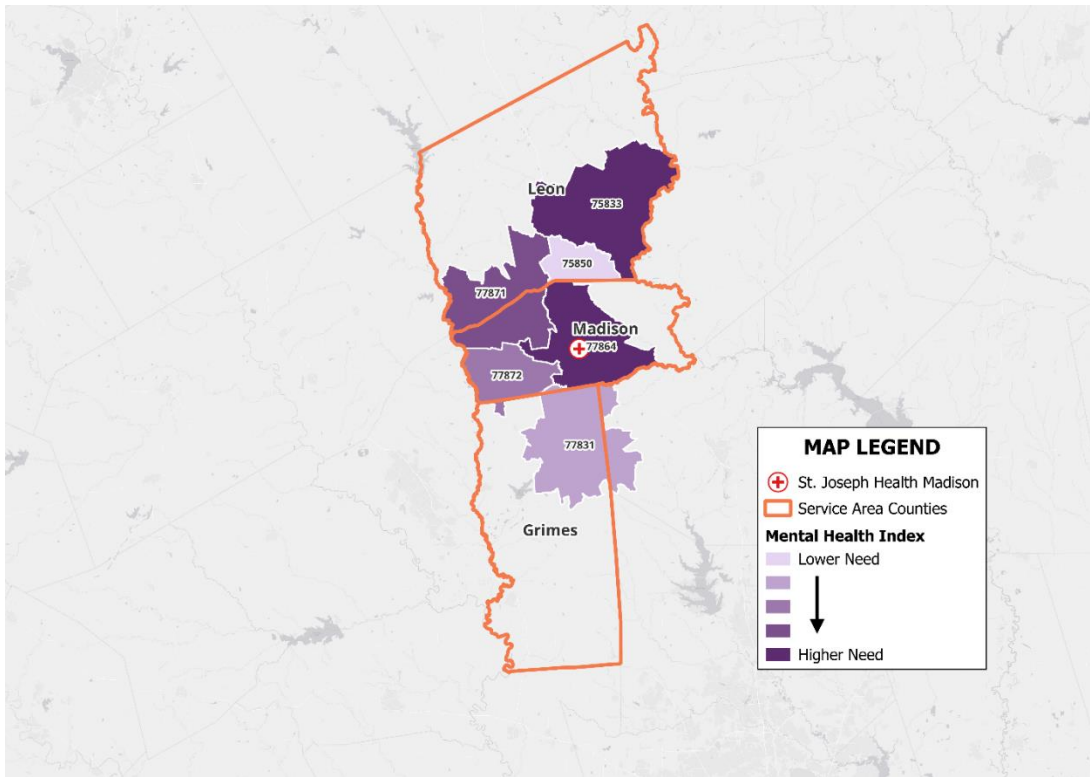


TABLE 7. MENTAL HEALTH INDEX: MADISON PRIMARY SERVICE AREA

Zip Code	Value
75833	74.5
77864	64.9
77871	55.9
77872	50.1
77831	43.0
75850	21.0









Mental health scored one of the highest indicators in Madison County. Residents experience significant challenges accessing behavioral health services due to a shortage of providers, high stigma, and long wait times. One listening session participant noted, **“People are struggling and don’t know where to turn. The few services available are overburdened.”**

### Respiratory Diseases

From the secondary data scoring results, Respiratory Diseases ranked 13<sup>th</sup> in the data scoring of all topic areas with a score of 1.58. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were

categorized as indicators of concern and are listed in Table 8 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 8. MADISON COUNTY DATA SCORING RESULTS: RESPIRATORY DISEASES

SCORE	RESPIRATORY DISEASES	UNITS	MADISON COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.35	COPD: Medicare Population	percent	13.0		11.0	11.0			
1.94	Adults who Smoke	percent	17.6	6.1		12.9			
1.65	Asthma: Medicare Population	percent	7.0		7.0	7.0			
1.59	Adults with COPD	percent	8.5			6.8			

In Madison County, the most concerning indicator related to respiratory diseases was *COPD: Medicare Population*. The county rate is 13.0%, which is higher than the Texas rate. Compared to the overall U.S. population, Madison has a higher rate of *Adults who Smoke* (17.6% vs. 12.9%) and *Adults with COPD* (8.5% vs. 6.8%).

Respiratory health remains a concern, particularly in relation to environmental triggers, tobacco use, and limited pulmonary care resources. Asthma and COPD management was noted as an area for improvement.

## Weight Status

From the secondary data scoring results, not enough indicators were available to score the topic of Weight Status, however the topic of Physical Activity ranked 8<sup>th</sup> in the data scoring of all topic areas with a score of 1.71. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 9 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 9. MADISON COUNTY DATA SCORING RESULTS: OLDER ADULTS

SCORE	PHYSICAL ACTIVITY	UNITS	MADISON COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.41	Access to Exercise Opportunities	percent	24.1		81.8	84.1			
2.12	Access to Parks	percent	8.8		52.6				
1.68	Workers who Walk to Work	percent	1.5		1.5	2.4			
1.00	Adults 20+ Who Are Obese	percent	17.8	36.0					

The most concerning indicator related to physical activity is *Access to Exercise Opportunities*. Residents in Madison County are less likely to have access to exercise opportunities than the Texas population (24.1% vs. 81.8%). The Madison population is also less likely than the Texas population to have access to parks (8.8% vs. 52.6%). With regard to weight status, specifically, the Grimes rate for *Adults 20+ who are Obese* is 17.8%, which is lower than the Healthy People 2030 target (36.0%).







High scores reflect growing concern over obesity, sedentary lifestyles, and related chronic diseases like diabetes. Community members reported few safe spaces for physical activity, especially in more remote areas. Investment in parks, trails, and school-based fitness programming was seen as a solution.



## Women’s Health

From the secondary data scoring results, Women’s Health ranked 3<sup>rd</sup> in the data scoring of all topic areas with a score of 2.08. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 10 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 10. MADISON COUNTY DATA SCORING RESULTS: WOMEN’S HEALTH

SCORE	WOMEN'S HEALTH	UNITS	MADISON COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.41	Mammography Screening: Medicare Population	percent	30.0		42.0	47.0			
1.94	Cervical Cancer Screening: 21-65	percent	76.5			82.8			
1.94	Mammogram in Past 2 Years: 50-74	percent	70.7	80.3		76.5			

We found that two indicators of concern related to women’s health were *Mammography Screening: Medicare Population* (30.0%) and *Mammogram in Past 2 Years: 50-74* (70.7%). Both of these county rates were lower than the U.S. population rate. Cervical cancer screenings were also less common in Madison. The county rate for *Cervical Cancer Screening: 21-65* was 76.5%, which was lower than the U.S. rate (82.8%) and among the 25% of worst performing U.S. counties.

Residents face gaps in access to OB/GYN services, prenatal care, and reproductive health education. Stakeholders emphasized the need for postpartum and maternal support programs.

## Other Health Needs of Concern

In addition to the prioritized health needs identified in this assessment, several other topics emerged as significant areas of concern based on analysis of both secondary data indicators and community input. These topics reflect ongoing challenges and disparities that impact many residents across St. Joseph Health Madison Hospital's service area.

While these issues were determined to be important, St. Joseph Health Madison Hospital will not directly focus on them in its upcoming Implementation Strategy, due to limitations in resources, alignment with current strategic initiatives, or because other community partners are better positioned to lead these efforts. Each need is presented below in alphabetical order with a summary of findings and community insight.

### Children's Health

From the secondary data scoring results, Children's Health ranked 14<sup>th</sup> in the data scoring of all topic areas, with a score of 1.57. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Madison County:

- *Child Mortality Rate: Under 20* (95.5 deaths per 100,000 population under 20)
- *Child Food Insecurity Rate* (23.2%)
- *Food Insecure Children Likely Ineligible for Assistance* (32.0%)

There is elevated concerns around pediatric care, access to immunizations, and behavioral health. Rural location and provider shortages create additional challenges for families.

### Environmental Health

From the secondary data scoring results, Environmental Health ranked 12<sup>th</sup> in the data scoring of all topic areas, with a score of 1.60. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Madison County:

- *Access to Exercise Opportunities* (24.1%)
- *Access to Parks* (8.8%)
- *Air Pollution due to Particulate Matter* (9.0 micrograms per cubic meter)
- *Houses Built Prior to 1950* (12.3%)
- *Asthma: Medicare Population* (7.0%)
- *Number of Extreme Heat Days* (52 days)
- *Weeks of Moderate Drought or Worse* (10 weeks per year)

Environmental health concerns include water quality, air pollution, and exposure to agricultural chemicals. Residents cited limited local monitoring and response infrastructure for environmental health issues.

## Nutrition and Healthy Eating

Conduent’s Food Insecurity Index (FII) uses socioeconomic data to estimate which zip codes are at greatest for poor food access. The map in Figure 22 illustrates that the zip code with the highest risk of food insecurity is 77864 with an index score of 74.3.

FIGURE 22. FOOD INSECURITY INDEX: MADISON PRIMARY SERVICE AREA

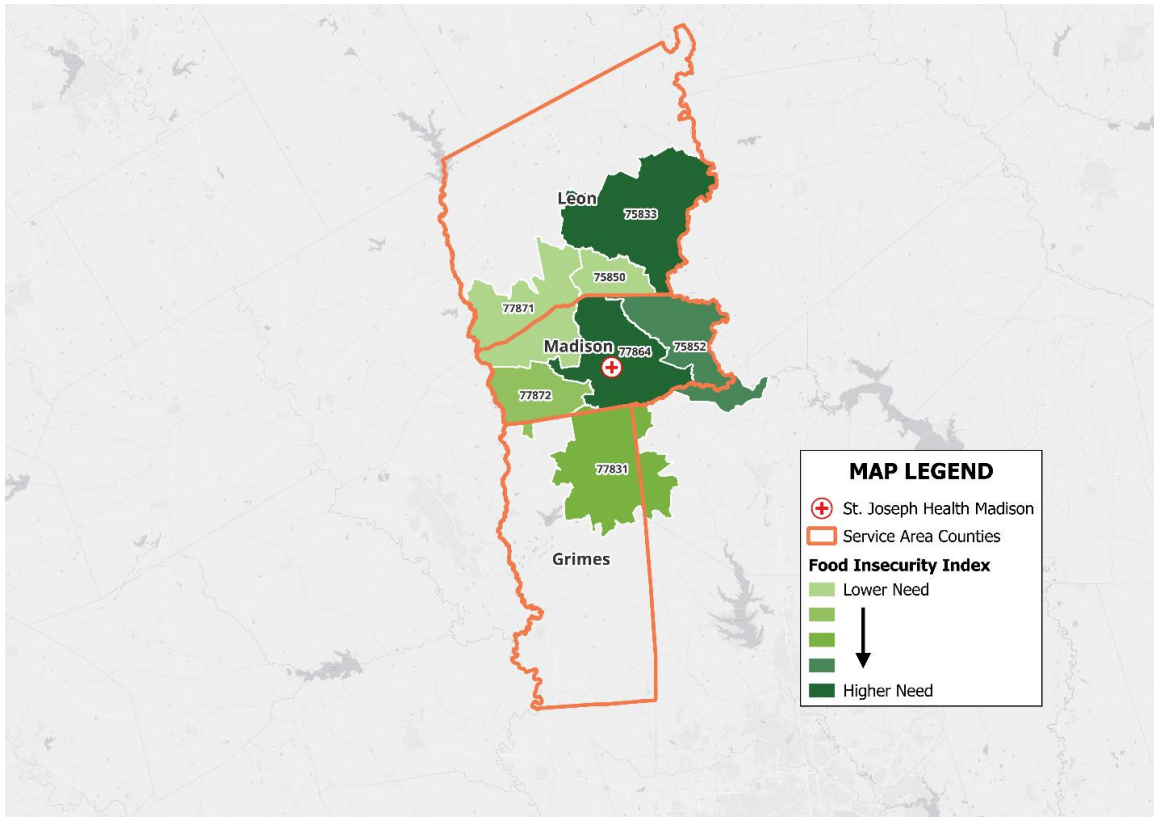


TABLE 11. FOOD INSECURITY INDEX: MADISON PRIMARY SERVICE AREA

Zip Code	Value
77864	74.3
75833	63.0
75852	51.8
77831	45.8
77872	34.4
77871	30.9
75850	20.8

Nutrition-related concerns are reflected in lower physical activity and wellness scores, as well as socioeconomic data showing food insecurity in several zip codes. Stakeholders highlighted the need for affordable healthy food access and culturally tailored nutrition education.

## Older Adults

From the secondary data scoring results, Older Adults ranked 11<sup>th</sup> in the data scoring of all topic areas, with a score of 1.61. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Madison County:

- *Stroke: Medicare Population* (8.0%)
- *Atrial Fibrillation: Medicare Population* (17.0%)
- *Alzheimer's Disease or Dementia: Medicare Population* (8.0%)
- *Mammography Screening: Medicare Population* (30.0%)
- *COPD: Medicare Population* (13.0%)
- *Adults 65+ with Total Tooth Loss* (21.2%)
- *Chronic Kidney Disease: Medicare Population* (22.0%)
- *Adults 65+ without Health Insurance* (0.9%)
- *Diabetes: Medicare Population* (27.0%)
- *Asthma: Medicare Population* (7.0%)
- *Hypertension: Medicare Population* (67.0%)
- *People 65+ Living Below Poverty Level (Count)* (191)
- *Heart Failure: Medicare Population* (13.0%)
- *Ischemic Heart Disease: Medicare Population* (24.0%)
- *Depression: Medicare Population* (17.0%)

Older adults are a vulnerable population in Madison County, facing isolation, chronic disease burden, and access barriers to transportation and long-term care services.

## Oral Health

From the secondary data scoring results, Oral ranked 1<sup>st</sup> in the data scoring of all topic areas, with a score of 2.17. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Madison County:

- *Dentist Rate* (22.0 dentists per 100,000 population)
- *Adults 65+ with Total Tooth Loss* (21.1%)
- *Adults who Visited a Dentist* (49.2%)

Dental care remains out of reach for many due to affordability, lack of providers, and Medicaid coverage gaps. Delayed or absent dental care contributes to chronic pain and systemic health risks.

## Wellness & Lifestyle

From the secondary data scoring results, Wellness and Lifestyle ranked 5<sup>th</sup> in the data scoring of all topic areas, with a score of 1.86. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Madison County:

- *Insufficient Sleep* (39.8%)
- *Poor Physical Health: Average Number of Days* (4.2 days)
- *Life Expectancy* (74.2 years)
- *Self-Reported General Health Assessment: Poor or Fair* (23.6%)

- *Poor Physical Health: 14+ Days* (14.2%)

Secondary data scores reflect stress, limited preventive behaviors, and a need for community wellness campaigns. Residents called for integrated wellness programs that address mental, physical, and social health simultaneously.

## Barriers to Care

Residents in Madison County face multiple interrelated barriers that impact access to timely, affordable, and comprehensive healthcare. These barriers are shaped by geographic, economic, and systemic challenges common in rural regions.



### **Provider Shortages and Specialist Access**

Madison County has a limited number of healthcare providers and specialists. Residents often travel to neighboring counties for OB/GYN, dental, cardiology, and behavioral health services. Long travel distances and limited appointment availability result in care delays and reduced preventive service use.



### **Insurance Gaps and Financial Strain**

A significant number of residents remain uninsured or underinsured. Even with the hospital's financial assistance programs, out-of-pocket costs and high deductibles deter residents from seeking care. Stakeholders highlighted the persistent "coverage gap," which leaves many working adults without affordable options.



### **Transportation and Geographic Isolation**

Transportation is one of the most frequently cited barriers. With no formal public transit system in the county, residents especially older adults and those without private vehicles struggle to attend medical appointments or health-related events. While the Madison Health Resource Center offers some coordination and support, demand exceeds supply.



### **Behavioral Health Access and Stigma**

There is limited access to licensed behavioral health providers in the area. Telehealth services have helped reduce distance-related challenges, but broadband access and comfort with virtual platforms vary. In addition, community stigma around seeking mental health care remains a significant obstacle.



### **Health Literacy and Resource Navigation**

Many residents are unaware of available services or face difficulty navigating application processes for Medicaid, CHIP, and other programs.

## **Conclusion**

The 2025 Community Health Needs Assessment for St. Joseph Health Madison Hospital offers a comprehensive look at the evolving health needs, disparities, and assets within Madison County. Guided by a mix of quantitative data, community listening sessions, and input from local partners, the CHNA identifies the county's most pressing health issues and areas of opportunity.

Seven health priorities were identified:

Health Care Access, Heart Disease & Stroke, Cancer, Women's Health, Respiratory Diseases, Weight Status, and Mental Health.

These issues reflect the ongoing impact of chronic conditions, economic hardship, geographic isolation, and insufficient provider capacity in a rural setting.

Despite the challenges, Madison County benefits from trusted local institutions like the Madison Health Resource Center, cross-county hospital collaborations, and a culture of volunteerism and partnership. Past investments in outreach events, telehealth expansion, chronic disease support, and health professional training have laid a foundation for sustainable progress.

As Madison Hospital transitions to the next implementation phase, the findings of this CHNA provide a data-driven framework for prioritizing resources, strengthening partnerships, and addressing disparities. Ongoing evaluation, community voice, and locally led solutions will be key to achieving measurable improvements in population health over the next three years.

## Appendices Summary

The following appendices provide supplemental data, documentation, and references supporting the findings and processes detailed in this Community Health Needs Assessment:

### Data Sources and Methodology Details

Includes methodology overview, data scoring criteria and tables, and a summary of how qualitative and quantitative data were collected and analyzed. This section also includes any supplemental information from the previous CHNA to support comparison and context.

### Stakeholder and Community Engagement Summary

Lists all organizations that contributed input through interviews, surveys, or listening sessions, including representatives of public health agencies, medically underserved, low-income, and minority populations. Also includes data collection tools such as survey instruments and discussion guides used during community engagement.

### Community Partner List

Provides a structured list or table of community-based organizations, coalitions, and programs available to address each prioritized health need identified in the report.

### References and Citations

A complete list of all data sources, literature, and tools used throughout the CHNA.