Mental Health Services for Clark and Madison Counties, Inc.
2025 Needs Assessment

INTRODUCTION

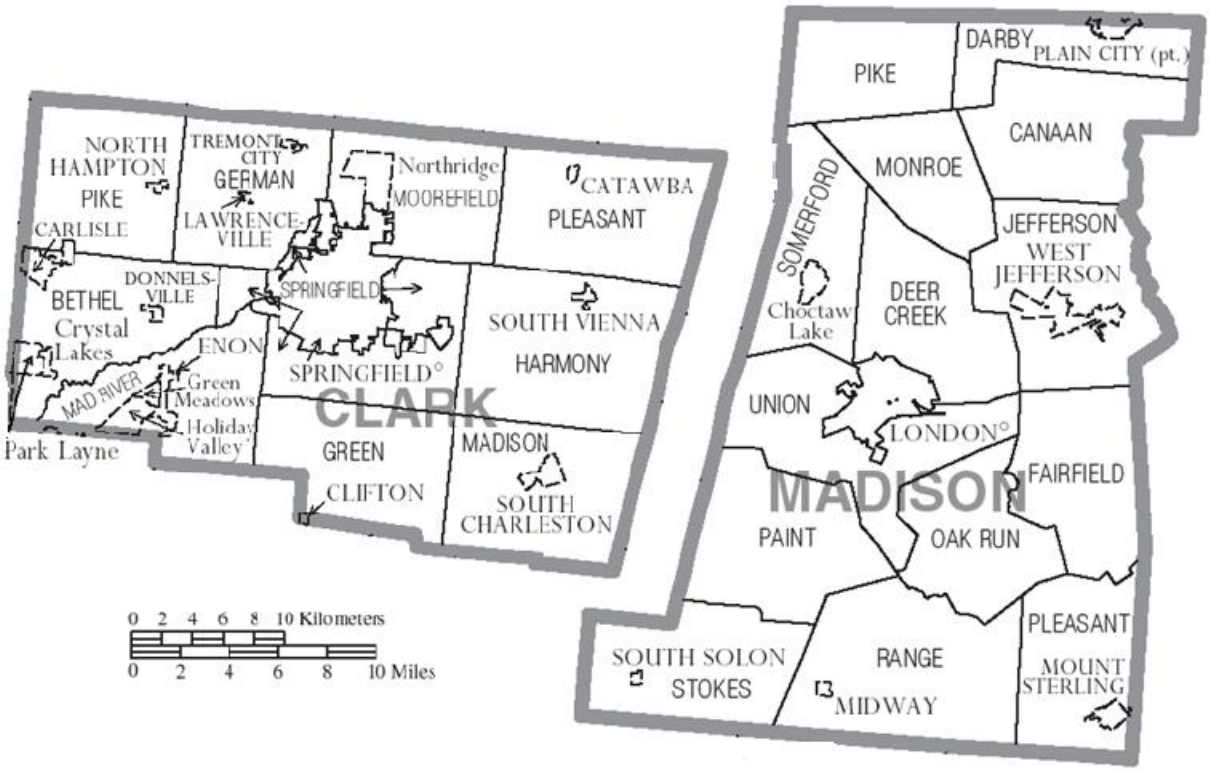
Established in 1969 with the inspiration of Dr. Max Graves, its founder, Mental Health Services for Clark and Madison Counties (MHS) is a private, not-for-profit, comprehensive behavioral healthcare system based in Springfield, Ohio, with three service delivery locations in Clark and Madison counties. (Figures 1 and 2).

MHS provides treatment and rehabilitation services to individuals whose lives have been disrupted by emotional struggles, substance abuse and dependency, behavioral health difficulties, severe mental illness, and those who are on a journey of recovery. MHS addresses a host of mental and behavioral healthcare needs such as depression, anxiety, grief, anger management, phobias, post-traumatic stress, bi-polar, schizophrenia, drug and alcohol abuse, and addictive behaviors.

Figure 1. Clark and Madison Counties, Ohio[1]

[1] Clark and Madison Counties, Ohio. Ultimaps. Studio editor. Ultimaps. Accessed March 31, 2025.

Figure 2. Clark and Madison Counties, Ohio (Detail)[2,3]



The purpose of this Needs Assessment is to evaluate the specific needs of the community served by MHS and demonstrate eligibility for Look-Alike designation under Section 1905(l)(2)(B) of the Social Security Act. The Health Center Program requires community health centers to "assess the unmet need for health services."[4] This Needs Assessment will assess the current status of health resources in the service area and unmet need based on the following:

- Available health resources;
- Health indices for the population of the area;
- Economic factors affecting the population's access to health services; and
- Demographic factors affecting the population's need for health services.

This Needs Assessment is designed to meet Health Center Program requirements. Wherever possible, the most recent data specific to the Service Area is used to benchmark comparisons to a

[2] Wikipedia contributors. Clark County, Ohio. Wikipedia. Last modified March 30, 2025. Accessed March 30, 2025. https://en.wikipedia.org/wiki/Clark_County,_Ohio.
[3] Wikipedia contributors. Madison County, Ohio. Wikipedia. Last modified March 30, 2025. Accessed March 30, 2025. https://en.wikipedia.org/wiki/Madison_County,_Ohio.
[4] *Health Center Program Compliance Manual*: Health Resources and Services Administration Bureau of Primary Health Care, 2018. https://bphc.hrsa.gov/sites/default/files/bphc/compliance/hc-compliance-manual.pdf

relevant geographical point of reference, such as the State of Ohio or the United States as a whole. Published data from a variety of sources including academic, commercial, and governmental entities is used to present as complete a picture of the unmet need for health services in the Service Area as possible.

SERVICE AREA

The Health Center Program requires the health center to "define and annually review the boundaries of the catchment area to be served."[5] This catchment area is commonly referred to as the Service Area and must:

- Identify the medically underserved population(s) within the service area;
- Be of a size that ensures services are available and accessible to the residents of the area promptly;
- Include boundaries that conform, to the extent practicable, to relevant boundaries of political subdivisions, school districts and areas served by Federal and State health and social service programs; and
- Eliminate, to the extent possible, barriers resulting from the area's physical characteristics, residential patterns, economic and social groupings, and available transportation.

The Service Area for this application is comprised of eight ZIP Codes in Clark and Madison counties in Ohio. Clark and Madison counties are located in west-central Ohio, approximately half-way between the City of Columbus and the City of Dayton. Clark County is congruent with the Springfield Metropolitan Statistical Area and Madison County is part of the larger Columbus Metropolitan Statistical Area.[6] The counties are bisected east-to-west by Interstate 70 and Route 40.

Clark County is predominantly rural, and the county seat and largest city is Springfield, with a population of 58,662 in 2020.[7] Madison County is also predominantly rural, with its largest community and county seat being London, a small city with a population of 10,279 in 2020.[8]

The Health Center Program uses ZIP Codes to document Service Areas. These ZIP Codes must include those in which at least 75% of current health center patients reside. To identify the

[5] Ibid.
[6] U.S. Census Bureau. *Ohio: 2020 Metropolitan and Micropolitan Statistical Areas Map*. U.S. Department of Commerce; 2020. Accessed April 18, 2025. https://www2.census.gov/programs-surveys/metro-micro/reference-maps/2020/state-maps/39_Ohio_2020.pdf
[7] U.S. Census Bureau. Springfield city, Ohio. U.S. Census Bureau. Accessed March 18, 2025. https://data.census.gov/profile/Springfield_city,_Ohio?g=160XX00US3974118.
[8] U.S. Census Bureau. London city, Ohio. U.S. Census Bureau. Accessed March 18, 2025. https://data.census.gov/profile/London_city,_Ohio?g=160XX00US3944674.

residential patterns of existing patients using the most recent data possible, MHS considered patients who received services during the calendar year 2024.

There are eight ZIP Codes in the Service Area which capture the residential patterns of 88% of 2024 patients. These ZIP Codes are shown in Figure 3 and summarized in Table 1.

Figure 3. Service Area Map[9]

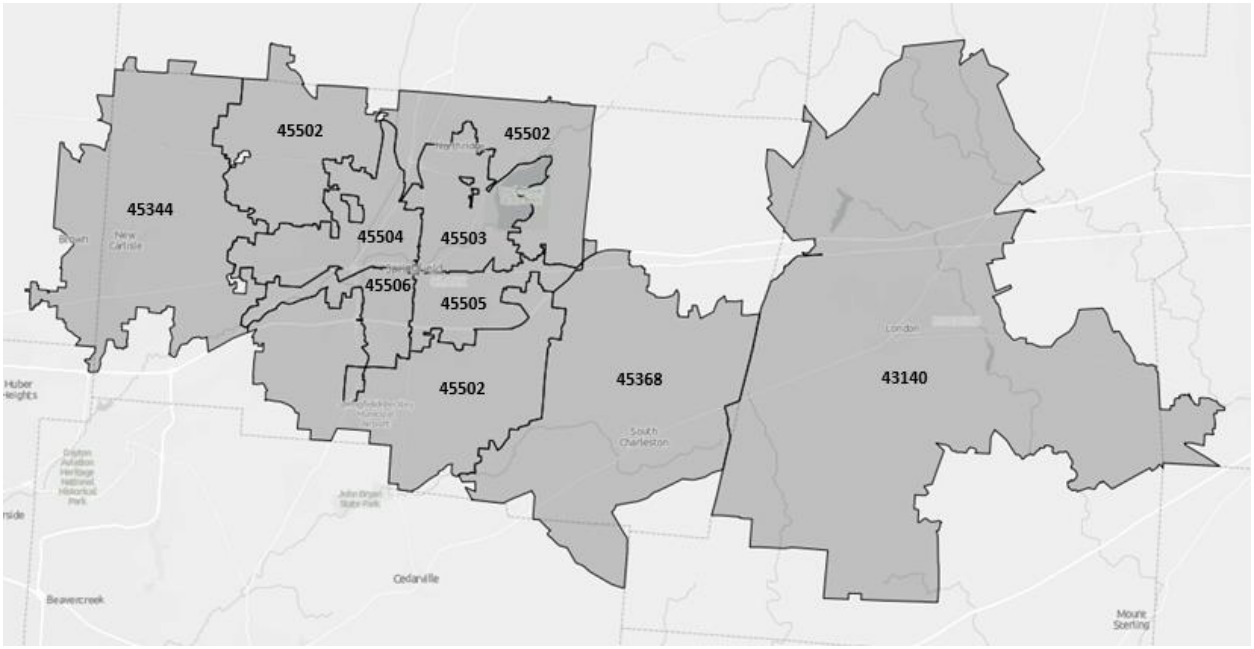


Table 1. Patient Origin by Zip Code[10]

Zip Code	Area	2024 Patients	Percent of Total
45505	Springfield	84	24%
45503	Springfield	67	19%
45506	Springfield	45	13%
45504	Springfield	37	11%
43140	London	34	10%
45502	Springfield	18	5%
45368	South Charleston	9	3%
45344	New Carlisle	8	2%
Other	Various	42	12%
Total Patients in Service Area		**302**	**88%**
Total Patients		**344**	**100%**

[9] Health Resources and Services Administration. GeoCare Navigator. U.S. Department of Health and Human Services. Accessed April 17, 2025. https://geocarenavigator.hrsa.gov/
[10] Mental Health Services for Clark and Madison Counties, Inc. 2024 Unpublished Data.

DEMOGRAPHICS

The 2020 population of Clark County was 136,001[11] and the 2020 population of Madison County was 43,824[12] for a combined population 179,825. The 2020 population represents a decrease of about 1.4% since the 2010 US Census.[13] The Service Area has a population of 144,812 as of 2023 with approximately 84% residing in Clark County and 16% in Madison County.[14]

The percentage of females is slightly lower in the Service Area (48.6%) compared to Clark County, the State of Ohio, and United States as a whole. Off-base housing for military personnel at Wright Patterson Airforce Base in neighboring Greene and Montgomery counties, as well as the Springfield Air National Guard Base and National Advanced Air Mobility Center of Excellence located at Springfield-Beckley Municipal Airport, may account for this demographic discrepancy, with military and research facilities generally employing more men than women. The majority of the population of the Service Area is white, however the percentage of the population that is Black or more than one race is higher than in Clark and Madison counties. The percentages of the population under the age of 18 (21.3%) and 65 years and older (17.5%) are similar to those for the State of Ohio, and the United States. Table 2 summarizes the demographic characteristics of the Service Area.

Table 2. Service Area Demographics[15]

	United States	State of Ohio	Clark County	Madison County	Service Area
Female	50.5%	50.7%	50.9%	45.0%	48.6%
Male	49.5%	49.3%	49.1%	55.0%	51.4%
White	75.3%	80.6%	83.5%	87.5%	81.6%
African American	13.7%	13.4%	8.2%	4.7%	9.5%
American Indian/Alaska Native	1.3%	0.3%	N/A	0.2%	0.1%
Asian	6.4%	2.8%	0.6%	0.9%	0.7%
Native Hawaiian/Other Pacific Islander	0.3%	0.1%	.01%	N/A	0.1%

[11] U.S. Census Bureau. Clark County, Ohio. U.S. Census Bureau. Accessed March 18, 2025. https://data.census.gov/profile/Clark_County,_Ohio?g=050XX00US39023.
[12] U.S. Census Bureau. Madison County, Ohio. U.S. Census Bureau. Accessed March 18, 2025. https://data.census.gov/profile/Madison_County,_Ohio?g=050XX00US39097.
[13] Ibid.
[14] Ibid.
[15] U.S. Census Bureau. data.census.gov: American Community Survey 5-Year Estimates. Accessed March 19, 2025. https://data.census.gov/advanced.

	United States	State of Ohio	Clark County	Madison County	Service Area
More than One Race	3.1%	2.7%	5.8%	6.1%	6.4%
Hispanic or Latino	19.5%	4.8%	4.0%	2.9%	4.0%
Persons under 18 years	21.7%	21.9%	22.6%	20.1%	21.3%
Persons 65 years and over	17.7%	18.7%	20.1%	16.1%	17.8%

The target population for this application is the population with income below 200% of the U.S Department of Health and Human Services' Poverty Guidelines. The percentage of the population with income below 200% of the Poverty Guidelines in the Service Area as of 2018-2022 is 29.6% compared with 28.3% in Clark County and 18.8% in Madison County and 29.5% in the State of Ohio.[16] Additional income and economic data is discussed further in the next section of this report, "Social Determinants."

SOCIAL DETERMINANTS

Social determinants of health are the economic and social conditions found in one's living and working conditions that influence differences in health status. Examples of these social determinants are geography and environment, transportation access, occupation, transience, unemployment, income level, and educational attainment. The Robert Wood Johnson Foundation asserts that although medical care is critically important, "good health begins in the places where we live, learn, work, and play."

1) Geography and Environment

Geographical and environmental factors such as population density, air and water quality, and built environment can have important impacts on the health of the population including facilitating the spread of infectious diseases, higher rates of chronic conditions, and increased difficulty accessing health care. The majority of Clark and Madison counties are considered 'rural.' However, parts of the Service Area are considered 'urban' (City of Springfield, for example) having a significantly higher population density than surrounding areas (Table 3).

Table 3. Geography, Population Density[17]

	United States	Ohio	Clark County	Madison County	Springfield City	London City
Square Miles	3,533,038.28	40,858.76	397	468	22.5	3.8

[16] Health Resources and Services Administration. HCP GeoCare Navigator. Accessed February 21, 2025. https://geocarenavigator.hrsa.gov/
[17] Ibid.

	United States	Ohio	Clark County	Madison County	Springfield City	London City
Population per square mile	93.8	288.8	343	94	2,586	2,632

Air and water quality can impact health in many ways including respiratory conditions, heart disease, cancer, and other diseases including neurological conditions, kidney and liver diseases, skin diseases, and spread of infectious diseases. Air and water pollution can also impact lung and brain development in children, contribute to poor mental health, contribute to organ damage and cause sinus irritation.[18, 19]

Air quality measures collected from three monitoring stations in Clark County and one in Madison County fell in the "Fair/Moderate" category in 2024, meaning that ozone and levels of particulate matter are generally safe for most people. While not hazardous, sensitive groups may experience minor to moderate symptoms from long exposure.[20, 21]

Drinking water in the Service Area is managed and monitored by the Clark County Combined Health District (CCCHD), Clark County Utilities, Springfield Water Treatment Plant, Madison County Water District, and Madison County Health Department Private Water Systems Program. In 2023, the relevant entities reported no violations related to regulated contaminants in drinking water.[22, 23]

2) Transportation

Transportation barriers are significant social determinants of health because they impede individuals' ability to access essential healthcare services, leading to delayed care, missed

[18] World Health Organization. "Health Impacts of Air Pollution." Accessed February 19, 2025. https://www.who.int/teams/environment-climate-change-and-health/air-quality-energy-and-health/health-impacts.
[19] Unacademy. "Effects on Human Health by Water Pollution." Accessed February 19, 2025. https://unacademy.com/content/bpsc/study-material/environment-and-ecology/effects-on-human-health-by-water-pollution/.
[20] Regional Air Pollution Control Agency. *Air Quality Monitoring*. Accessed April 15, 2025. https://www.rapca.org/programs/air-quality-monitoring
[21] U.S. Environmental Protection Agency. *AirNow Interactive Map*. U.S. Environmental Protection Agency. Accessed April 18, 2025. https://gispub.epa.gov/airnow/?monitors=ozonepm&xmin=-9570022.287287202&xmax=-9100393.185503304&ymin=4699136.760229428&ymax=4900013.2705627745
[22] Clark County Utilities Department. *Consumer Confidence Reports*. Clark County, OH. Accessed April 18, 2025. https://www.clarkcountyohio.gov/171/Consumer-Confidence-Reports
[23] Madison County Water and Sewer District. *Consumer Confidence Reports*. Madison County, OH. Accessed April 18, 2025. https://www.madison.oh.gov/services/sanitary_sewer_and_water_new/consumer_confidence_reports.php

appointments, and adverse health outcomes. These barriers disproportionately affect vulnerable populations including those with chronic illnesses, the elderly, and low-income groups.[24]

Public transportation in the Service Area is managed by several entities:

- Springfield City Area Transit (SCAT) offers fixed-route services throughout Springfield operating Monday through Friday from 6am-6pm. The system includes ADA Paratransit and "Dial-a-Ride" options.[25]
- Clark County Transportation Coordination Committee (TCC) focuses on enhancing public transportation and mobility within the Clark County-Springfield area. Their initiatives include assessing current services and implementing improvements to better serve community needs. This entity does not provide transportation services directly.[26]
- Clark County Department of Job and Family Services (DJFS) provides transportation assistance to qualifying residence for work-related activities and healthcare appointments. Services include bus tickets, gas cards, and point-to-point transportation. These services require a five-business-day notice.[27]
- Madison County Ride is a program that offers non-emergency medical transportation services through taxis, public transit, and private car or van rides. Riders must schedule in advance and can pay with donations or insurance reimbursement.
- Fayette-Madison Transit (FMT) provides public transit services to all residents of Fayette and Madison counties. It operates a point-deviated route system in Washington Court House and offers out-of-county trips at a rate of $2.50 per mile.[28]

Despite these services, transportation remains a barrier to many residents in Clark and Madison counties. In Clark County, SCAT transitioned from fixed-route buses to on-demand minivan services in 2024, affecting accessibility for the target population in Springfield.

Rates of household vehicle access in Clark and Madison counties are similar to those across the United States and slightly lower than those for the State of Ohio. Approximately 8% of households have no vehicle available, and more than 35% have only one vehicle available,

[24] Syed ST, Gerber BS, Sharp LK. **"**Traveling Towards Disease: Transportation Barriers to Health Care Access**."** *J Community Health*. 2013;38(5):976-993. doi:10.1007/s10900-013-9681-1.
[25] U.S. Department of Transportation, Federal Transit Administration. 2023 Annual Agency Profile - City of Springfield, Ohio (NTD ID 50020). Published August 2024. Accessed April 1, 2025.
[26] Clark County – Springfield Transportation Coordinating Committee. Audit Report for the Year Ended June 30, 2023.
[27] Clark County Auditor. Clark County, Ohio Comprehensive Annual Financial Report for the Year Ended December 31, 2016. Published 2017. Accessed April 1, 2025.
[28] Madison County Transit. Annual Audit Reports for Fiscal Years Ending June 30, 2024, 2023, 2022, 2021, and 2020.

making scheduling transportation to work, childcare, healthcare appointments, grocery shopping, etc. challenging for households with multiple adult members.[29]

The CDC defines transportation barriers as a lack of transportation that prevents people from being independent and functioning in society. Reliance on limited public transportation and the prevalence of single-vehicle households pose significant transportation barriers for low- and moderate-income households in the Service Area. Figure 4 illustrates the distribution of the population that reported a lack of reliable transportation in the past twelve months, with the highest prevalence concentrated in lower-income areas of Springfield and London.

Figure 4. Transportation Barriers Prevalence, Clark and Madison Counties[30]

Among the target population, significantly fewer households have reliable transportation. Low-income individuals are less likely to have regular access to a vehicle and are therefore more likely to rely on public transportation or friends and relatives. Approximately 24% of individuals in poverty do not have access to a vehicle.[31] The 2017 National Highway Traffic Safety data shows that 60% of households below poverty guidelines feel travel is a financial burden as compared to around 35% of the households above poverty guidelines.[32]

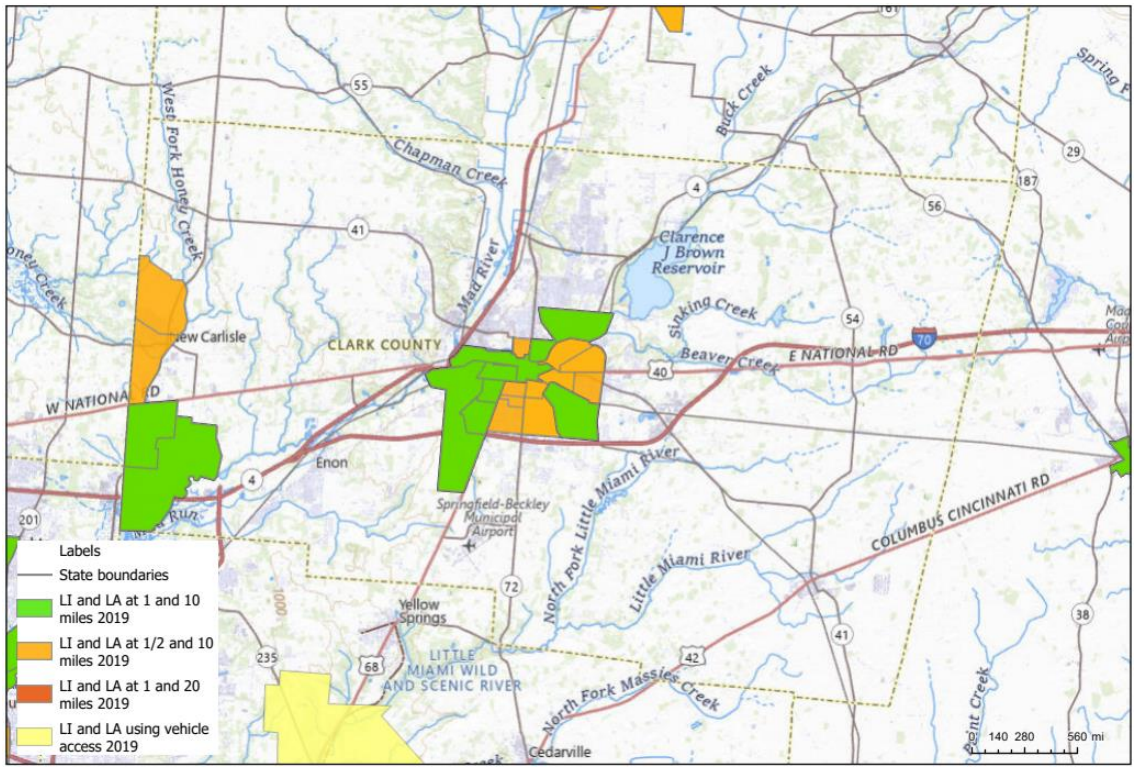
[29] U.S. Census Bureau. data.census.gov: American Community Survey 5-Year Estimates. Accessed March 22, 2025. https://data.census.gov/advanced.
[30] Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed April 3, 2025.
[31] "2014 Mobility Challenges for Households in Poverty." National Household Travel Survey. Accessed July 25, 2024. https://nhts.ornl.gov/briefs/PovertyBrief.pdf.
[32] 2018 National Household Travel Survey Workshop. National Household Travel Survey. Accessed July 25, 2024. https://nhts.ornl.gov/assets/2018_NHTS_Workshop_E-Circular_238.pdf.

3) Food Access and Food Insecurity

Food access and food insecurity are critical social determinants of health because they directly influence an individual's nutritional status, susceptibility to various health conditions, and overall wellbeing. The National Institute on Minority Health and Health Disparities (NIMHD) emphasizes that food insecurity and limited access to affordable, nutritious food are linked to an increased risk of chronic diseases such as diabetes, obesity, heart disease, and mental health disorders.[33]

Within the Service Area, 19 Census Tracts are identified by USDA as having Low Income and Low Access to food. Figures 5 and 6 show Census Tracts highlighted in green that have low income and have a significant share of residents more than one mile from the nearest supermarket. Census Tracts highlighted in orange indicate low income and a significant share of residents more than one-half mile from the nearest supermarket.

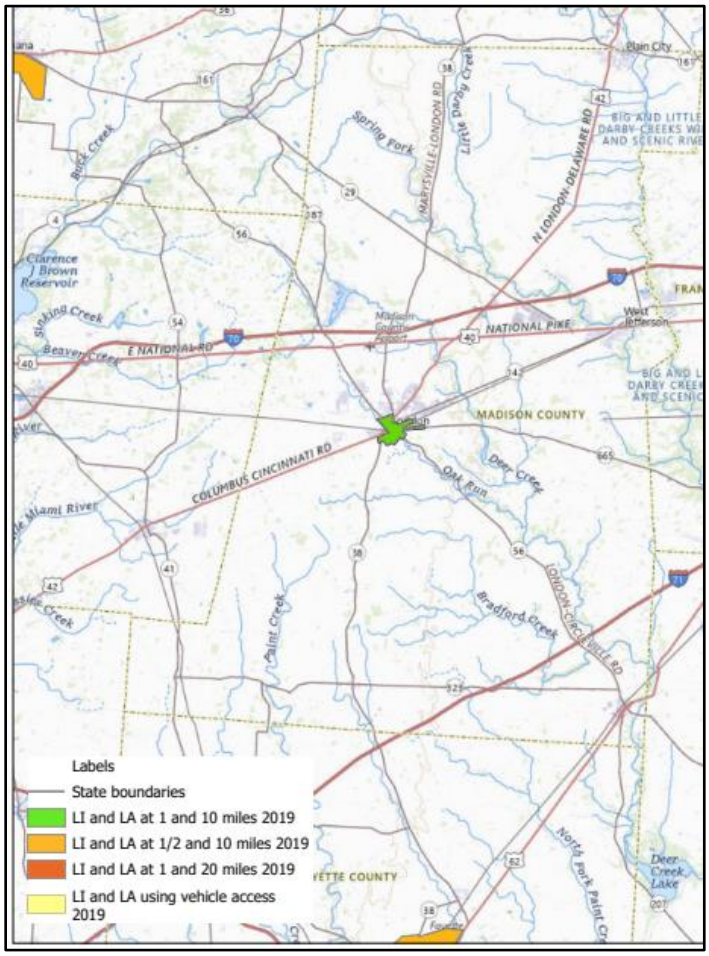
Figure 5. Low Income Census Tracts with Low Access to a Supermarket, Clark County[34]



[33] National Institute on Minority Health and Health Disparities. "Food Accessibility, Insecurity, and Health Outcomes". National Institutes of Health. Published 2023. Accessed February 18, 2025. https://www.nimhd.nih.gov/resources/understanding-health-disparities/food-accessibility-insecurity-and-health-outcomes.html

[34] U.S. Department of Agriculture, Economic Research Service. Food Access Research Atlas. Accessed February 19, 2025. https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.

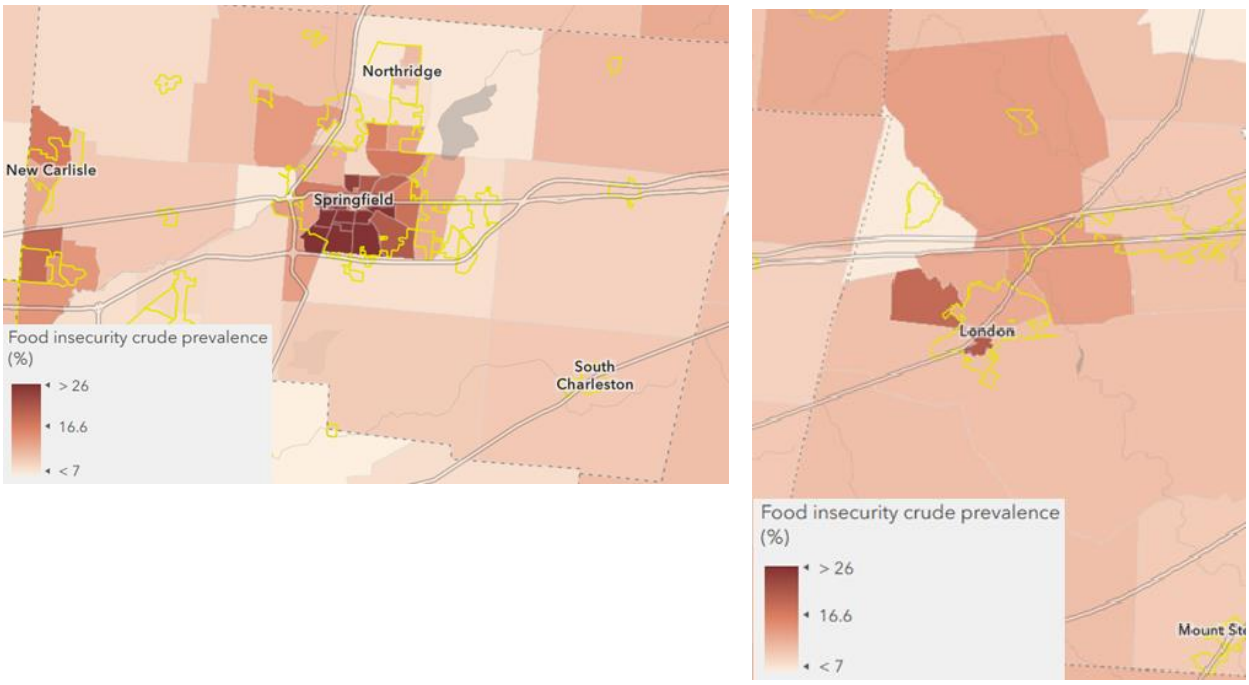
Figure 6. Low Income Census Tracts with Low Access to a Supermarket, Madison County[35]



According to the Behavioral Risk Factor Surveillance System 2022 survey, 16% of Clark County residents experienced food insecurity, meaning they reported not having a reliable source of food during the previous year. In Madison County, the percentage of food insecure was 13%.[36] The CDC defines food insecurity as the inability to access or afford nutritious food. Figure 7 illustrates the distribution of the population within the Service Area that reported that "the food that they bought always/usually/sometimes did not last, and they didn't have enough money to get more."[37]

[35] Ibid.
[36] County Health Rankings & Roadmaps. Food Insecurity. Published 2025. Accessed April 3, 2025. https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/health-promotion-and-harm-reduction/food-insecurity?year=2025&county=39097
[37] Centers for Disease Control and Prevention. PLACES: Methodology and Data Sources. Published 2023. Accessed February 19, 2025. https://www.cdc.gov/places/methodology/index.html.

Figure 7. Food Insecurity Prevalence, Clark and Madison Counties[38]



4) Employment and Unemployment

Employment status is a social determinant of health because it significantly affects individuals' physical, mental, and social wellbeing through multiple pathways, including economic stability, access to health care, psychological stress, and social inclusion or exclusion.

In 2024, the average unemployment rate in Clark County fluctuated between 4.1% and 5.9% compared to the annual average rate for the State of Ohio (3.5%) and the United State (3.6%). Unemployment was also higher in Madison County: 3.9% to 4.7%.[39]

Approximately 21,000 Clark and Madison County adults are not considered as part of the workforce because they are disabled, retired, or are considered "discouraged workers," meaning they have given up looking for work.[40] Discouraged workers face unique health challenges as the prolonged absence from the workforce can lead to increased feelings of hopelessness and depression, as well as stress-related conditions such as hypertension and heart disease.[41]

[38] Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Published [date published]. Updated [date updated]. Accessed April 3, 2025.
[39] U.S. Bureau of Labor Statistics. Local Area Unemployment Statistics: Tables. Accessed March 31, 2025. https://www.bls.gov/lau/tables.htm.
[40] Ohio Department of Development. Madison County Profile. 2024. Accessed April 17, 2025. https://dam.assets.ohio.gov/image/upload/development.ohio.gov/research/countytrends/2024/madison.pdf
[41] Office of Disease Prevention and Health Promotion. Employment as a Social Determinant of Health. U.S. Department of Health and Human Services. Accessed February 19, 2025. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment.

The majority of employment in Clark and Madison counties is in the private sector, including health care and social assistance (16.7%), goods production/manufacturing (16.0%), education (10.6%), and retail trade (10.6%). Government-related employment accounts for only about 3.7% of total employment, primarily at the local government level.[42]

5) Housing and Transience

Stable, safe, and affordable housing is foundational to good health. Housing instability, including frequent moves, difficulty paying rent, or living in overcrowded conditions, can lead to stress, anxiety, and increased exposure to environmental hazards. Moreover, individuals facing housing insecurity often delay medical care due to financial constraints or difficulty establishing a new healthcare provider.[43]

The CDC defines housing insecurity as feeling worried or stressed about paying rent or a mortgage. Figure 8 illustrates the distribution of the population in the Service Area that reported "feeling stressed about having enough money to pay rent or mortgage always, usually, or sometimes." Housing insecurity and homelessness in the Service Area is discussed in more detail later in this report under "Special Populations."[44]

Figure 8. Housing Insecurity Prevalence, Clark and Madison Counties[45]

[42] Ohio Department of Job and Family Services, Office of Workforce Development. Ohio Economic Profile: Clark County. Accessed April 3, 2025.
[43] Fang L, Chuang DM, Al-Rousan T. **"**Housing instability and health outcomes: Findings from the Behavioral Risk Factor Surveillance System, 2011**."** *Prev Chronic Dis*. 2015;12:E218. doi:10.5888/pcd12.140511.
[44] Centers for Disease Control and Prevention. PLACES: Methodology and Data Sources. Published 2023. Accessed February 19, 2025. https://www.cdc.gov/places/methodology/index.html.
[45] Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Published [date published]. Updated [date updated]. Accessed April 3, 2025.

Approximately 96% of the population is stable, with 88% living in the same house as the previous year and 8% living in a different house but within the same county. Transience is higher for lower-income households, with just 83% of households with income below 150% of poverty living in the same house as the previous year, and 12% having moved within the same county.[46]

The 2022 Census of Agriculture reports 4 farms in Clark and Madison counties that use migrant labor, with the number of workers withheld to avoid disclosing data for individual farms.[47] The Ohio Department of Health licenses agricultural labor camps. The most recently published list reports occupancy capacity for 109 workers.[48]

6) Income Level

2023 median household income in Clark County is significantly lower than that of the State of Ohio and the U.S., and in the City of Springfield, median household income is just 66% of that for Ohio, and 58% of that for the U.S. In Madison County, median household income is higher than the state and the U.S. but median household income in the City of London is much lower, just 87% of that of the state, and 77% of that of the U.S. Approximately 16% of the population of Clark County and 10% of the population of Madison County has income below 100% of federal poverty guidelines (Table 4). Among non-white residents and the Hispanic/Latino community, poverty rates are much higher (Table 5). Rates of poverty in the Service Area are as high as 27.1% by ZIP Code (Table 6). The percentage of the population with income under 200% of poverty in Clark County is approximately 28%, approximately 19% in Madison County, and this figure approaches 30% within the Service Area (Table 7).[49]

Table 4. Income and Poverty[50]

	United States	Ohio	Clark County	Madison County	City of Springfield	City of London
Median Household Income	$78,538	$69,680	$60,846	$83,229	$45,883	$60,364
Income <100% of Poverty	12.4%	13.2%	15.6%	9.7%	22.7%	12.5%

[46] U.S. Census Bureau. Table B07012: Geographical Mobility in the Past Year by Age for Current Residence in the United States. American Community Survey 5-Year Estimates, 2023. Accessed April 3, 2025. https://data.census.gov/table/ACSDT5Y2023.B07012?q=B07012&g=050XX00US39023,39097.
[47] U.S. Department of Agriculture, National Agricultural Statistics Service. 2022 Census of Agriculture: County-Level Data for Ohio. Published 2024. Accessed February 19, 2025. https://data.nass.usda.gov/Publications/AgCensus/2022/Full_Report/Volume_1,_Chapter_2_County_Level/Ohio/st39_2_007_007.pdf.
[48] Ohio Department of Health. Agricultural Labor Camp Permits by County. DataOhio. Published 2020. Accessed February 21, 2025. https://data.ohio.gov/wps/portal/gov/data/view/agricultural-labor-camp-permits-by-county
[49] U.S. Census Bureau. data.census.gov: American Community Survey 5-Year Estimates. Accessed March 19, 2025. https://data.census.gov/advanced.
[50] Ibid.

Table 5. Poverty by Race and Ethnicity[51]

	Clark County	Madison County
White	12.80%	9.50%
Black	33.60%	25.10%
American Indian	36.70%	N/A
Native Hawaiian	29.30%	N/A
Other (Alone or in combination)	48.80%	16.60%
Two or More	21.60%	11.70%
Hispanic/Latino	32.20%	14.40%

Table 6. Service Area Poverty Rate by ZIP Code[52]

45504	9.9%
45505	27.1%
43140	11.0
45503	15.3%
45506	25.4%
45502	6.9%
45368	12.3%
45344	12.5%

Table 7. Population with Income under 200% of Poverty[53]

Clark County	28.3%
Madison County	18.8%
Springfield	42.7%
London	26.9%
45504	24.7%
45505	46.9%
43140	21.4%
45503	27.6%
45506	42.1%
45502	15.3%
45368	22.6%
45344	27.8%
Service Area	29.6%

[51] Ibid.
[52] Ibid.
[53] Ibid.

7) Educational Attainment

High school graduation rates in Clark and Madison counties are slightly lower than those for the State, and significantly lower for most of the Service Area. In ZIP codes 44503 and 44505, the percentage of the population 25 years and older with no high school diploma is more than twice that of the State of Ohio. Higher education attainment is significantly lower than rates for both the State of Ohio and the United States as a whole (Table 8).[54]

Table 8. Educational Attainment[55]

	United States	Ohio	Clark County	Madison County	Service Area
25+ Less than high school	11.5%	8.1%	11.1%	12.6%	8.7% - 23.4%
Some college, no degree	20.3%	18.9%	22.6%	20.9%	10.7% - 25.0%
Bachelor's Degree or higher	32.9%	32.0%	18.9%	18.1%	7.9% - 28.8%

8) Language

Language barriers significantly impact health outcomes and access to care, making them a crucial social determinant of health. Individuals with limited English proficiency are less likely to seek preventive care and screenings, increasing their risk of undiagnosed or late-stage diseases. Language barriers can also deter individuals from scheduling appointments and navigating complex healthcare systems, leading to delayed or avoided care.

The percentage of the population in Clark and Madison counties that speaks a language other than English at home is lower than that of the State of Ohio, and significantly lower than the United States as a whole. Among those who speak a language other than English at home, a high percentage—representing more than 2,600 people—speak English "less than very well" (Table 9).[56] These figures are based on the U.S. Census Bureau's American Community Survey 2023 5-year estimates, and therefore do not fully account for a large community of Haitian immigrants that reside in and around the City of Springfield. This community is discussed in more detail in a later section of this report "Special Populations."

[54] Ibid.
[55] Ibid.
[56] Ibid.

Table 9. Language Spoken at Home and English Proficiency

	United States	Ohio	Clark County	Madison County	Springfield	London
Language other than English at Home	22.0%	7.7%	3.5%	5.4%	4.0%	4.7%
If language other than English is spoken at home, Speak English less than "very well"	38.2%	35.8%	43.7%	30.6%	47.6%	60.0%

BEHAVIORAL RISK FACTORS

Behavioral risk factors are those that exert a strong negative influence on health and include behaviors such as tobacco use, alcohol consumption, physical inactivity, poor diet/nutrition, unsafe sexual practices, as well as the lack of preventive care such as immunizations and screening.

The Centers for Disease Control and Prevention (CDC) conducts an ongoing survey in collaboration with state health departments: the Behavioral Risk Factor Surveillance System (BRFSS). This survey collects data on health-related risk behaviors, chronic health conditions, and use of preventive services across the United States.

Table 10 summarizes behavioral risk factors in Clark and Madison counties, with comparison to the state of Ohio and the United States. A significantly higher percentage of adults in the area are current smokers, are obese, and report no physical activity outside of work, compared with the state of Ohio and the United States.

Table 10. Behavioral Risk Factors[57]

	Clark County	Madison County	Ohio	United States
Current Smokers	22.0%	22.0%	18.0%	13.0%
Obesity	42%	42%	38%	34%
Physical Inactivity	29%	27%	24%	23%
Excessive Drinking	19%	21%	21%	19%

[57]"BRFSS Prevalence & Trends Data." Centers for Disease Control and Prevention. Accessed July 23, 2024. https://www.cdc.gov/brfss/brfssprevalence/index.html.

ACCESS BARRIERS

Access to health care may be limited by many factors such as system capacity, ability to pay, and cultural barriers. In the Springfield Metropolitan Statistical Area, 23.7% of adults report no routine medical checkup in the past 12 months, and 5.1% report that it has been five or more years since their last checkup. 17.5% indicate they do not have a personal medical provider. 8.1 percent indicate they avoided care due to cost.[58]

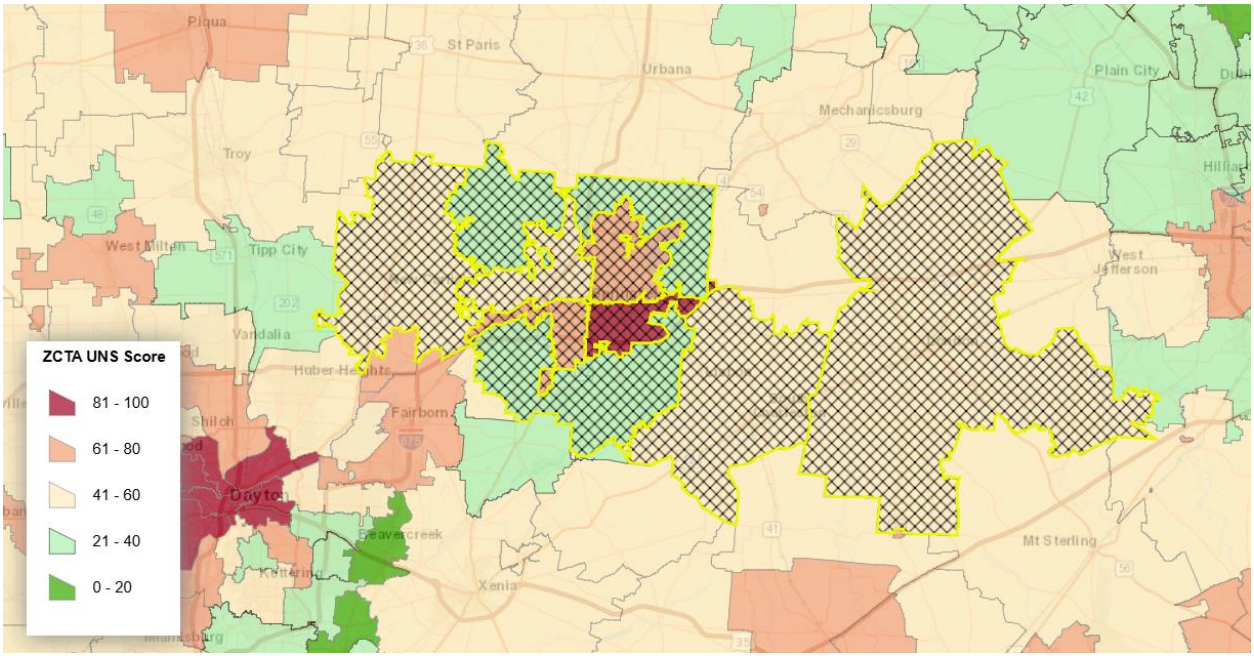
The ratio of population to healthcare providers in Clark and Madison counties is significantly higher than that for the state of Ohio and the United States (Table 11).

Table 11. Ratio of Health Care Provider to Population

Provider Type	United States	Ohio	Clark County	Madison County
Primary Care Physician	1,176:1	1,330:1	2,220:1	3,170:1
Mental Health	262:1	290:1	470:1	800:1
Dentist	1,655:1	1,530:1	1,660:1	3,350:1

The Health Resources and Services Administration's Unmet Need Score (UNS) is a value from 0 to 100 that represents the unmet need for primary and preventive health care services in ZIP Code Tabulation Areas (ZCTAs) with higher scores reflecting higher unmet need. UNS in the Service Area ranges from 38.03 to 83.18, with a weighted average score of 61.27 (Figure 9) indicating a high level of unmet need.

Figure 9. Unmet Need Score Map



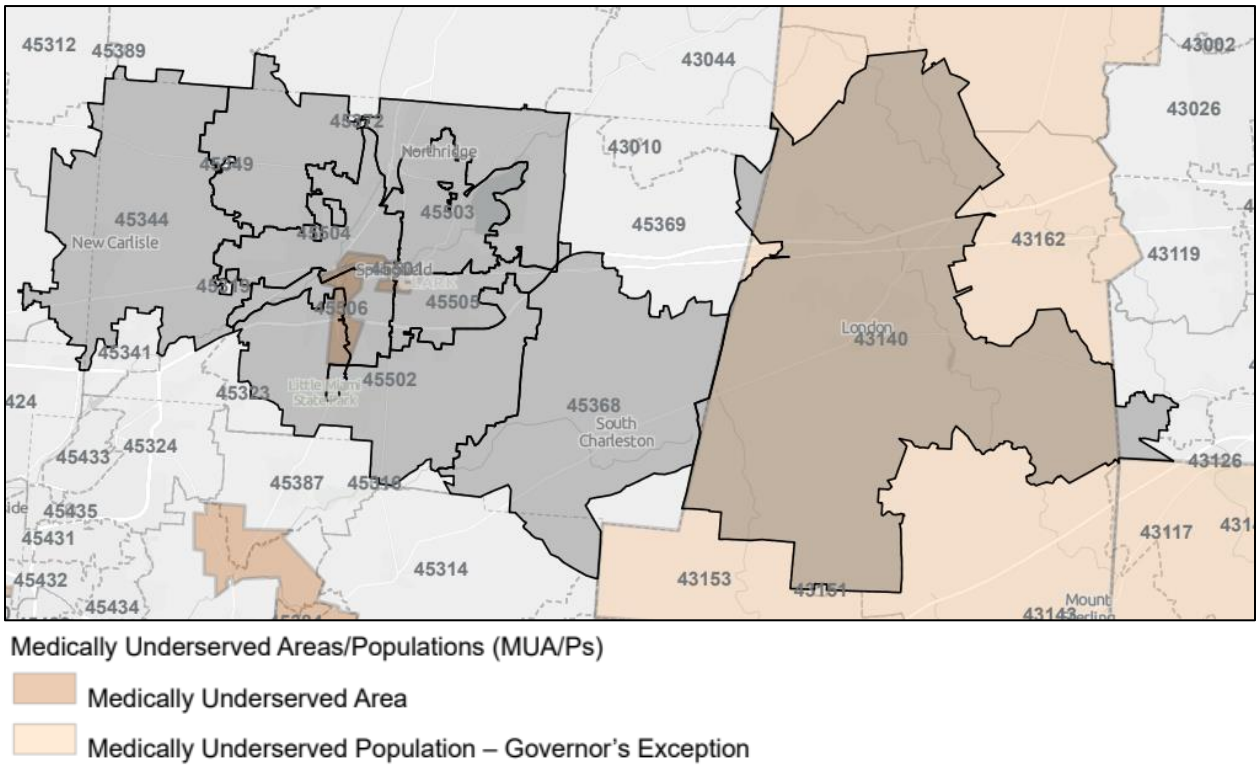
[58] Ibid.

1. Healthcare providers

There are three Primary Care Medically Underserved Areas/Populations (MUA/P) in Clark County and Madison counties, all of which overlap with the Service Area (Figure 10).[59]

- MUA ID 02673 includes two census tracts in Clark County
- MUA ID 02674 includes two census tracts in Clark County
- MUP ID 07955 encompasses the entirety of Madison County

Figure 10. MUA Map[60]



There are three geographic Health Professional Shortage Areas (HPSA) in Clark and Madison counties which overlap with the Service Area (Figures 11 through 13).[61]

- HPSA ID 1392284668 is a Primary Care HPSA with a score assigned of 17 (City of Springfield).

[59] Health Resources and Services Administration. *MUA Find*. U.S. Department of Health and Human Services. Accessed April 18, 2025. https://data.hrsa.gov/tools/shortage-area/mua-find
[60] Health Resources and Services Administration. (n.d.). *HCP GeoCare Navigator*. U.S. Department of Health & Human Services. Retrieved April 5, 2025, from https://geocarenavigator.hrsa.gov/
[61] Health Resources and Services Administration. *HPSA Find*. U.S. Department of Health and Human Services. Accessed April 18, 2025. https://data.hrsa.gov/tools/shortage-area/hpsa-find

- HPSA ID 6392084090 is a Dental Health HPSA with a score assigned of 12 (City of Springfield).
- HPSA ID 7398715294 is a Mental Health HPSA with a score assigned of 17 (Clark, Greene, Madison counties).

Figure 11. Primary Care HPSA Map[62]

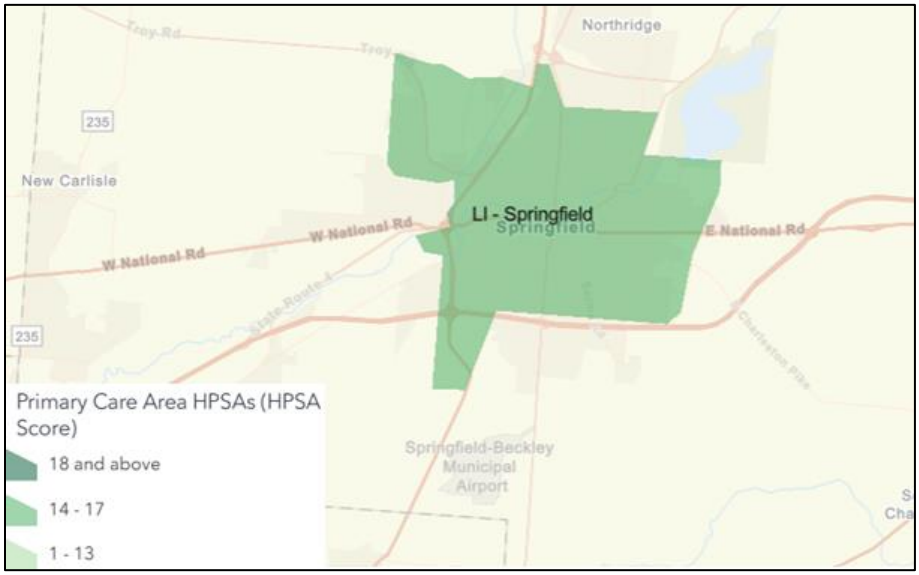
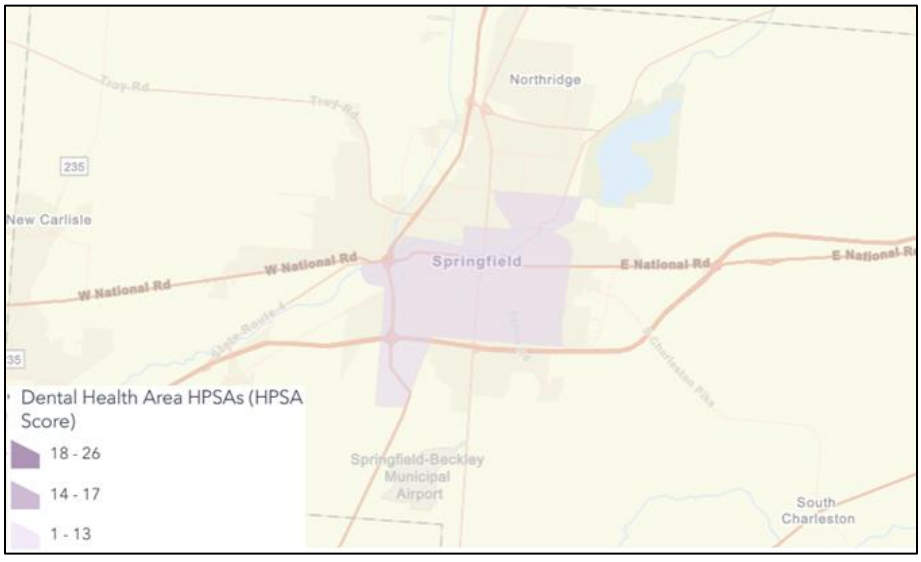
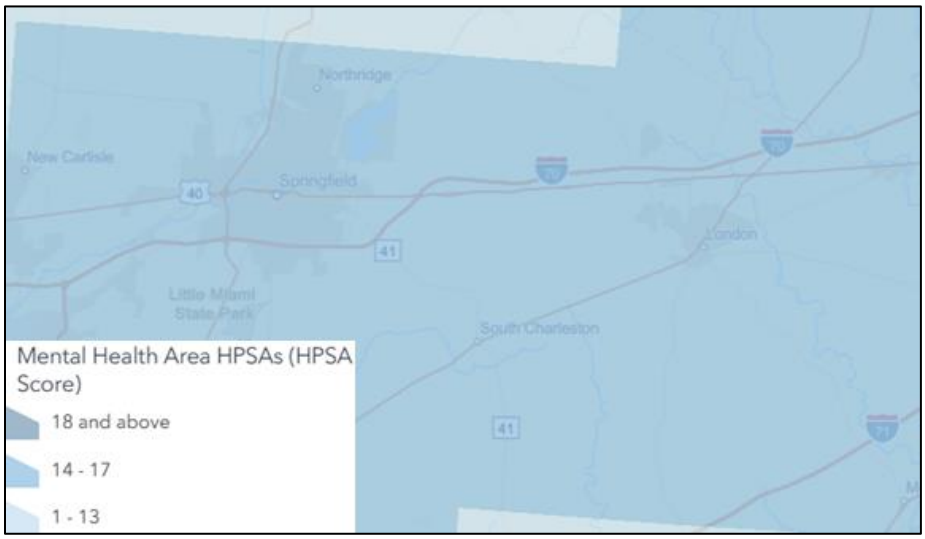


Figure 12. Dental Health HPSA Map[63]



[62] Health Resources and Services Administration. *HRSA Data Warehouse: Interactive Map Tool*. U.S. Department of Health and Human Services. Accessed April 18, 2025. https://data.hrsa.gov/maps/map-tool/
[63] Ibid.

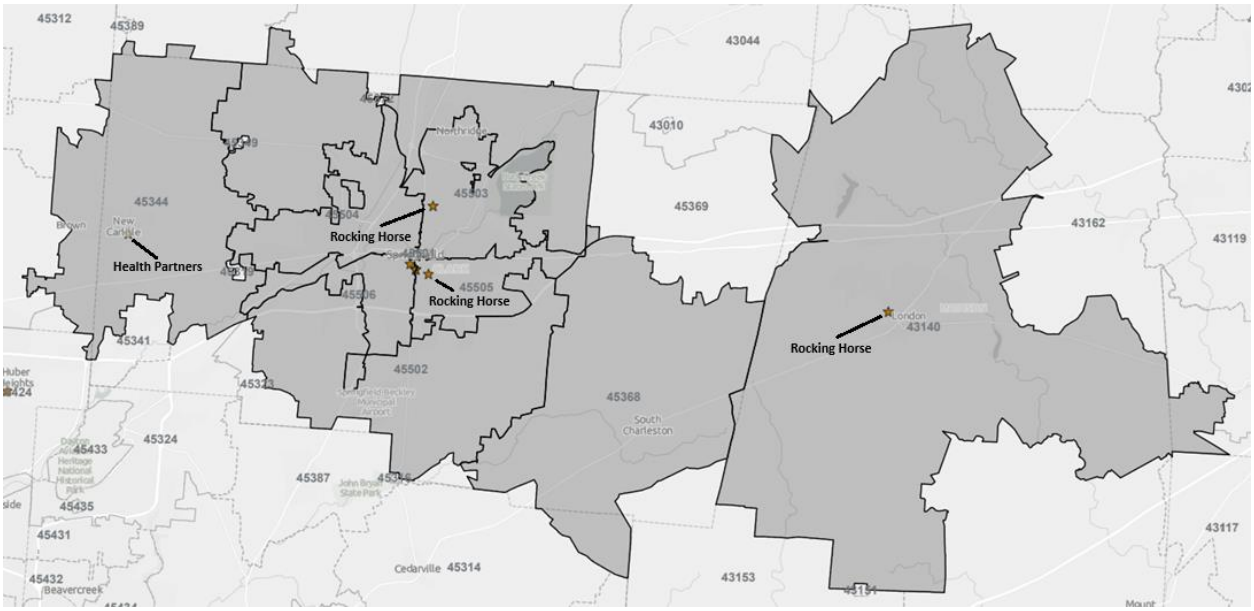
Figure 13. Mental Health HPSA Map (Several Counties)[64]



There are currently two Health Center Program organizations operating in the Service Area. Health Partners of Western Ohio (HPWO) maintains one service delivery location in New Carlisle which offers comprehensive primary care, behavioral health, dental, and pharmacy services. Rocking Horse Community Health Center operates one service delivery location in Springfield which offers comprehensive primary care, behavioral health, dental and pharmacy services, and one in London which offers primary care and behavioral health services. Rocking Horse Community Health Center also operates two school-based health centers and one public housing-based health center in Springfield which offer limited primary care and behavioral health services. There are no free clinics or other safety net clinics in the service area. Figure 14 illustrates the geographic distribution of Health Center Program organizations operating in the Service Area.

[64] Ibid.

Figure 14. Existing Community Health Centers



2. Health Insurance Coverage

Ohio expanded Medicaid eligibility under the Affordable Care Act and as a result rates of health insurance coverage have increased significantly since 2014. As of February 2025, approximately 49,000 individuals, 36.5% of the population of Clark County, were enrolled in a Medicaid plan. In Madison County, about 8,800 or 20% of the population were enrolled. Approximately 13.8% of the population of Clark County and 15.8% of the population of Madison County are uninsured, compared with 6.1% of the State of Ohio and 8% of the United States.[65] The terms of Medicaid eligibility and eligibility expansion are not guaranteed, however. The State of Ohio biennial budget proposed by Governor Mike DeWine in February 2025 includes language that would result in more than 700,000 Ohioans losing Medicaid coverage if the federal government's share of costs drops below 90%.[66]

[65] National Institute on Minority Health and Health Disparities. Health Disparities Data Portal: Health Insurance Coverage by Age, Race/Ethnicity, Sex, and State. Accessed April 7, 2025.
[66] Davis B. The Future of Medicaid in Ohio: Threats Facing Ohioans. The Center for Community Solutions. Published February 17, 2025. Accessed February 21, 2025. https://www.communitysolutions.com/resources/the-future-of-medicaid-in-ohio-threats-facing-ohioans

HEALTH DISPARITIES

1. Life Expectancy

As of 2022, life expectancy in Clark County was just 73.9 years and in Madison County it was 76.1 years, compared with 77.5 years in the State of Ohio and 77.4 years in the United States. Within the Service Area in and around the City of Springfield, life expectancy ranges from 65-72 years, much lower than state and national averages.[67]

2. Leading Causes of Mortality

Mortality rates in Madison Counties are similar to those for the United States and significantly better than those for the State of Ohio for most causes of death. Clark County, however, has mortality rates much higher than both the state and the United States for all leading causes except kidney disease (Clark County rate still surpasses U.S. rate). Death rates from cerebrovascular disease and diabetes in Clark County are approximately double the rates for the United States.[68]

Table 9. 2018-2023 Leading Causes of Mortality: Crude Rate per 100,000 Population[69]

	United States	Ohio	Clark County	Madison County
Diseases of the Heart	206.1	252.5	309.8	213.7
Malignant Neoplasms	182.8	212.7	250.9	207.3
Accidents	61.2	77.4	100.1	62.0
Chronic Lower Respiratory Diseases	45.6	58.8	81.9	70.6
Cerebrovascular Diseases	47.8	59.2	101.9	53.0
Alzheimer's Disease	36.8	44.5	47.2	32.7
Diabetes Mellitus	28.9	35.3	56.0	32.7
Influenza and Pneumonia	14.9	16.6	19.8	16.2
Nephritis, Nephrotic Syndrome, and Nephrosis	16.3	19.5	17.2	18.4
Intentional Self Harm	14.5	15.1	20.9	14.6
Chronic Liver Disease and Cirrhosis	15.2	15.4	19.3	16.2
Septicemia	12.3	17.1	27.3	14.3
COVID-19[70]	50.6	61.7	81.3	57.5
Essential Hypertension/Hypertensive Renal Disease	12.2	12.7	16.0	12.0
Parkinson Disease[71]	11.5	13.0	13.1	12.8

[67] Dawes S. Clark County life expectancy shorter than state, nation. *Springfield News-Sun*. Published March 13, 2023. Accessed April 1, 2025.
[68] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on April 6, 2025
[69] Ibid.
[70] Table 9 summarizes mortality rates from 2011-2020. In 2020 alone, the rate of mortality from COVID-19 was 70.7 per 100,000 in population in Lorain County, 87.3 in the State of Ohio, and 85.0 in the United States.
[71] The mortality rate for Parkinson Disease is flagged as unreliable because the numerator (18) is less than 20.

In the Black population in Clark County, Parkinson Disease is not among the 15 leading causes of death. Parkinson Disease are replaced by Assault (#8). The mortality rate from Assault is 42.2 per 100,000 population.

The mortality rates for all but one cause (Alzheimer's) are significantly higher in the Black population compared with the United States population as a whole. Mortality rates for the Black population are generally in line with rates for Clark County as a whole, but significantly higher for accidents, diabetes, and kidney disease. Table 11 summarizes these disparities vis-à-vis the general population of the United States and Clark County.[72]

Table 11. Ratio of Black Mortality Rate to General Population Mortality Rate[73]

	Compared with US	Compared with Clark County
Diseases of the Heart	1.5	1.0
Malignant Neoplasms	1.3	1.0
Accidents	2.2	1.4
Chronic Lower Respiratory Diseases	1.3	0.7
Cerebrovascular Diseases	2.2	1.0
Alzheimer's Disease	0.9	0.7
Diabetes Mellitus	2.4	1.2
Influenza and Pneumonia	Unreliable	Unreliable
Nephritis, Nephrotic Syndrome, and Nephrosis	1.8	1.7
Intentional Self Harm	Unreliable	Unreliable
Chronic Liver Disease and Cirrhosis	Unreliable	Unreliable
Septicemia	2.3	1.0
COVID-19	1.4	0.9
Essential Hypertension/Hypertensive Renal Disease	Unreliable	Unreliable
Assault	1.6	1.0

The prevalence of chronic diseases is significantly higher in the Service Area compared to the balance of Clark and Madison counties, and higher still in certain Census Tracts within the Service Area. Figures 15 and 16 illustrate the high prevalence of coronary heart disease and diabetes concentrated in low-income census tracts in Clark County. Prevalence for other chronic diseases such as Chronic Lower Respiratory Diseases follow similar patterns.

[72] Ibid.
[73] Ibid.

Figure 15. Heart Disease Prevalence[74]

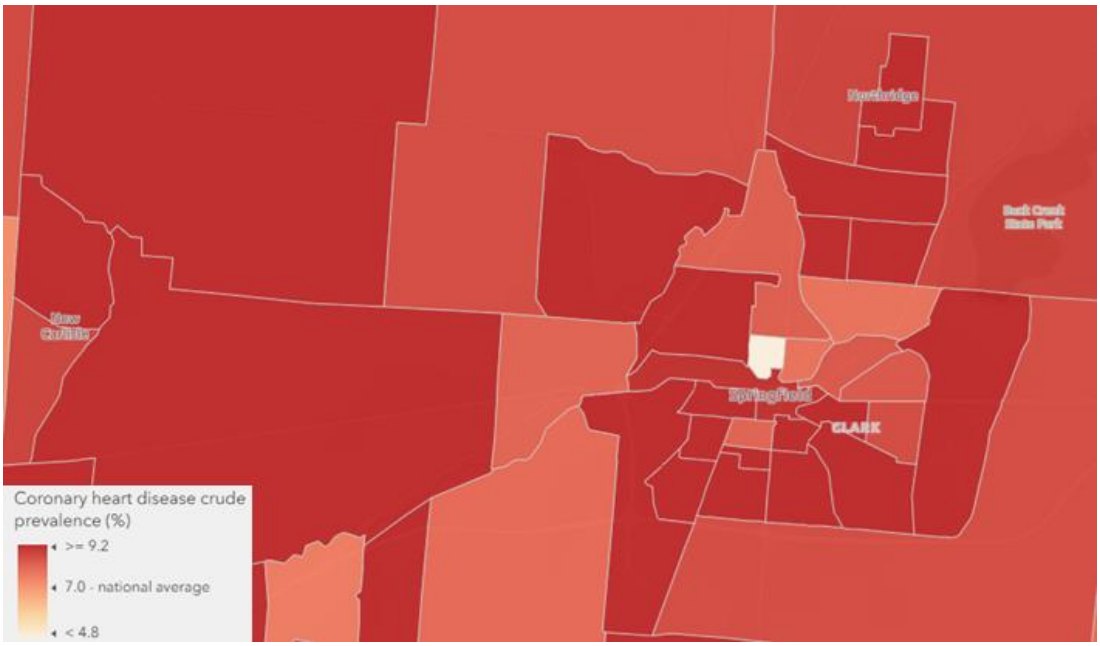
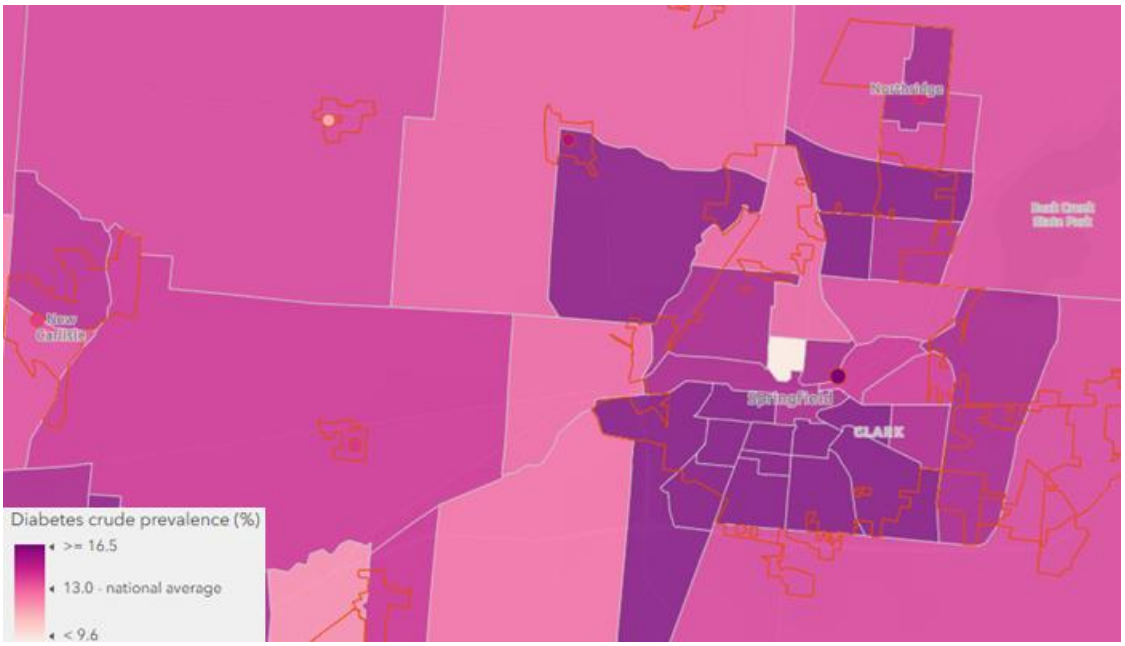


Figure 16. Diabetes Prevalence[75]



[74] Centers for Disease Control and Prevention. PLACES: Data Portal. Published 2023. Accessed April 5, 2025. https://www.cdc.gov/places/tools/data-portal.html.
[75] Ibid.

3. Other Causes of Mortality

Infant Mortality

In 2023, the State of Ohio reported an infant mortality rate (IMR) of 7.0 deaths per 1,000 live births. This figure reflects a slight increase from the previous year when IMR was 6.7 per 1,000 live births. Although overall IMR has declined in Ohio over the past several decades, the disparity between Black and white infant mortality rates has widened. In 2024, the IMR for non-Hispanic Black infants was 14.2 per 1,000, an increase from 13.6 in 2023.

In Clark County, the five-year (2019-2023) infant mortality rate was 8.2 per 1,000, and the rate for Black infants was two times higher, at more than 16 deaths per 1,000 live births. In Madison County, the five-year rate was 5.8, although this figure is derived from fewer than 20 infant deaths during the period, so should be treated with caution. The primary causes of infant mortality include prematurity-related conditions, congenital anomalies, external injuries, and Sudden Infant Death Syndrome (SIDS).

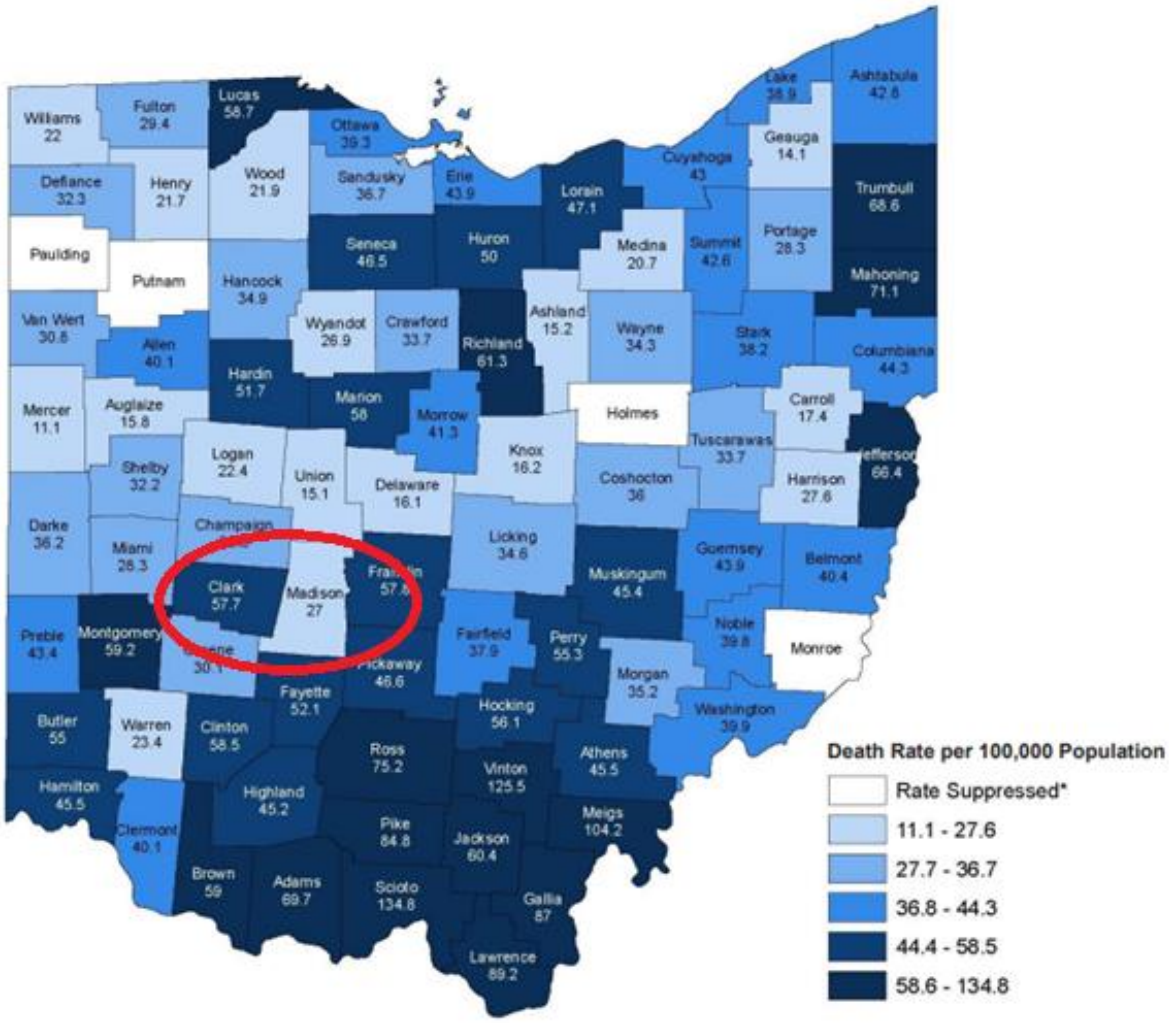
Substance Use Disorder

Unintentional drug overdoses are a significant public health concern in Ohio, with the opioid crisis profoundly affecting both the state and Clark and Madison counties. Recent data indicates a decline in overdose deaths, with the state experiencing a 9% decrease in deaths from 2022-2023. The 2020-2023 age-adjusted rate of unintentional drug overdose deaths in the State of Ohio was 43.5 per 100,000 in population.

Clark County's rate was significantly higher at 57.7 per 100,000, almost two times the national rate of 31.3 (Figure 17).[76] The number unintentional drug overdoses increased by 9% between 2022 and 2023.[77] Fentanyl was the leading cause of drug overdose death in the state, followed by cocaine, psychostimulants, benzodiazepines, semi-synthetic opioids, and heroin.[78]

[76] Centers for Disease Control and Prevention. National Center for Health Statistics. Drug Overdose Deaths in the United States, 2002–2022. NCHS Data Brief No. 522. Published February 2024. Accessed February 21, 2025. https://www.cdc.gov/nchs/products/databriefs/db522.htm.
[77] Ohio Governor's Office. 2023 Unintentional Drug Overdose Annual Report. Published October 30, 2024. Accessed February 12, 2025. https://content.govdelivery.com/attachments/OHIOGOVERNOR/2024/10/30/file_attachments/3052169/2023%2BUnintentional%2BDrug%2BOverdose%2BAnnual%2BReport_FINAL.pdf.
[78] Ibid.

Figure 17. Unintentional Drug Overdose Deaths, 2020-2022[79]



The National Survey on Drug Use and Health (NSDUH), conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides data on the use of tobacco, alcohol, and drugs; substance use disorders; mental health issues; and the receipt of treatment among the civilian, non-institutionalized population aged 12 and older. Due to methodological concerns related to the 2020 survey, the most recent NSDUH data available at the sub-state level is from 2016-2018. The Service Area falls into the geographic boundaries of SAMHSA Board 12 which includes Clark, Madison, and Greene counties. The results of this survey indicate that the prevalence of drug use, substance use disorder, and unmet treatment needs were all higher in the Service Area compared to the nation as a whole (Table 12).

[79] Ohio Department of Health. *2022 Unintentional Drug Overdose Annual Report*. Published December 14, 2023. Accessed April 5, 2025.

Table 12. Substance Use, Ages 12 and older[80]

	United States	SAMHSA Board 12
Illicit drug use disorder past year	2.82%	3.44%
Pain relievers use disorder past year	0.63%	0.94%
Alcohol use disorder past year	5.44%	5.71%
Substance use disorder past year	7.37%	8.06%
Needed but not receiving treatment at specialty facility for illicit drug use past year	2.53%	2.86%
Needing but not receiving treatment at specialty facility for alcohol use disorder past year	5.20%	5.43%
Needing but not receiving treatment at specialty facility for substance use disorder past year; Ages 12 and over	6.84%	7.60%

SPECIAL POPULATIONS

1. Individuals with Severe and Persistent Mental Illness

Individuals with severe mental illness (SMI) face health disparities in access to care, quality of care, and outcomes. These disparities lead to higher rates of chronic illness and shorter life expectancies. Research published in 2006 reported a two to three times higher relative risk of death among mental health clients than the general population resulting in from 13 to more than 30 years of potential life lost for individuals with major mental illness diagnoses. The majority of these clients died of chronic diseases including heart disease, cancer, diabetes, and cerebrovascular, respiratory, and lung diseases.[81]

Individuals with SMI have a 78% higher risk of developing cardiovascular disease compared to the general population.[82] Cardiovascular disease is the leading cause of death among people with SMI, with mortality rates more than twice that of the general population.[83]

[80] "Substate Estimates of Substance Use and Mental Illness from the 2016-2018 NSDUH: Results and Detailed Tables." Substance Abuse and Mental Health Services Administration. Accessed April 5, 2025. https://www.samhsa.gov/data/nsduh/2016-2018-substate-reports.

[81] Colton, Craig W, and Ronald W Manderscheid. "Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states." *Preventing chronic disease* vol. 3,2 (2006): A42.

[82] Correll CU, Solmi M, Veronese N, et al. Prevalence, incidence and mortality from cardiovascular disease in patients with severe mental illness: A systematic review and meta-analysis. *Eur Heart J.* 2024;45(12):987-998. doi:10.1093/eurheartj/ehaa1050.

[83] Goldstein BI, Carnethon MR, Matthews KA, et al. Major depressive disorder and bipolar disorder predispose youth to accelerated atherosclerosis and early cardiovascular disease. *J Am Coll Cardiol.* 2022;70(8):976-985. doi:10.1016/j.jacc.2022.06.017

Individuals with SMI are at greater risk for obesity and diabetes, often due to the side effects of psychiatric medications and lifestyle factors.[84] Obesity rates are significantly higher in individuals with SMI. Nearly all women and most men diagnosed with psychotic disorders are classified as obese (BMI >30).[85]

Approximately 20% of individuals with psychotic disorders have type 2 diabetes, compared to 8.6% of all US adults.[86]

The risk of suicide among individuals with SMI is significantly higher than in the general population.[87] Individuals with mood disorders, such as depression or bipolar disorder, have a suicide rate estimated to be 25 times higher than that of the general population.[88] Among adults diagnosed with schizophrenia, approximately 5% die by suicide, a rate that is 20 times higher than the general population.[89]

The results of the 2016-2018 National Survey of Drug Use and Health (NSDUH) indicate that the prevalence of severe mental illness, mental illness, suicidal ideation, and depressive episodes is greater in the Service Area compared to the United States as a whole. The percentage of respondents who reported receiving mental health services was greater in the Service Area than in the United States as a whole (Table 13).

Table 13. Mental Health Disorder Prevalence Rates[90]

	United States	SAMSHA Board 12
Serious mental illness past year; Ages 18 and over	4.45%	5.59%
Any mental illness past year; Ages 18 and over	18.76%	22.37%
Received mental health services past year; Ages 18 and over	14.74%	18.18%
Serious thoughts of suicide past year; Ages 18 and over	4.24%	5.36%
Major depressive episode past year; Ages 18 and over	7.0%	8.55%

[84] Holt RI, Mitchell AJ. Diabetes mellitus and severe mental illness: mechanisms and clinical implications. *Nat Rev Endocrinol.* 2015;11(2):79-89. doi:10.1038/nrendo.2014.203.
[85] Allison DB, Mackell JA, McDonnell DD. The impact of weight gain on quality of life among persons with schizophrenia. *Psychiatric Serv.* 2003;54(4):565-567. doi:10.1176/appi.ps.54.4.565.
[86] Vancampfort D, Firth J, Correll CU, et al. The impact of lifestyle interventions on physical health outcomes in people with severe mental illness: A meta-review of meta-analyses. *World Psychiatry.* 2019;18(1):53-66. doi:10.1002/wps.20614.
[87] Hor K, Taylor M. Suicide and schizophrenia: a systematic review of rates and risk factors. *J Psychopharmacol.* 2010;24(4_suppl):81-90. doi:10.1177/1359786810385490.
[88] Nordentoft M, Mortensen PB, Pedersen CB. Absolute risk of suicide after first hospital contact in mental disorder diagnoses: a prospective cohort study. *Lancet Psychiatry.* 2011;378(9786):1785-1791. doi:10.1016/S0140-6736(11)60855-7.
Palmer BA, Pankratz VS, Bostwick JM. The lifetime risk of suicide in schizophrenia: a reexamination. *Arch Gen Psychiatry.* 2005;62(3):247-253. doi:10.1001/archpsyc.62.3.247.
[90] "Substate Estimates of Substance Use and Mental Illness from the 2016-2018 NSDUH: Results and Detailed Tables." Substance Abuse and Mental Health Services Administration. Accessed April 5, 2025. https://www.samhsa.gov/data/nsduh/2016-2018-substate-reports.

2. Individuals Experiencing Homelessness

Estimating the number of homeless individuals is difficult due to the chaotic and transient nature of their lives as well as the differing definitions of homelessness used by various federal programs. The Department of Housing and Urban Development (HUD) definition of homelessness is comparatively narrow and is used for the annual Point-in-Time Count, which is considered the official estimate of homelessness in the United States by many programs. This count includes sheltered and unsheltered homeless individuals and research indicates this number may underestimate homeless individuals by 2.5 to 10.2 times.[91]

The Balance of State Continuum of Care is a group of local planning groups that provide services and housing to people experiencing homelessness in non-metropolitan areas. Each year, this group organizes a Point-in-Time count of individuals experiencing homelessness across most of Ohio (excluding metropolitan counties of Franklin, Hamilton, Cuyahoga, Montgomery, Summit, and Stark). In 2024, the point-in-time count for Clark and Madison counties was 228. Clark County had a total of 224 individuals, the second highest among the counties included in the count.[92]

Research reported by the Substance Abuse and Mental Health Services Administration indicates that individuals experiencing homelessness face significant health disparities beyond those faced by low-income individuals.[93]

- 26.2% have a severe mental illness
- 60% have experienced a lifetime mental health problem
- 34.7% have a chronic substance use issue
- 80% have experienced lifetime alcohol and/or drug problems
- 60% have dental problems
- 50% have eye problems
- 50% have hypertension
- 50% have arthritis
- 40% have back problems and/or chronic pain
- 30% have diabetes
- 30% have heart problems; and 20% have had a stroke

[91] "Don't Count on It." National Law Center on Homelessness and Poverty. Last modified 2017. Accessed August 7, 2019. https://nlchp.org/wp-content/uploads/2018/10/HUD-PIT-report2017.pdf.
[92] Coalition on Homelessness and Housing in Ohio. BoSCoC HIC and PIT Count. Accessed February 19, 2025. https://cohhio.org/boscoc/hicpit/.
[93] SAMHSA. "Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States." July 2011. https://www.homelesshub.ca/resource/current-statistics-prevalence-and-characteristics-people-experiencing-homelessness-united

3. Immigrants and Asylees

The City Springfield and surrounding areas have experienced a significant influx of immigrants from Haiti in recent years, profoundly impacting the city's demographics, economy, and social services. According to the Clark County Department of Job and Family Services and the Clark County Health Department, approximately 15,000 Haitians now reside in the area, most of whom arrived since 2021.

The arrival of Haitian immigrants has bolstered Springfield's manufacturing sector, addressing labor shortages in companies like Topre, Silfex, and McGregor Metal. The increased workforce has contributed to economic growth, including increased wages overall, and new housing development. While most Haitians find employment in manufacturing, warehousing, and service industries, there are concerns about working conditions, including reliance on temporary staffing agencies that do not provide benefits or job security. Additionally, many immigrants face housing challenges, paying high rents for substandard living conditions.

The influx of new immigrants has placed pressure on local health services, and some have adapted by hiring Haitian Creole interpreters and establishing additional service delivery sites to address the specific needs of the immigrant population. The Rocking Horse Community Health Center reported an almost 400% increase in Haitian patients between 2021 and 2022.

Haitian immigrants face considerable health disparities compared with their American-born neighbors. Life expectancy at birth in Haiti is just 64 years, compared with over 77 years in the United States. Haitian immigrant populations have increased risk of hypertension and heart attacks, diabetes, kidney diseases, COPD, and cervical cancer. They are also at greater risk of communicable diseases such as human papillomavirus (HPV), HIV/AIDS, and tuberculosis. In 2021, the incidence rate of tuberculosis in Haiti was 159 per 100,000 in population, compared with just 2.6 in the United States.[94]

Many Haitian immigrants have experienced high exposure to stress and trauma, including poverty, natural disasters, sexual and physical violence, difficult migration journeys, pressure to acculturate in the U.S., and language barriers. Compounding these challenges, many Haitians are reluctant to seek treatment for their mental health due to cultural stigma and reliance on religion/spirituality.[95]

[94] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. "Alert: Guidance for Providers Caring for Newcomers Arriving from Cuba, Haiti, Nicaragua, and Venezuela." Published April 3, 2023. Accessed April 17, 2025. https://www.in.gov/health/idepd/files/TB_DHS_CHNV_Guidance.pdf
[95] Minnesota Department of Health. Brief Overview for Clinicians Caring for Haitian New Arrivals. Center of Excellence in Newcomer Health. Published December 12, 2024. Accessed April 17, 2025. https://www.health.state.mn.us/communities/rih/coe/clinical/haitianbrief.html

The Trump administration's immigration policies have significantly impacted Springfield's Haitian community. Many residents fear potential changes to or termination of the Temporary Protected Status (TPS) program which allows them to remain in the United States and work legally. This uncertainty has led to increased anxiety and reluctance to seek public services, including healthcare. Community leaders have reported that fear of deportation has caused many individuals to avoid accessing essential services.

CONCLUSIONS

The information collected for this report reflects a significant "unmet need for health services" in Clark and Madison counties, particularly in the Service Area. Differences in life expectancy between individuals living in the Service Area compared with the State as a whole is direct evidence of this unmet need. Key takeaways from this Needs Assessment include:

1. Demographics
    - The Service Area has a high racial minority population in Springfield compared with the surrounding areas.
    - The Service Area has a high percentage of Haitian immigrant residents.
2. Social Determinants
    - Median Household Income in the Service Area is approximately 77% of that of the United States. Within the City of Springfield, Median Household Income is only 58% of that of the United States.
    - The rate of poverty in the Service Area is slightly higher than that of the United States and the State of Ohio, and almost twice that of the United States in the City of Springfield.
    - The Service Area has lower levels of educational attainment than Clark and Madison counties and the State of Ohio.
    - The Service Area has a high percentage of individuals that speak a language other than English at home relative to the State of Ohio. Furthermore, Census data does not capture most recent immigrants from Haiti, who largely speak Haitian Creole at home and are better served in Haitian Creole in a healthcare setting.
    - The Service Area has a high prevalence of food insecurity and transportation barriers.
3. Access Barriers
    - Health Center Program services reach only 35% of the low-income population and other safety-net health care resources are insufficient to meet the needs of the Service Area.
    - HPSAs throughout the Service Area indicate a shortage of healthcare professionals for primary care, dental care, and mental health care.

4. Health Disparities
    - Life expectancy in the Service Area is 64-74 years, compared with the Clark County average expectancy of 77.5 years.
    - There are significant gaps in health outcomes for low-income residents, African Americans and special populations including individuals experiencing severe mental illness, homelessness, and new arrivals.
    - Rates of death for all leading causes except suicide are higher for African Americans than for the population in general. Rates of death from chronic diseases like diabetes, chronic lower respiratory diseases, kidney and hypertension are two to three times higher for African Americans than for the population in general.